

## Safe Sleep Checklist (Nap and Nighttime)

<b>Name of infant:</b>	<b>Date of safe sleep assessment:</b>
<b>Completed by:</b>	
<b>Age of infant at time of discussion:</b> <input type="checkbox"/> Birth to 1 month <input type="checkbox"/> 1–2 months <input type="checkbox"/> 3–4 months <input type="checkbox"/> 5–6 months <input type="checkbox"/> 7–8 months <input type="checkbox"/> 9–12 months	<b>Medical exception:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, confirmed with doctor:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Infant is always placed on their back to sleep with head and face uncovered.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver report	<input type="checkbox"/> Action step identified
2. Infant has their own sleeping areas: (Check all that apply)	<input type="checkbox"/> Crib <input type="checkbox"/> Pack 'N Play <input type="checkbox"/> Bassinette <input type="checkbox"/> Other: <input type="checkbox"/> No	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver report	<input type="checkbox"/> Action step identified
3. Decreased and increased risk in the infant's safe sleep areas: (Check all that apply)	Loose bedding <input type="checkbox"/> Yes <input type="checkbox"/> No Bumper pads <input type="checkbox"/> Yes <input type="checkbox"/> No Toys/stuffed animals <input type="checkbox"/> Yes <input type="checkbox"/> No Quilts/blankets/comforters <input type="checkbox"/> Yes <input type="checkbox"/> No Pillows <input type="checkbox"/> Yes <input type="checkbox"/> No Loose mattress <input type="checkbox"/> Yes <input type="checkbox"/> No Soft sleep surface (such as memory foam) <input type="checkbox"/> Yes <input type="checkbox"/> No Side-slats spaced less than soda can width <input type="checkbox"/> Yes <input type="checkbox"/> No Infant positioner <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver report	<input type="checkbox"/> Action step identified
4. Infant always sleeps alone in their own safe sleep area (never sleeping with others, including pets, on couches, chairs or beds).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver report	<input type="checkbox"/> Action step identified

5. Infant's safe sleep area and home are smoke free.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver report	<input type="checkbox"/> Action step identified
6. Temperature when infant is sleeping: (Check all that apply).	<input type="checkbox"/> Room temperature is appropriate (approx. 68–74°F) <input type="checkbox"/> Infant is not over- or under-dressed	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver report	<input type="checkbox"/> Action step identified
7. Reviewed/left with caregiver(s) written information on safe sleep.	<input type="checkbox"/> Yes <input type="checkbox"/> Previously given <input type="checkbox"/> No, explain:		

**Document parent or caregiver reasons for sleep practices, identified action steps and medical exception, if any:**