

## Help Me Grow Home Visiting Safe Sleep Assessment

Family Name \_\_\_\_\_ OCHIDS # \_\_\_\_\_ Date: \_\_\_\_\_

| Instructions: Complete prenatally, when the child is born, between 0-6 months of age, and between 6-12 months of age. Always complete during intake, unless the child is over 12 months of age.   |  |  |   |   |
|---|--|--|---|---|
| 1. What safe sleep options are in the home?   | <input type="checkbox"/> Crib<br><input type="checkbox"/> Bassinet<br><input type="checkbox"/> Pack n Play   | <input type="checkbox"/> None  | <input type="checkbox"/> Observed<br><input type="checkbox"/> Parent reported   | <input type="checkbox"/> Education Provided<br><input type="checkbox"/> Referral made |
| 2. Where does baby usually sleep or Where will baby sleep?<br><br>Sleep environment should be placed away from drapes or curtains, window blinds or shutters, electric cords, furnace vent or radiator, space heater or other heat sources, baby monitor, any other item that could burn, cut or become wrapped around your baby. | <b>For naps:</b><br><input type="checkbox"/> Crib<br><input type="checkbox"/> Bassinet<br><input type="checkbox"/> Pack n Play<br><input type="checkbox"/> Couch<br><input type="checkbox"/> Recliner<br><input type="checkbox"/> Swing<br><input type="checkbox"/> Car seat<br><input type="checkbox"/> Bouncy seat<br><input type="checkbox"/> Floor<br><input type="checkbox"/> With an adult, other child or pet<br><input type="checkbox"/> Other _____ | <b>At Night:</b><br><input type="checkbox"/> Crib<br><input type="checkbox"/> Bassinet<br><input type="checkbox"/> Pack n Play<br><input type="checkbox"/> Couch<br><input type="checkbox"/> Recliner<br><input type="checkbox"/> Swing<br><input type="checkbox"/> Car seat<br><input type="checkbox"/> Bouncy seat<br><input type="checkbox"/> Floor<br><input type="checkbox"/> With an adult, other child or pet<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Observed<br><input type="checkbox"/> Parent reported   | <input type="checkbox"/> Education Provided   |
| 3. How often are there stuffed animals, toys, pillows, quilts, blankets, wedges, positioners, other loose bedding, or bumpers in the infant's sleep environment?  | <input type="checkbox"/> Always<br><input type="checkbox"/> Sometimes  | <input type="checkbox"/> Never<br><input type="checkbox"/> N/A   | <input type="checkbox"/> Observed<br><input type="checkbox"/> Parent reported   | <input type="checkbox"/> Education Provided   |
| 4. Does baby ever share a sleep surface with a sibling, adult or pet?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Observed<br><input type="checkbox"/> Parent reported   | <input type="checkbox"/> Education Provided   |
| 5. How often does your infant ever share a sleep surface in a bed, couch, or recliner?  | <input type="checkbox"/> Always<br><input type="checkbox"/> Sometimes  | <input type="checkbox"/> Never<br><input type="checkbox"/> N/A   | <input type="checkbox"/> Observed<br><input type="checkbox"/> Parent reported   | <input type="checkbox"/> Education Provided   |
| 6. How often do you place your infant to sleep on their back?   | <input type="checkbox"/> Always<br><input type="checkbox"/> Sometimes  | <input type="checkbox"/> Never<br><input type="checkbox"/> N/A   | <input type="checkbox"/> Observed<br><input type="checkbox"/> Parent reported   | <input type="checkbox"/> Education Provided   |
| 7. Do you and/or other caregivers smoke?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Observed<br><input type="checkbox"/> Parent reported   | <input type="checkbox"/> Education Provided   |
| 8. If you smoke outside, do you change your clothes before holding your baby?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Observed<br><input type="checkbox"/> Parent reported   | <input type="checkbox"/> Education Provided   |
| 9. Is the infant dressed for the temperature of the home?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Observed<br><input type="checkbox"/> Parent reported   | <input type="checkbox"/> Education Provided   |
| 10. Is the infant breastfeeding?  | <input type="checkbox"/> Yes <input type="checkbox"/> Breastfeeding only<br><input type="checkbox"/> Formula and Breastmilk<br><input type="checkbox"/> No   |  | <input type="checkbox"/> Observed<br><input type="checkbox"/> Parent reported   | <input type="checkbox"/> Education Provided   |
| 11. Do you use a clean dry pacifier that is not attached to a string or stuffed animal?   | <input type="checkbox"/> Yes <input type="checkbox"/> N/A<br><input type="checkbox"/> No   |  | <input type="checkbox"/> Observed<br><input type="checkbox"/> Parent reported   | <input type="checkbox"/> Education Provided   |
| 12. Do you provide supervised tummy time while the baby is awake?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="checkbox"/> Observed<br><input type="checkbox"/> Parent reported   | <input type="checkbox"/> Education Provided   |
| 13. Staff presented and reviewed ODH ABC's of Safe Sleep materials. "What does a safe sleep environment look like?" handout.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Parent declined<br><input type="checkbox"/> Safe sleep referral made   |  | Others educated:<br><input type="checkbox"/> Father of baby<br><input type="checkbox"/> Grandparent<br><input type="checkbox"/> Other _____ |   |

Name of Home Visitor Completing Form \_\_\_\_\_ Date: \_\_\_\_\_

## Safe Sleep Assessment Guidance

| Data Field  | Instructions  |
|---|---|
| What safe sleep options are in the home?  | If there is a crib, pack 'n' play or bassinet present in the home during the assessment, check the appropriate box. If there are no safe sleep options currently in the home, check the "no" box. If home visitor views the safe sleep option in the home, then check "observed" or if parent reported a crib or other safe sleep option currently in the home but home visitor did not see it, check, "parent reported". If family is in need of a safe sleep option for baby, then a referral should be made to an applicable program to help provide a crib, pack 'n' play or bassinet that meets safe sleep standards – if a referral is made, check "referral made" box. If family needs more education on safe sleep practices or if home visitor feels parent may need more education regarding safe sleep, check the "education provided" box. This may be a verbal conversation with the family going over best practices or materials that home visitor provided. |
| Where does baby usually sleep or Where will baby sleep?   | Check the appropriate box for the location infant will be sleeping upon arrival or where baby is currently sleeping during naps and throughout the night. If caregiver reports a location not listed, check "other" and write in the location detail. If home visitor observes child sleeping in a listed location, check "observed". If parent reports where child sleeps/will sleep during nap and at night, check, "parent reported". Check "education provided" if discussion or material was needed to help parent choose an appropriate safe sleep option for their child.  |
| How often are there stuffed animals, toys, pillows, quilts, blankets, wedges, positioners, other loose bedding, or bumpers in the infant's sleep environment? | Check always, sometimes, never or N/A. If the home visitor observed items in sleep environment, ask the family how frequently these items are in the sleep environment and check "observed" box. If parent or caregiver reports how often they have items in sleep environment, check "parent reported". If child does/will have items present in sleep environment, provide parent education on safe sleep practices.  |
| Does baby ever share a sleep surface with a sibling, adult or pet?  | Check "yes" if child will/currently is sharing a surface with sibling, adult or pet. Check "no" if child is not or will not be sharing a surface with sibling, adult or pet. If home visitor observes child sleeping with sibling, adult or pet, check "observed". If parent reports the child is or is not sharing a surface with sibling, adult or pet, check "parent reported". If child is sharing their sleep surface with sibling, adult or pet check "education provided" and provide caregiver with information regarding risks of co-sleeping and safe sleep practice resources.   |
| How often does your infant ever share a sleep surface in a bed, couch, or recliner?   | Check always, sometimes, never or N/A. If child always or sometimes is sharing their sleep surface in a bed, couch, recliner or other, check "education provided" and provide caregiver with information regarding risks of sleeping in locations that are not safe sleep options.  |
| How often do you place your infant to sleep on their back?  | Check always, sometimes, never or N/A. If parent reports placing child on anything other than their back, or if child is observed sleeping in a position other than on their back, provide information and resources regarding the importance of placing baby on back and risks for sleeping in other positions.  |
| Do you and/or other caregivers smoke?   | Check "yes" if parent or anyone living in the home is currently smoking. Check "inside" if someone smokes in the home and check "outside" if parent or anyone living in the home smokes outside of the home (garage, porch, etc.). Check "no smoking" if no one in the home is currently smoking. Check "observed" if parent/other was seen smoking in/out of the home. Check "parent reported" if parent stated answer to home visitor. If parent does not smoke, move on to question 9. Check "education provided" and provide family with information on smoking cessation, risks of smoking in the home and other materials that may be useful.   |
| If you smoke outside, do you change your clothes before holding your baby?  | <i>*Only to be completed if parent or caregiver is currently smoking – skip to question 9 if no smokers reported</i><br>Check "yes" if parent or caregiver does change their clothes after smoking. Check "no" if parent does not change clothes after smoking. Check "observed" if parent/caregiver was seen changing/not changing clothing after smoking. Check "parent reported" if parent/caregiver states they do/do not change after smoking. If parent is not changing their clothing, provide education and resources to family and check "education provided".   |

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| Is the infant dressed for the temperature of the home?   | Check "yes" if infant is sleeping with clothing appropriate for temperature in the home (sleep sack, onesie, sleeper, etc.) Check "no" if child not dressed for the temperature of the home (house is cold but child is naked, house is very hot and child is in fleece, etc.) Check "observed" if infant is seen dressed/not dressed for the temperature of the home. Check "parent reported" if parent/caregiver reports how infant is dressed. Check "education provided" if child is not dressed for the temperature of the home and provide family with information regarding how they should be dressed. |
| Is the infant breastfeeding?   | Check "yes" if infant is currently breastfeeding. If "yes", check the appropriate box regarding if infant is exclusively breastfeeding or if infant fed both formula and breastmilk. Check "no" if infant is not breastfeeding. Check "observed" if infant is seen during feeding time, check "parent reported" if parent/caregiver only reports information. Check "education provided" if parent/caregiver is in need of assistance breastfeeding or formula feeding.  |
| Do you use a clean dry pacifier that is not attached to a string or stuffed animal?                                      | Check "yes" if infant does use a clean, dry pacifier. Check "no" if infant is using a pacifier that is not clean or is attached to a string or stuffed animal. Check "n/a" if infant does not use a pacifier. If infant is seen using pacifier, check "observed". If parent/caregiver reports information, check, "parent reported". Provide education and resources on risks of using dirty pacifier/pacifier attached to object/string and check the box, "education provided".  |
| Do you provide supervised tummy time while the baby is awake?  | Check "yes" if parent/caregiver is providing supervised tummy time. Check "no" if parent/caregiver is not currently providing supervised tummy time. Check "observed" if infant is seen during tummy time or check "parent reported" caregiver/parent reports supervised tummy time. Provide education and check "education provided" regarding importance of tummy time and why it needs to be supervised.  |
| Staff presented and reviewed ODH ABC's of Safe Sleep materials. "What does a safe sleep environment look like?" handout. | Check "yes" if ABC's were presented to family during visit. Check "no" if ABC's were not presented to family. Check "Parent Declined" if home visitor discussed providing ABC's and parent did not want materials. Check "Safe Sleep Referral Made" if a referral was made by home visitor to a program that helps family with resources. If father was present and education during visit, check "father of baby" under the "others educated" section. Check "grandparent" or "other" if grandparent or other person was educated in the home during visit.   |