

Is Your Baby Sleeping Safely?



Is the child age one or younger? yes no

Is there a crib or bassinet for the baby to sleep in? yes no

Is the child sleeping in his/her crib/bassinet? yes no

Are the parents/caregivers aware of risk of co-sleeping? yes no

Does the child always sleep on his or her back (naps and at night)? yes no

Is the crib mattress firm and covered by a fitted sheet? yes no

Are pillows, blankets, toys, and loose bedding out of baby's sleeping area? yes no

Do parents/caregivers smoke around the baby? yes no

Is the baby's sleeping area close to where the parents/caregivers sleep? yes no

Are baby's sleep clothes light so that the baby does not over heat? yes no

Are parents/caregivers aware of risk of bottle feeding in crib/bassinet (bottle propping)? yes no

Case Name: _____

CPI: _____

Intake #: _____

Date: _____

Parent Signature: _____