

Indiana Safe Sleep Program

EDUCATION CHECKLIST

Name of applicant _____ Relationship to Mother _____ Date _____

Name of Mother (last name, first name) _____ Mother's birth date _____

Infant's name (last name, first name) _____ Birth date _____

Address _____ Due date (if applicable) _____

City, State, Zip _____ Email address _____

Home telephone # _____ Cell # _____ Work # _____

Referring agency, name of referring person, etc. _____ Phone # _____

	Provider's Initials	Family Member's Initials
Educate how to set up crib and use each section – emphasize locking crib.		
No sofas, recliners, waterbeds, bean bags, air mattresses, soft mattresses		
How to place infants in cribs (on their backs) and safe sleep education packets Explanation of why higher incidence of sleep - related death when infant is placed on stomach		
No pillows, soft toys, stuffed animals in crib, crib bumpers – use only firm mattress w/ tightly fitted crib sheet		
If blanket is needed, infant at foot of crib – tuck blanket under three sides, blanket not above nipple line of infant. Do not overheat baby.		
Adult beds can be dangerous because – roll off, trapped, blankets, adult/child can roll over infant		
Explanation of sleep-related death leading cause of death among infants, most between 2-4 months of age, winter months, African-American infants, premature infants		
No smoking around infant or in infant's environment		
Bed-sharing – hazards involved		
Childcare away from home requires same precautions as at home - Check it out!		

Printed name of provider _____ Signature of Provider _____ Agency _____