



## 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 \_\_\_\_\_

<b><u>CIRCLE ONE</u>: Graco Pack n' Play OR Cribette distributed</b>	<b>Provider's Initials</b>	<b>Family Member's Initials</b>
Participant signs the Cribs for Kids Hold Harmless Agreement.		
Safe Sleep Questionnaire is completed.		
Review 12 Steps for Safe Sleep		
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](mailto:cribsforkid@nassaucountyny.gov)

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