

Patient Access to Safe Sleep Environment Screening – Data Collection

ORC 3701.66 establishes an infant safe sleep screening procedure for hospitals. Hospitals are required to screen new parents and caregivers prior to the infant's discharge home to determine if the infant has a safe sleep environment at his/her residence. The data collection below is in reference to screenings from the preceding calendar year (select year from the drop-down menu):

<p>Contact Information:</p> <p>Facility Name: _____</p> <p>Name (person completing the form): _____</p> <p>Phone: (____) _____ - _____ Email: _____</p>

SECTION I (Provide the number for each selection below)

How many caregivers reported **YES** that they had a safe crib, bassinet or play yard with a firm mattress for their infant to sleep in after being discharged from the hospital? _____

How many caregivers reported **NO** that they did not have a safe crib, bassinet or play yard with a firm mattress for their infant to sleep in after being discharged from the hospital? _____

SECTION II (Complete Section II *only* for those responding NO above)

Referral to a Crib: (Provide the number for each selection below)

Facility provided infant a safe crib using its own resources. _____

Facility provided infant a safe crib by collaborating with partner entities. _____

Facility referred parent/guardian/other person responsible for infant to a site designated/funded by ODH to obtain a safe crib. _____

Note: for a list of ODH funded Cribs for Kids programs, visit safesleep.ohio.gov and select the link to locate a free crib.

Facility referred parent/guardian/other person responsible for infant to another entity or government program to obtain a safe crib. _____

(Continue on next page)

Email: safesleep@odh.ohio.gov

SECTION III (Complete Section III *only* for those caregivers referred for a crib)

(Provide *the number* for each selection below. If more than one category was selected for race, count in the multiple race category.)

Race:

- American Indian or Alaska Native _____
- Asian _____
- Black or African American _____
- Native Hawaiian & Other Pacific Islander _____
- White _____
- Multiple Races _____
- Unspecified _____

Ethnicity:

- Hispanic _____
- Non-Hispanic _____
- Unspecified _____

Delivery Payment: Principal source of payment for each delivery/birth.

- Medicaid _____
- Private Insurance _____
- Self-Pay _____
- Other _____
- Unknown _____

Home ZIP Codes: List each unique ZIP Code reported and how many referrals for each ZIP code.

ZIP Code	Total # of Referrals	ZIP Code	Total # of Referrals	ZIP Code	Total # of Referrals

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