

CRIBS FOR KIDS® SAFE SLEEP SCREENING

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Parent/Caregiver Information

Mother's Name: \_\_\_\_\_ Mother's Birth Date: \_\_\_\_\_
Father's Name: \_\_\_\_\_ Father's Birth Date: \_\_\_\_\_
Baby's Name: \_\_\_\_\_ Baby's Birth Date: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Does parent have a safe sleep environment for their baby?

Yes No

If yes, where? Crib Portable Crib
Bassinet\* Other: \_\_\_\_\_

\*If the parent only has a bassinet or other product that will NOT hold the baby until one year of age, please discuss what their plans are for the baby's sleeping environment once the baby grows out of the product. If they are low-income and do not have an alternative plan, please provide them with a portable crib or refer them to the Crib Line (number below).

If no, where is the baby currently sleeping?

\_\_\_\_\_

\*If the hospital or agency is a Cribs for Kids® partner, a portable crib should be provided to the family. If the hospital or agency is not, please have the parent call the Cribs for Kids® Crib Line at 1-888-721-CRIB (2742) ext. 555.

A twin or multiple birth? Yes\* No

\*If yes, ask the parent about where all babies are sleeping. If they do not have a safe sleeping environment for all children, one should be provided for each child that does not have one. If agency or hospital does not provide portable cribs, please follow procedure above.

Baby's Sex\*: Male Female

\*If multiple birth, please write the number of each on the line next to the denoted sex.

Baby born early? Yes No

If yes, how many weeks early? \_\_\_\_\_

Baby Age:

0-2 Months 4-6 Months
2-4 Months 6-12 Months

Race:

African American Caucasian
American Indian Pacific Islander
Asian Other \_\_\_\_\_

Ethnicity:

Hispanic Non-Hispanic

Parental Age:

18 Years or Younger 26-30 Years
19-25 Years 31 Years or Older

Did mother smoke during pregnancy?

Yes No

Does anyone else currently smoke in the house?

Yes No

Is baby breast or bottle fed?

Breast Bottle Both

How many times has mom been pregnant? \_\_\_\_\_

How many live births has mom had, including this baby? \_\_\_\_\_

What hospital was the baby born in?

\_\_\_\_\_

Did the parent(s) receive safe sleep education in hospital?

Yes No

Were parent(s) asked if they needed a safe sleep environment? Yes No

If yes, how did they respond to the question?

\_\_\_\_\_

Family Income Level:

\$0-\$10,000 \$10,000-\$20,000
\$20,000-\$30,000 \$30,000-\$40,000
\$40,000-\$50,000 \$50,000 & Over

Was a safe sleep environment provided today?

Yes No

Who was it provided by? \_\_\_\_\_

Department/Job Title: \_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_