

## CRIBS FOR KIDS® – SAFE SLEEP EDUCATION CHECKLIST

| Date |  |  |
|------|--|--|
| Date |  |  |

| Name of Mother (Last name, first name)   |   | Mother's Birth Date    |                             |  |
|--|---|------------------------|-----------------------------|--|
| Infant's Name (Last name, first name)  | Bir   | Birth Date             |                             |  |
| CIRCLE ONE: Graco Pack n' Play OF  | Cribette distributed  | Provider's<br>Initials | Family Member's<br>Initials |  |
| Participant signs the Cribs for Kids Hold Harml  | ess Agreement.  |                        |                             |  |
| Safe Sleep Questionnaire is completed.   |   |                        |                             |  |
| Review Guidelines for Parents and Caregivers i   | nformation sheet  |                        |                             |  |
| Demonstrate proper set up and disassembly of the Pack n' Play' or 'About our Cribette' handout                       | he portable baby crib (emphasize locking mechanism). Review 'About your |                        |                             |  |
| Caretaker/parent demonstrated proper set-up an   | d 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 preca   | utions 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 par   | rent  |                        |                             |  |
| Participant is given opportunity to ask questions  | and given a contact info form for your agency to call with questions.   |                        |                             |  |
| Any concerns   |   |                        |                             |  |
| Any concerns   |   |                        |                             |  |
| Print name of provider   | Signature of Provider   | Agency                 |                             |  |