

Safe Sleep Assessment Checklist

Based on Recommendations from the American Academy of Pediatrics for infant safe sleep

	YES	NO
Baby sleeps in his/her crib, alone		
Crib meets the safety guidelines of the Consumer Product Safety Commission (cpsc.gov)		
Baby does not sleep on sofas, recliners, waterbeds, bean bags, air mattresses or soft mattresses		
No pillows, soft toys, stuffed animals or crib bumpers in the crib; only firm mattress with tightly fitted crib sheet is used		
Do not use positioners, wedges, or any products claiming to reduce the risk of SIDS		
Baby does not sleep in car seat/swing/other space unsupervised for an extended period of time, and never overnight		
Baby sleeps in the same room as the parents but not in the same bed (room-sharing without bed sharing)		
The temperature of the room is comfortable for an adult and baby is not overheated		
Baby is offered a pacifier at nap time and bedtime		
Infant receives recommended immunizations		
Baby has supervised awake tummy time to facilitate development and minimize the occurrence of positional plagiocephaly (flat heads)		
No smoking around infant or in infant's environment		
Has anyone outside of the agency told me to use different sleep practices?		

For more information the AAP recommendations and other child health and safety information visit:
www.healthychildren.org

I have reviewed Safe Sleep standards and completed the Safe Sleep Assessment Checklist with a Resource Family Specialist or Child Protection Specialist I agree to follow all recommendations for safe sleep recommended by the American Academy of Pediatrics for infant safe sleep as required in Montana ARM 37.51.816 (8)(a). If I have additional questions or concerns, I will reach out to a Resource Family Specialist/Child Protection Specialist for additional support and information.

If the pediatrician or medical professional of an infant in my care has recommended that the infant sleep in any way that conflicts with safe sleep standards, I will reach out to a Resource Family Specialist with that information immediately and provide documentation from the physician.

 Resource Parent Signature

 DATE

 Resource Parent Signature

 DATE

 Resource Family Signature

 DATE

IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE REACH OUT TO YOUR RESOURCE FAMILY SPECIALIST FOR ADDITIONAL RESOURCES AND INFORMATION.