



Department  
of Health

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Stephanie McCloud, Director

## MEMORANDUM

Date: June 8, 2021

To: Prospective Cribs for Kids® and Safe Sleep Subrecipients

From: Dyane Gogan Turner, Chief *DGT*  
Bureau of Maternal, Child, and Family Health  
Ohio Department of Health

Subject: CK22, October 1, 2021 – September 30, 2022

The Ohio Department of Health (ODH), Bureau of Maternal, Child, and Family Health announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m. on Monday July 19, 2021. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grant-solicitations>. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Sheronda Whitner at 614-644-6560 or e-mail at [Sheronda.whitner@odh.ohio.gov](mailto:Sheronda.whitner@odh.ohio.gov).

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#### IV. CONTINUATION FUNDING APPLICATION GUIDANCE

##### 100% Deliverable Funding

**A. Policy and Procedures:** The Continuation Funding Application consists of three parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: [enter beginning and ending grant dates] of the total project period, [enter beginning and ending grant dates.] Reference the competitive Solicitation for more information.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the budget justification examples listed on the GMIS bulletin board.

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy regarding subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

**B. Number of Grants and Funds Available:** *Agencies may subcontract with other entities to provide programs and services. The sources of funds supporting the Cribs for Kids® Safe Sleep Program are both state and federal funds.*

Continuation funding amounts will be based on available funds, assessment of need, past performance as applicable and the quality of the workplan. The workplan must clearly describe the proposed number of families to be served within the service area, **with an anticipated breakdown by county for multi-county service areas**. The proposed number should be included in bold and easy to find. The target number of families served should be at least 50 and less than 1,000, keeping in mind the program requirements, deliverable expectations, and past community needs. Eligible continuation agencies may apply for up to \$169,500 depending on the number of families to be served, see Appendix E.

*No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.*

### C. Formatting Requirements for Attachments

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.

### D. Qualified Applicants:

All applicants must be a local public or non-profit agency. Applicants should document a high need for safe sleep resources based on county Child Fatality Review and/or other data related to infant safe sleep.

Awarded agencies must partner with local health departments, hospitals, health care systems, physician offices, maternal and child health programs, social service agencies and/or other entities to facilitate partnerships and/or referrals to the program. To ensure collaboration among key statewide partners, entities shall connect with the following projects:

- *Applicants in Butler, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Stark, or Summit Counties must ensure they are connected with the local [Ohio Equity Institute](#) (OEI) lead agency. The OEI was created in 2012 to address racial disparities in birth outcomes, with population data used to target areas for outreach and services in the nine counties with the largest disparities. OEI 2.0 was launched in 2018 with a target structure to ensure the program addresses the biggest drivers of infant mortality and the population most at risk for poor birth outcomes. Entities implement strategies to connect women to needed clinical or social services and work to adopt policy and practice changes to impact social determinants of health.*
- *Applicants in a county with an ODH Help Me Grow Home Visiting program such as [Help Me Grow Home Visiting](#) must have partnerships to ensure eligible families are served and referrals are made between the programs. Help Me Grow is Ohio's evidence-based parent support program that encourages early prenatal and well-baby care, as well as parenting education to promote the comprehensive health and development of children.*
- *Applicants in a county with a [Mom's Quit for Two](#) Program must connect with your local program to ensure referrals between programs. The Mom's Quit for Two Program is administered through the Maternal and Infant Wellness Program's Perinatal Smoking Cessation Program with the use of the evidence-based intervention model Baby & Me, Tobacco Free. The program provides tobacco cessation intervention to pregnant women and their partners sharing the same residence, with continued smoking cessation interventions provided following the birth of the baby. The goal of the Perinatal Smoking Cessation Program is to promote smoking cessation and reduce secondhand smoke exposure among Ohio's most vulnerable population.*
- ODH will continue to provide an allotment of safe sleep survival kits that can be requested from Cribs for Kids® by each agency receiving a grant award, to serve families residing in the service area. These survival kits include a safety-approved portable crib, as well as supplemental items such as a fitted sheet and infant sleep sack. Survival kits will be available to order *at no cost* to the subgrantee for delivery and must be utilized to serve eligible families for the grant program. (As a result, subgrantees will not be reimbursed for the survival kits obtained from the provided allotment.) Survival kits obtained through the allotment must be tracked and distributed to serve families for the grant program, with monthly reporting provided to ODH on all families served, including follow-ups.

- Survival kits must be provided to families at no cost. Sites distributing ODH funded survival kits and cribs may not solicit nor accept payment, donations, or gifts in exchange for the cribs or survival kits provided to families.
  - Instruction on how to set-up the crib must be provided with the survival kits.
  - Safe sleep programming including education and messages must adhere to the American Academy of Pediatrics (AAP) Policy Statement, *SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment*.
  - Materials and publications must adhere to the safe sleep image guidelines as established by the National Action Partnership to Promote Safe Sleep in March 2017.
- The target number of families served should be at least 50 and no more than 1,000, keeping in mind the program requirements and deliverable expectations. The total number of Medicaid births by county based on Vital Statistics data can be referenced (Appendix N) as an *approximate* estimate of the number of low-income births by county. As a general guideline, the proposed number of families to serve should not be greater than approximately 25% of the total number of Medicaid births as shown in Appendix N for all counties in the service area.

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday July 19, 2021**.

## II. PROGRAM UPDATES:

- A. **Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.** [Please update and submit the CK 21 Workplan. Appendix I]
- B. **Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives the Infant Safe Sleep Grant Workplan Appendix I.
  - Work plan should include a timeline with start and completion dates and should demonstrate understanding of the requirements of the project and detail how the entity proposes to accomplish this project and what resources are necessary to meet the deliverables.
- C. **Documentation and Progress on Health Disparity/Inequity Activities:** Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations must also use the *Place Matters Documentation Spreadsheet* to document where (i.e., addresses, census tracts, census block groups or zip codes) health equity activities occurred during the previous funding period.
  - a. Please describe how you will address health inequities in your population and explain what strategies you will use in the Health Equity and Communication Portions of the updated Workplan.

**D. Program Budget:** Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

- 1. Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

For your convenience, a budget justification narrative example is available at

<https://odhgateway.odh.ohio.gov/gmis/forms/AttachmentForm.aspx?id=595863>).

Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.]

- 2. 2022 Budget via GMIS:** Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period [October 1, 2021] to [September 30, 2022]  
The applicant shall retain all original fully executed contracts on file.
- **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

- 3. Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees); and
10. Contributions made by program personnel;

11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds; and
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

**Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.**

**E. Other Application Requirements:**

No additional application requirements.

**a. Other Required Documentation:**

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>.

**Note:** Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov). Reference the GMIS Bulletin Board for more information.

- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the question areas part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant’s information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to [www.dnb.com](http://www.dnb.com). For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at [www.usaspending.gov](http://www.usaspending.gov) or the Office of Management and Budget’s website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

**(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed to submit the application.)**

- **For Non-Profit Organizations Only:**
  1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.
  2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax-exempt status.



**F. Human Trafficking:**

The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

Victims of human trafficking are included in your agency's target population;

1. At-risk population
2. Mental health population
3. Homeless population

b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☐ Applicable

☐ Not Applicable to Prospective Cribs for Kids® and Safe Sleep Subrecipients

**G. Post Submission Requirements:** Continuation applicants are required to submit subrecipient program and expenditure reports.

**Note:** Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

- a. **Program Reports: Subrecipient Program Reports must be completed and submitted via GMIS** by the following dates. [Additional language is optional.] **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required

☐ No Program Reports Required

| Period                | Report Due Date        |
|-----------------------|------------------------|
| <i>Period</i>         | <i>Report Due Date</i> |
| October 1 – 31, 2021  | November 10, 2021      |
| November 1 – 30, 2021 | December 10, 2021      |
| December 1 – 31, 2021 | January 10, 2022       |
| January 1-31, 2022    | February 10, 2022      |
| February 1-28, 2022   | March 10, 2022         |
| March 1-31, 2022      | April 10, 2022         |
| April 1-30, 2022      | May 10, 2022           |
| May 1-31, 2022        | June 10, 2022          |
| June 1-30, 2022       | July 10, 2022          |
| July 1-31, 2022       | August 10, 2022        |
| August 1-31, 2022     | September 10, 2022     |
| September 1-30, 2022  | October 10, 2022       |

- b. **Subrecipient Reimbursement Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

| <i>Period</i>                | <i>Report Due Date</i>    |
|------------------------------|---------------------------|
| <i>October 1 – 31, 2021</i>  | <i>November 10, 2021</i>  |
| <i>November 1 – 30, 2021</i> | <i>December 10, 2021</i>  |
| <i>December 1 – 31, 2021</i> | <i>January 10, 2022</i>   |
| <i>January 1-31, 2022</i>    | <i>February 10, 2022</i>  |
| <i>February 1-28, 2022</i>   | <i>March 10, 2022</i>     |
| <i>March 1-31, 2022</i>      | <i>April 10, 2022</i>     |
| <i>April 1-30, 2022</i>      | <i>May 10, 2022</i>       |
| <i>May 1-31, 2022</i>        | <i>June 10, 2022</i>      |
| <i>June 1-30, 2022</i>       | <i>July 10, 2022</i>      |
| <i>July 1-31, 2022</i>       | <i>August 10, 2022</i>    |
| <i>August 1-31, 2022</i>     | <i>September 10, 2022</i> |
| <i>September 1-30, 2022</i>  | <i>October 10, 2022</i>   |

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

| <b>Period</b>                        | <b>Report Due Date</b>  |
|--------------------------------------|-------------------------|
| <i>October 1 – December 31, 2021</i> | <i>January 10, 2022</i> |
| <i>January 1 – March 31, 2022</i>    | <i>April 10, 2022</i>   |
| <i>April 1 – June 30, 2022</i>       | <i>July 10, 2022</i>    |
| <i>July 1 – September 30, 2022</i>   | <i>October 10, 2022</i> |

**Note:** Obligations not reported on the final monthly or 4<sup>th</sup> quarter expenditure report will not be considered for payment with the final expenditure report.

- c. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before November 5, 2022. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

***Submission of ALL Subrecipient Program and Expenditure Reports via the ODH’s GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.***

## Appendix A

Submission  
Required

### CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health  
Bureau of Maternal, Child and Family Health

*ODH Program Title:*  
Cribs for Kids]

**Reimbursement Type (check one)** Monthly ☐ **OR** Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

*Please print:*

Current Project Number \_\_\_\_\_

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_  
\_\_\_\_\_

Agency Contact Person Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

\_\_\_\_\_  
Agency Head (Print Name)

\_\_\_\_\_  
Agency Head (Signature)

*Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.*

Due to ODH by June 22, 2021

Please email completed form to Karen Tinsley ([karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)).

## Appendix B

### CK21 Grant Program Requirements & Guidance

#### CK21 Grant Program Requirements & Guidance

- 1) Program Eligibility
  - a. Mother at least 32 weeks pregnant or an infant less than one-year-old.
  - b. County decides income eligibility (WIC income eligibility recommended) and whether to require proof.
  - c. If parents live in separate homes: the county decides whether to provide two cribs
    - i. Other caregivers, including non-custodial grandparents, are not eligible
- 2) The ODH Safe Sleep Assessment is used to document screening and guide safe sleep education.
  - a. Includes specific language when screening pregnant mothers:
    - i. Questions generally include a future tense as well as a present-tense option to apply to both pregnant and postnatal mothers, e.g.:
      - “Do you plan to have your infant share a sleep surface with a sibling, adult, or pet?” and
      - “Does your infant ever share a sleep surface with a sibling, adult, or pet?”
  - b. Cannot delete any part of the assessment but can add sections.
  - c. Report both race and ethnicity to ODH.
  - d. Report county in monthly reporting if a family from another county (county should be within your identified service area, or a county not currently being served by another program).
  - e. Report answers to additional questions from the assessment, including 13, and 14: how the client heard about your program and whether the client is enrolled in home visiting to ODH via a monthly report.
  - f. The ODH Safe Sleep Assessment tool is also available in French and Spanish.
- 3) Safe sleep education
  - a. All programs/subgrantees must follow the safe sleep standards outlined in the ODH Safe Sleep Policy.
    - i. Safe sleep education and messages should follow the American Academy of Pediatrics (AAP) Updated 2016 Recommendations.
    - ii. Any publications should adhere to the [safe sleep image guidelines as established by the National Action Partnership to Promote Safe Sleep in March 2017](#).
    - iii. The safe sleep messages must be delivered in culturally appropriate methods to reach diverse populations, and messages must be linguistically suitable for various literacy levels and sensitive to the family history of infant death. Parents and caregivers of children with special health care needs should follow the recommendations of their health care provider.
  - b. The following information must be included within the safe sleep education:
    - i. Instruction on how to set-up/assemble and take down the crib (please note it is required/critical to include this information with every crib distribution)

- ii. Ohio statistics related to infant mortality, sleep-related infant deaths, and racial disparities
  - iii. The American Academy of Pediatrics' 2016 Safe Sleep Recommendations, including the ABCs of safe sleep based on the AAP recommendations
  - iv. Addressing potential barriers to implementing the ABC's for every nap and overnight sleep (e.g., how to soothe a fussy baby, developing realistic expectations and a plan for successfully implementing the ABC's, information on normal sleep cycles of infants, coping with exhaustion as a new parent/caregiver)
  - v. ODH infant safe sleep educational materials or other approved materials must be provided.
- c. Resources for staff and partners
  - i. Online training resources available include the [ODH Infant Safe Sleep Annual Training](#) and the [NICHD SIDS Risk Reduction CE Activity for Nurses](#)
  - ii. Free educational print materials are available to request from ODH through the safe sleep webpage
- d. General guidance
  - i. Encourage the client to invite all family members residing in the household and regularly caring for the infant (e.g., fathers, grandparents, children, and other individuals) to the safe sleep educational session.
  - ii. The duration and format of safe sleep education are decided by the county.
    - Some counties host group classes that last about an hour, while one on one sessions may be more appropriate for counties that serve fewer clients and/or provide safe sleep education through home visiting.
  - iii. Incorporate recommendations from the American Academy of Pediatrics' latest recommendations for effective safe sleep messaging
    - Messages may be more effective if they convey an understanding that caregivers are:
      - a. Contributing to and providing for their family
      - b. Experiencing high-stress levels and are extremely busy
      - c. Doing their best to make the right decisions when parenting and disciplining children
    - Caregivers may respond to messages that safe sleep can be the difference between life and death

#### 4) Outreach

- a. Submit an outreach plan annually with an application that includes:
  - i. Securing and maintaining partnerships
  - ii. Educating partners on implementing the Infant Safe Sleep program
  - iii. Supporting partners in promoting their programs and tracking assessment, education, kit distribution, and follow-up data
  - iv. Project timeline, recruitment methods, target organizations to recruit, and plan to promote awareness of program throughout county/counties served.
- b. Ohio Injury Prevention Partnership Child Injury Action Group Safe Sleep Subcommittee
  - i. It is required that subgrantees participate in at least 75 percent of Safe Sleep Subcommittee calls during FY2021.

- ii. To participate, subgrantees should join the subcommittee. Click [here](#) to join; please make sure to select “Safe Sleep Subcommittee” when completing the registration survey.
  - c. ODH promotes funded programs at [www.safesleep.ohio.gov](http://www.safesleep.ohio.gov)
  - d. Connect with your local ODH funded Help Me Grow Home Visiting, Mom’s Quit for Two (Baby and Me Tobacco Free), Ohio Equity Institute 2.0, and WIC programs.
    - i. Share referral and safe sleep information, including ODH safe sleep website.
- 5) Developing and Maintaining a network of partners
- a. Identify and engage partners:
    - i. Potential partners may include hospitals, social service agencies, crisis centers, health clinics, WIC clinics, fire departments, police departments, etc. Partners to assist with promoting programs might also include grocery stores and any stores selling baby products that would be willing to display end caps or other promotional marketing.
    - ii. Research shows that a significant number of medical providers believe Pack ‘n Plays (PNP) are unsafe for safe sleep. This finding emphasizes the importance of informing potential partners that the Graco PNPs and Cribs for Kids® (CFK) Cribettes® have been certified as being compliant with Consumer Product Safety Commission standards and that the AAP recommends a crib, bassinet, portable crib, or play yard that conforms to the safety standards of the CPSC. The portable quality of the Cribettes® supports the family’s capacity to ensure it is available as a safe sleep environment for their baby, even if the baby is in another parent’s or caretaker’s residence.
    - iii. Subgrantee and partners distributing cribs to eligible families should only distribute portable cribs meeting the following standards and displayed on product labeling: ASTM F-406 safety standards (<https://www.astm.org/Standards/F406.htm>), Juvenile Products Manufacturers Association – JPMA (<https://www.jpma.org/page/standards>), and Consumer Product Safety Commission Consumer Product Safety Improvement Act (CPSIA- <https://www.cpsc.gov/Regulations-Laws--Standards/Statutes/The-Consumer-Product-Safety-Improvement-Act/>) safety standards (<https://www.cpsc.gov/PageFiles/129781/playyards.pdf>).
    - iv. Define the relationship:
      - Would it be beneficial for the partner to have cribs available on-site or will they provide a referral?
        - a. If the partner will provide a referral: what will the referral process look like to ensure follow-through?
        - b. When ordering, check with CFK, as it may be able to deliver straight to partner if 10 or more cribs will be delivered.
      - If the partner plans to provide cribs and education, ensure the partner is willing to complete ODH Safe Sleep Assessment and provide the safe sleep education following the program guidelines.
      - Who will coordinate facilitate the required follow-up?
      - Survival kits provide safety-approved cribs for infants from eligible

families who are in a need of a safe sleeping environment.

- Survival kits and cribs must be provided at no cost to eligible families. Sites distributing the ODH funded survival kits and cribs may not solicit nor accept payment, donations, or gifts in exchange for the cribs or survival kits provided to families.
- Memorandum of Understanding (MOU) is strongly recommended when a partner will distribute cribs/provide education
  - a. Partner sites must be trained and must provide information for required reporting and monitoring
  - b. The ODH Safe Sleep Policy is located at [www.safesleep.ohio.gov](http://www.safesleep.ohio.gov)
  - c. Residents living in ODH-funded county are only eligible for cribs from the ODH-funded program in their county, while supplies last.
  - d. Sites distributing the ODH funded survival kits and cribs may not solicit nor accept payment, donations, or gifts in exchange for the cribs or survival kits provided to families.

- v. The network of ODH-funded partners to consult with; can look at the list and identify like counties.

6) Home visiting distribution is encouraged

- a. The ODH Safe Sleep Assessment, education, and crib are provided to the family during a home visit.
- b. Follow-up is provided during a separate home visit or by phone (home visit follow-up is preferred).
- c. Subgrantees are encouraged to partner with home visiting programs (can be but not required to be Help Me Grow).

7) Referrals

- a. If appropriate, refer the family to a home visiting program.
- b. Track who/which organizations referred families to you.

8) Follow-up.

- a. We are not requiring follow-up to occur within a certain time period, but some counties aim to complete it a month after crib distribution. However, follow-ups need to be done on a later date following the education and safe sleep environment distribution and should not be done on the same date as education and/or distribution.
- b. We are not requiring a specific form to use for follow-up but recommend for the questions to reflect the information learned while completing the ODH Safe Sleep Assessment. Should also ask about any challenges with setting up and using the crib.
- c. Phone follow-up: try different days of the week at different hours.
  - i. Incomplete: if unable to reach family to complete follow-up, must have called at least 3 times on different days/times, and these three attempts must be documented. After 3 failed attempts, can close out and report. Report as attempted/unreachable follow-up on the monthly report.
- d. Home visiting follow-up: if the family wasn't home on the first attempt, the county

can choose:

- i. To attempt home visit again. Can closeout after 3 failed home visit follow-up attempts and seek reimbursement at home visiting rate.
  - ii. Not to reschedule a home visit follow-up but rather attempt phone follow-up. After 2 failed phone follow-up attempts, the county can close out and report.
  - iii. Attempts must be documented.
- e. Must keep follow-up tracking mechanism on file for all participants to show during the site visit.

9) Additional notes

- a. For a crib with bed beds, it is strongly recommended to replace it with a second crib; however, the county ultimately decides. The following are tips for a crib with bed bugs:
  - i. Discarding the crib and providing a second crib is strongly recommended. This would certainly be appropriate if the family does not have the means to get rid of any potential bed bugs in the fabric that wraps the top bars (see below).
  - ii. Have family scrub all parts of the pack and play (paying close attention to the seams) with a household cleaner, warmest water they can stand (perhaps using rubber gloves to protect hands from heat), and a scrub brush. Spraying with alcohol can also be helpful.
  - iii. Hose off.
  - iv. Dry with a towel and put the towel in the dryer afterward.
  - v. Use a blow dryer, if available on the high heat setting to go over sections of the Pack and Play so any remaining bugs/eggs that may still exist are destroyed. This is particularly true for the fabric wraps at the top of the pack and play. A subgrantee tested to see if a blow dryer on a high setting could get to a temperature that could kill bedbugs and their eggs (122 F – kills adult immediately and 130 F will kill eggs) and they were successful. Air needed to be blown in at both ends.

*Updated April 2021*



## Appendix C

**Name of Subgrant Program:**

**Budget Period: October 1, 2021 – September 30, 2022**

**# of Deliverables:6**

**Use Budget Justification Scenario #:1**

**Ensure infants have a safe sleep environment by coordinating the Safe Sleep Program:**

### **Deliverable – Objective 1: Serve Families**

Identification of Families: Distribute safe sleep environments to eligible families and education on safe sleep practices. Provide follow-up on education, tools, and resources provided to families. Reimbursement for this deliverable is \$150.00 per family served.

### **Deliverable – Objective 2: Monthly Reporting**

Reporting: By the 10th of every month enter, track and report data in ODH data system. Provide a brief narrative describing efforts towards accomplishing deliverables by meeting the goals, objectives and strategies of the Cribs for Kids Grant using the monthly reporting template. Reimbursement for this deliverable is \$1,000.00 monthly. Total reimbursement for this deliverable is \$12,000.00.

### **Deliverable – Objective 3: OIPPCIAG Participation or ODH TA**

Participate in at least 75% of Ohio Injury Prevention Partnership (OIPP) Community Injury Action Group (CIAG) Statewide Safe Sleep Subcommittee Calls and provide documentation by September 30, 2022 for one payment of \$2,000. Option 2: Participate in 75% of the Ohio Department of Health TA session. The TA classes will be used to share best practices. Examples of topics include recruitment strategies, collaboration, partnership agreements, and current safe sleep data for one payment of \$2,000.

### **Deliverable – Objective 4 (Optional): Conferences and Training**

Attend conference(s) or training(s) pre-approved by ODH (in-state, out-of-state, and virtual may be considered for approval) related to the grant program, such as infant safe sleep and/or messaging (e.g., cultural competency for diverse audiences, health literacy) by September 20, 2022. Reimbursement up to \$1,500.

### **Deliverable – Objective 5 (Optional): Stakeholder Engagement**

Convene a local collaborative, stakeholder or advisory group that includes multiple members and stakeholders (such as local hospitals, health care providers, local office of minority health, home visitors, other partners etc.) to focus on the topic of infant safe sleep and related health disparities, barriers, and/or needs; to address cultural-specific messaging related to the AAP infant safe sleep recommendations; and to assess local referral processes. The group should meet at least four times per year, and report progress and documentation (agenda, sign-in sheet) to ODH for reimbursement no more than quarterly for payments of \$1,000 per meeting. Reimbursement up to \$4,000.

Appendix D

Place Matters Documentation Template

County: Your County

Budget Period: \_\_\_\_\_

GMISID: \_\_\_\_\_ Agency Name: \_\_\_\_\_ Subgrant Program: \_\_\_\_\_

| Geography Type           | Specify Geography or Location | Data Source |
|--------------------------|-------------------------------|-------------|
| Census Tract (FIPS Code) |                               |             |
|                          |                               |             |
|                          |                               |             |
|                          |                               |             |
|                          |                               |             |
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|                          |                               |             |
|                          |                               |             |
|                          |                               |             |

## Appendix E

**Name of Subgrant Program:** Cribs for Kids® and Safe Sleep

**Budget Period:** October 1, 2021 – September 30, 2022

**# of Deliverables:** 5 (1-3 required; 4-5 optional)

**Use Budget Justification Scenario #:** Scenario 1

☐ Base Only

☐ Base and Deliverables

☒ Deliverables Only

*The Budget is based on the number of families you plan to serve.*

|                 | Base | Deliverable -<br>Objective 1<br>(Identification,<br>Education and<br>Follow up) | Deliverable -<br>Objective 2<br>(Reporting) | Deliverable<br>- Objective<br>3<br>(Participate) | Deliverable<br>- Objective<br>4**<br>(Training) | Deliverable -<br>Objective 5<br>(Convene a<br>local<br>collaborative) | Total        |
|-----------------|------|---|---|--|---|---|--------------|
| Subrecipient 1  |      | Amount will be<br>paid per family<br>served                                     | \$12,000                                    | \$2,000  | \$1,500   | \$4,000   | See<br>below |
| Subrecipient 2  |      | Amount will be<br>paid per family<br>served                                     | \$12,000                                    | \$2,000  | \$1,500   | \$4,000   |              |
| Subrecipient 3  |      | Amount will be<br>paid per family<br>served                                     | \$12,000                                    | \$2,000  | \$1,500   | \$4,000   |              |
| Subrecipient 4  |      | Amount will be<br>paid per family<br>served                                     | \$12,000                                    | \$2,000  | \$1,500   | \$4,000   |              |
| Subrecipient 5  |      | Amount will be<br>paid per family<br>served                                     | \$12,000                                    | \$2,000  | \$1,500   | \$4,000   |              |
| Subrecipient 6  |      | Amount will be<br>paid per family<br>served                                     | \$12,000                                    | \$2,000  | \$1,500   | \$4,000   |              |
| Subrecipient 7  |      | Amount will be<br>paid per family<br>served                                     | \$12,000                                    | \$2,000  | \$1,500   | \$4,000   |              |
| Subrecipient 8  |      | Amount will be<br>paid per family<br>served                                     | \$12,000                                    | \$2,000  | \$1,500   | \$4,000   |              |
| Subrecipient 9  |      | Amount will be<br>paid per family<br>served                                     | \$12,000                                    | \$2,000  | \$1,500   | \$4,000   |              |
| Subrecipient 10 |      | Amount will be<br>paid per family   | \$12,000                                    | \$2,000  | \$1,500   | \$4,000   |              |

|                 |  |                                       |          |         |         |         |                                  |
|-----------------|--|---------------------------------------|----------|---------|---------|---------|----------------------------------|
|                 |  | served                                |          |         |         |         |                                  |
| Subrecipient 11 |  | Amount will be paid per family served | \$12,000 | \$2,000 | \$1,500 | \$4,000 |                                  |
| Subrecipient 12 |  | Amount will be paid per family served | \$12,000 | \$2,000 | \$1,500 | \$4,000 |                                  |
| Subrecipient 13 |  | Amount will be paid per family served | \$12,000 | \$2,000 | \$1,500 | \$4,000 |                                  |
| Subrecipient 14 |  | Amount will be paid per family served | \$12,000 | \$2,000 | \$1,500 | \$4,000 |                                  |
| Subrecipient 15 |  | Amount will be paid per family served | \$12,000 | \$2,000 | \$1,500 | \$4,000 |                                  |
| Subrecipient 16 |  | Amount will be paid per family served | \$12,000 | \$2,000 | \$1,500 | \$4,000 |                                  |
| Subrecipient 17 |  | Amount will be paid per family served | \$12,000 | \$2,000 | \$1,500 | \$4,000 |                                  |
| Subrecipient 18 |  | Amount will be paid per family served | \$12,000 | \$2,000 | \$1,500 | \$4,000 |                                  |
| Subrecipient 19 |  | Amount will be paid per family served | \$12,000 | \$2,000 | \$1,500 | \$4,000 |                                  |
| Subrecipient 20 |  | Amount will be paid per family served | \$12,000 | \$2,000 | \$1,500 | \$4,000 |                                  |
| <b>Total</b>    |  |                                       |          |         |         |         | <b>\$1,944,000 not to exceed</b> |

*\*Based on the number of families subgrantee plans to serve*

*\*\*Optional deliverable*

## Appendix F

### Deliverables

| Appendix F  |   |  |   |
|---|---|--|---|
| Ensure infants have a safe sleep environment by coordinating the Cribs for Kids® program. (CFK)   |   |  |   |
| Maximum Funding for Deliverables: up to \$169,500   |   |  |   |
| Deliverable - Objective   | Unit Cost   | Minimum Required Activities  | Reporting Requirements  |
| <p>1. Identification of Families:</p> <p>Distribute safe Sleep environments to eligible families and education on safe sleep practices.</p> <p>Provide follow-up on education, tools, and resources provided to families.</p> <p>Reimbursement for this deliverable is \$150.00 per family served.</p> <p>For purposes of this grant, served is defined as identifying and distributing a crib to eligible families based on the CK21 Grant Program Requirements &amp; Guidance (Appendix B).</p> <p>Payment will be made based on Cribs provided to families as reported in GMIS.</p> <p>ODH will practice good faith that follow up will occur to families.</p> | <p>\$150.00 per family served.</p> <p>The target number of families served should be at least 50 and less than 1,000.</p> | <p><u>Identification &amp; Education</u></p> <ul style="list-style-type: none"> <li>• Maintain a network to identify and conduct assessment and educate families on safe sleep.</li> <li>• Train staff on safe sleep guidelines, your safe sleep policy, and the importance of modeling safe sleep for parents.</li> <li>• Educate parents on the importance of safe sleep practices and implement these practices.</li> </ul> <p><u>Distribute</u></p> <ul style="list-style-type: none"> <li>• Order infant safe sleep kits from the ODH provided allotment following the procedure provided.</li> <li>• Conduct program to serve families with assessment, safe sleep survival kit, and education. Track distribution and families served.</li> <li>• Maintain related documentation and provide monthly reporting.</li> <li>• The program should utilize Vital Statistics data to determine population served (Appendix N).</li> <li>• Must distribute at least 75 cribs during the grant year.</li> </ul> <p><u>Follow-up</u></p> <ul style="list-style-type: none"> <li>• Follow-up with all families served on education, tools and resources provided to family. If family is not reached, at least three documented attempts on different days/times is required. Report as either a completed follow-up or attempted follow-up.</li> </ul> | <p><u>Identification &amp; Education</u></p> <ul style="list-style-type: none"> <li>• Submit monthly report of activities and challenges in Program Progress Report in GMIS.</li> </ul> <p><u>Distribute</u></p> <ul style="list-style-type: none"> <li>• Provide monthly reporting with updates and data on families served in GMIS.</li> <li>• Maintain additional information on families served on site.</li> </ul> <p><u>Follow-up</u></p> <ul style="list-style-type: none"> <li>• Provide monthly reporting with updates on follow-ups.</li> </ul> <p>Maintain additional information on follow-ups on site.</p> |

|   |  |   |  |
|---|--|---|--|
| <p>2. Workplan Reporting:</p> <p>By the 10th of every month enter, track and report data in ODH data system.</p> <p>Provide a brief narrative describing efforts towards accomplishing deliverables by meeting the goals, objectives and strategies of the Cribs for Kids Grant using the monthly reporting template.</p> <p>Reimbursement for this deliverable is \$1,000.00 monthly.</p> <p>Total reimbursement for this deliverable is \$12,000.00.</p>  | <p>\$1,000.00</p> <p>12 units (Total deliverable cost: \$12,000)</p> |   | <ul style="list-style-type: none"> <li>• Provide monthly reporting with updates and data on families served.</li> <li>• Maintain additional information on families served on site.</li> </ul> |
| <p>3. Participate in at least 75% of Ohio Injury Prevention Partnership (OIPP) Community Injury Action Group (CIAG) Statewide Safe Sleep Subcommittee Calls and provide documentation by September 30, 2021 for one payment of \$2,000.</p> <p>Option 2: Participate in at 75% of the Ohio Department of Health TA session. The TA classes will be used to share best practices. Examples of topics include recruitment strategies, collaboration, partnership agreements, and current safe sleep data.</p> <p>Reimbursement up to \$1,500.</p> | <p>\$2000</p> <p>1 Unit</p>  | <ul style="list-style-type: none"> <li>• Join OIPP CIAG Safe Sleep Subcommittee as a member.</li> <li>• Participate in OIPP CIAG Safe Sleep Subcommittee meetings held by conference call.</li> <li>• ODH TA The TA classes will be used to share best practices. Examples of topics include recruitment strategies, collaboration, partnership agreements, and current safe sleep data.</li> </ul> | <ul style="list-style-type: none"> <li>• Provide monthly reporting with updates on-call participation.</li> <li>• Provide meeting minutes/notes showing attendance for calls.</li> </ul>       |

|   |  |  |  |
|---|--|--|--|
| 4. Attend conference(s) or training(s) pre-approved by ODH (in-state, out-of-state, and virtual may be considered for approval) related to the grant program, such as infant safe   | Up to \$1,500.00<br><br># of units based on local                      | <ul style="list-style-type: none"> <li>Get pre-approval from ODH for any conferences or trainings by providing training dates, meeting agenda and/or related info.</li> <li>Attend conference or training</li> </ul>   | <ul style="list-style-type: none"> <li>Provide copy of meeting agenda, learning objectives, and summary of training take-a-ways.</li> <li>Provide receipts for travel expenses claimed.</li> </ul> |
| sleep and/or messaging (e.g., cultural competency for diverse audiences, health literacy) by September 20, 2022.  | training and technical assistance attended                             | <p>and report agenda, learning objectives and summary of training take-a-ways.</p> <ul style="list-style-type: none"> <li>Out-of-state conferences or trainings may be acceptable if approved by ODH.</li> </ul>   |  |
| 5. Convene a local collaborative, stakeholder or advisory group that includes multiple community members and other stakeholders to focus on the topic of infant safe sleep and related health disparities. Group should meet at least four times per year, and report progress and documentation (agenda, sign-in sheet) to ODH for reimbursement no more than quarterly for payments of \$1,000/meeting (maximum \$4,000). | \$1,000.00/meeting<br><br>4 units (Total deliverable cost: \$4,000.00) | <ul style="list-style-type: none"> <li>Convene a local collaborative, stakeholder or advisory group.</li> <li>Group must include multiple community members or families, as well as other stakeholders (such as local hospitals, health care providers, home visitors etc.) to focus on the topic of infant safe sleep and related health disparities, barriers, and/or needs.</li> <li>Group must meet at least four times in the first year with at least 1.5 hours scheduled per meeting.</li> <li>Group should assess local referral processes related to Cribs for Kids® &amp; Safe Sleep.</li> <li>Each meeting must be documented.</li> <li>If applicant also applied for Objective 1 in the MP21 grant, this group should share information with that Advisory Council or Community Collaborative but should not duplicate efforts.</li> </ul> | <ul style="list-style-type: none"> <li>Provide monthly reporting with progress</li> <li>Provide meeting documentation (agenda, sign-in sheet/attendance, minutes/notes) to ODH.</li> </ul>         |

-

## Appendix G

### Monitoring, Resources and Notes

| Monitoring   | Resources   | Notes  |
|--|---|--|
| <ul style="list-style-type: none"> <li>Monthly reports, quarterly reports, and annual final reports</li> <li>Expenditure reports</li> <li>Staffing documentation</li> <li>Documentation of purchases for Safe Sleep Survival Kits</li> <li>Aggregate numbers of distributed kits (include race, ethnicity, county, and other information on reporting form) submitted in GMIS with monthly reports.</li> <li>Monthly aggregate data on follow-ups completed/attempted submitted in GMIS with monthly reports.</li> <li>Ongoing tracking mechanism(s) on file for education and crib distribution for the service area for monitoring and site visits, such as training agendas, materials, sign-in sheets, home visiting records.</li> <li>Ongoing tracking mechanism for follow-ups (completed and attempted) within the service area kept on-site for monitoring and site visits.</li> <li>An updated list of partnering organizations on file for monitoring and site visits.</li> <li>Documentation of meetings and/or training for safe sleep education and survival kit/crib distribution held with partner sites on file for monitoring and site visits.</li> <li>Safe Sleep Subcommittee meeting minutes/notes showing attendance.</li> <li>Local working group meeting documentation, such as agenda, sign-in sheet/attendance, minutes/notes</li> <li>Local working group plan and annual reports</li> </ul> | <ul style="list-style-type: none"> <li><a href="#">AAP Updated 2016 Recommendations for a Safe Infant Sleep Environment</a></li> <li><a href="#">ODH Infant Safe Sleep webpage and resources</a></li> <li><a href="#">ODH Infant Safe Sleep Educational Materials</a> (includes free print materials that are available to request)</li> <li><a href="#">ODH Infant Safe Sleep Policy</a></li> <li><a href="#">National Action Partnership to Promote Safe Sleep (NAPSS) Checklist for Infant Safe Sleep &amp; Breastfeeding Images</a></li> <li><a href="#">ODH Annual Safe Sleep Training</a></li> <li><a href="#">Cribs for Kids Partner Resources</a> (must be a CFK partner to access portal)</li> <li><a href="#">Ohio Injury Prevention Partnership</a> Child Injury Action Group Safe Sleep Subcommittee</li> <li>Child Fatality Review data on local Sleep-Related Deaths (Recommended)</li> <li><a href="#">Principles of Community Engagement (Second Edition), CDC</a></li> </ul> | <p>Allowable:</p> <ul style="list-style-type: none"> <li>It is strongly recommended that hospitals always store at least a few survival kits on site.</li> </ul> <p>Not Allowable:</p> <ul style="list-style-type: none"> <li>CFK partners may not collect payment, donations, or gifts in exchange for a crib or survival kit to a family.</li> <li>Cardboard boxes for infant sleep.</li> </ul> <p>Safe Sleep Education:</p> <ul style="list-style-type: none"> <li>Education provided must follow the AAP Updated Recommendations for a Safe Infant Sleeping Environment and the ODH Safe Sleep Policy, as well as other requirements and guidance provided.</li> </ul> |



Appendix H

ODH Policy Acknowledgement and Acceptance

Cribs for Kids & Safe Sleep Grant  
ODH Policy  
Acknowledgment and Acceptance

*This form must be completed, signed, and returned by the applicant entity. If the applicant entity is applying on behalf of a multi-county service area, a completed and signed form must also be returned for the identified lead entity within each county, if applicable.*

By signing and dating this acknowledgment (this “Acknowledgement”),  
\_\_\_\_\_ (“Organization”) confirms it has read, understands, and agrees to be bound by the [Ohio Department of Health \(ODH\) Safe Sleep Policy](#), and that the information contained therein will be shared with each partner site providing education and/or safe sleep environments/cribs. The organization further represents and warrants that the person executing this Acknowledgment on behalf of the Organization (including but not limited to its officers, directors, parents, subsidiaries, affiliates, employees, providers, and agents) has the right, power, legal capacity, and appropriate authority to execute on behalf of such parties for which he/she signs.

IN WITNESS WHEREOF, Organization has duly executed this Acknowledgment by its authorized representative on the date set forth below.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

## Appendix I

### Infant Safe Sleep Grant Workplan

#### Infant Safe Sleep Grant Program (CK\_\_\_\_) Workplan

Agency Name: \_\_\_\_\_

GMIS # \_\_\_\_\_

October 1, 2021– September 30, 2022

**Objective 1:** Ensure infants have a safe sleep environment by providing identification & education of safe sleep environment; distribute; and follow-up on education, tools, and resources provided to family.

| Deliverables<br>(written as<br>SMART<br>objectives) | Activity  | Timeline<br># of<br>family<br>served | Benchmarks<br>&<br>Evaluation<br>Measures | Staff<br>Person | Partners |
|---|---|--------------------------------------|---|-----------------|----------|
|   | Identification & Education                                |                                      |   |                 |          |
|   | Distribute - List by county if serving multiple counties. |                                      |   |                 |          |
|   | Follow-up   |                                      |   |                 |          |
|   |   |                                      |   |                 |          |

## Appendix J

### Infant Safe Sleep County Rankings Top Quartile

#### Infant Safe Sleep County Risk Ranking – Top Quartile\*

| County     |
|------------|
| Butler     |
| Clark      |
| Clermont   |
| Clinton    |
| Coshocton  |
| Cuyahoga   |
| Darke      |
| Erie       |
| Fairfield  |
| Franklin   |
| Guernsey   |
| Hamilton   |
| Jefferson  |
| Lucas      |
| Madison    |
| Mahoning   |
| Montgomery |
| Richland   |
| Scioto     |
| Stark      |
| Summit     |
| Trumbull   |

*\*Alphabetical listing of counties ranked in the top quartile, compiled using data sources below:*

*Overall rank from an average risk rank determined based on rankings for both 1) the number of Infant Sleep-Related Death Reviews from Ohio Child Fatality Review (CFR) data 2014-2018 and 2) IM Rate 2014-2018, ODH Bureau of Vital Statistics, 2019 Infant Mortality Report*

## Appendix K

### Medicaid Birth Numbers by County

| County     | Number of Medicaid Births (2020) | 25% of Medicaid Births, rounded (2020) |
|------------|----------------------------------|--|
| Adams      | 175                              | 44                                     |
| Allen      | 763                              | 191                                    |
| Ashland    | 229                              | 57                                     |
| Ashtabula  | 672                              | 168                                    |
| Athens     | 276                              | 69                                     |
| Auglaize   | 206                              | 52                                     |
| Belmont    | 52                               | 13                                     |
| Brown      | 273                              | 68                                     |
| Butler     | 2342                             | 586                                    |
| Carroll    | 145                              | 36                                     |
| Champaign  | 191                              | 48                                     |
| Clark      | 1084                             | 271                                    |
| Clermont   | 912                              | 228                                    |
| Clinton    | 265                              | 66                                     |
| Columbiana | 600                              | 150                                    |
| Coshocton  | 225                              | 56                                     |
| Crawford   | 309                              | 77                                     |
| Cuyahoga   | 7948                             | 1987                                   |
| Darke      | 282                              | 71                                     |
| Defiance   | 204                              | 51                                     |
| Delaware   | 387                              | 97                                     |
| Erie       | 460                              | 115                                    |
| Fairfield  | 825                              | 206                                    |
| Fayette    | 192                              | 48                                     |
| Franklin   | 9874                             | 2469                                   |
| Fulton     | 238                              | 60                                     |
| Gallia     | 159                              | 40                                     |
| Geauga     | 151                              | 38                                     |
| Greene     | 736                              | 184                                    |
| Guernsey   | 268                              | 67                                     |
| Hamilton   | 5772                             | 1443                                   |
| Hancock    | 354                              | 89                                     |
| Hardin     | 202                              | 51                                     |
| Harrison   | 46                               | 12                                     |
| Henry      | 132                              | 33                                     |
| Highland   | 312                              | 78                                     |
| Hocking    | 214                              | 54                                     |
| Holmes     | 108                              | 27                                     |
| Huron      | 381                              | 95                                     |

|            |      |     |
|------------|------|-----|
| Jackson    | 207  | 52  |
| Jefferson  | 186  | 47  |
| Knox       | 317  | 79  |
| Lake       | 906  | 227 |
| Lawrence   | 24   | 6   |
| Licking    | 970  | 243 |
| Logan      | 281  | 70  |
| Lorain     | 1767 | 442 |
| Lucas      | 3280 | 820 |
| Madison    | 226  | 57  |
| Mahoning   | 1581 | 395 |
| Marion     | 534  | 134 |
| Medina     | 496  | 124 |
| Meigs      | 133  | 33  |
| Mercer     | 171  | 43  |
| Miami      | 578  | 145 |
| Monroe     | 38   | 10  |
| Montgomery | 3891 | 973 |
| Morgan     | 86   | 22  |
| Morrow     | 179  | 45  |
| Muskingum  | 614  | 154 |
| Noble      | 59   | 15  |
| Ottawa     | 150  | 38  |
| Paulding   | 100  | 25  |
| Perry      | 265  | 66  |
| Pickaway   | 291  | 73  |
| Pike       | 248  | 62  |
| Portage    | 601  | 150 |
| Preble     | 217  | 54  |
| Putnam     | 105  | 26  |
| Richland   | 855  | 214 |
| Ross       | 531  | 133 |
| Sandusky   | 375  | 94  |
| Scioto     | 527  | 132 |
| Seneca     | 310  | 78  |
| Shelby     | 263  | 66  |
| Stark      | 2303 | 576 |
| Summit     | 3131 | 783 |
| Trumbull   | 1354 | 339 |
| Tuscarawas | 598  | 150 |
| Union      | 184  | 46  |
| Van Wert   | 143  | 36  |
|            |      |     |

|            |     |     |
|------------|-----|-----|
| Warren     | 660 | 165 |
| Washington | 281 | 70  |
| Wayne      | 489 | 122 |
| Williams   | 222 | 56  |
| Wood       | 456 | 114 |
| Wyandot    | 106 | 27  |

\* Medicaid births defined by Medicaid listed as payor on the birth certificate

*Source: Ohio Department of Health Bureau of Vital Statistics, 2020*