



CRIBS FOR KIDS® – SAFE SLEEP EDUCATION CHECKLIST

Date _____

Name of Mother (Last name, first name) _____ Mother's Birth Date _____

Infant's Name (Last name, first name) _____ Birth Date _____

	Provider's Initials	Family Member's Initials
<p><u>CIRCLE ONE:</u> Graco Pack n' Play or Cribette distributed</p> <p>**This referral was completed using: <input type="checkbox"/> In-person protocol or</p> <p style="text-align: center;"><input type="checkbox"/> Covid protocols</p>		
Participant signs the Cribs for Kids Hold Harmless Agreement.		
Safe Sleep Questionnaire is completed.		
Review Guidelines for Parents and Caregivers information sheet		
Demonstrate proper set up and disassembly of the portable baby crib (emphasize locking mechanism). Review 'About your Pack n' Play' or 'About our Cribette' handout		
Caretaker/parent demonstrated proper set-up and disassembly of Pack n' Play or Cribette		
Demonstrate how to place infants in cribs (on their backs) and discuss how a baby placed on side can roll onto belly		
Childcare away from home requires same precautions as at home – check it out!		
Participant is given the safe sleep literature that comes with the Pack n' Play/Cribette.		
Contact information completed and given to parent		
Participant is given opportunity to ask questions and given a contact info form for your agency to call with questions.		

Any concerns _____

Print name of provider

Signature of Provider

Agency

Fax completed forms to (516)227-9644

Questions? Email cribsforkid@nassaucountyny.gov

All forms available at: <http://www.nassaucountyny.gov/3765/Partners> for printing.