



**Safe Sleep FOLLOW-UP Questionnaire**  
**(Administer 3 months after crib delivery.)**

**\*\*This form was completed (check one)  In-person or  Remotely**

Today's Date: \_\_\_\_\_ Date portable crib education done: \_\_\_\_\_

Mothers name: \_\_\_\_\_ Infants Name: \_\_\_\_\_ Infant DOB \_\_\_\_\_

Caseworker completing form (name): \_\_\_\_\_

***NOTE: If client is NOT following safe sleep guidelines as indicated in responses below, please reeducate client/family.***

1. Where did your baby sleep for most of last night?

- Crib
- Pack-n-Play
- Bed with an adult
- Bed with children
- Stroller
- Bassinet
- Other \_\_\_\_\_

2. Are you using the portable crib every time your baby sleeps?

- Yes
- No
  - a. If no, where else does your baby sleep?
    - Crib
    - Bed with an adult
    - Bed with children
    - Stroller
    - Bassinet
    - Other \_\_\_\_\_

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

Submit completed forms via fax to 516-227-9644

3. If you didn't have this portable crib, where would your baby sleep?

\_\_\_\_\_

4. What items do you have in the place where the baby sleeps?

- Pillow
- Blanket
- Sheet
- Stuffed animals/toys
- Clothes
- Diapers
- Other: \_\_\_\_\_
- Nothing

5. Which way are you laying your baby down to sleep?

- Stomach
- Back
- Side
- Not sure

6. Do you ever put your baby on any of the below alone (even if only for a few minutes?)

*(Check all that apply)*

- Sofa
- Adult bed
- Recliner
- Waterbed
- Beanbag chair
- Air mattress

7. Does your baby spend time on his/her belly while awake?

- Yes
- No

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8. Does your baby use a pacifier when going to sleep?

Yes

No

9. Does your baby sleep away from home at all, including a daycare provider?

Yes

No

If yes:

A. When the baby sleeps away from your home/is at daycare, where does the baby sleep?

Crib

Portable crib

Bed with an adult

Bed with children

Stroller

Bassinet

Other \_\_\_\_\_

B. If your baby sleeps elsewhere, have you discussed putting your baby on his/her back to sleep?

Yes

No

10. Is the portable crib you received set up now?

Yes

No

Not sure

11. What is the baby's current weight? \_\_\_\_\_ (Remind caregiver: If baby is over 15 pounds or can push up on hands and knees then bassinet level should not be used)

12. Did you find the home visit/safe sleep training helpful?

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- Very Helpful
- Somewhat helpful
- Not helpful

13. Did you learn anything you didn't already know?

- Yes
- No

If yes, what? \_\_\_\_\_

\_\_\_\_\_

14. Have you had any problems using the portable crib?

- Yes
- No

If yes, what? \_\_\_\_\_

\_\_\_\_\_

15. Is there anything you did not like about the Cribs for Kids program? \_\_\_\_\_

\_\_\_\_\_

**16. If safe sleep practices are not being followed, please confirm that  
reeducation was completed. \_\_\_\_\_ (caseworker name)**

17. Additional Comments:

11/2024

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