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|  | **Tennessee Department of Children’s Services****Safe Sleep Assessment** |



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| Date: |       |

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| Case ID: |       | County: |       |  |

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| Caretaker Name: |       | Room the child sleeps in: |       |

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| Infant Name: |       | DOB: |       |

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| Address: |       | Phone Number: |       |

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|  | Y | N | What measures were taken to ensure safe sleeping environment for infant? |
| Is caregiver aware of Safe Sleep?\*\*Review and provide Safe Sleep information with caregiver | [ ]  | [ ]  |       |
| Do the caregivers have a crib or pack & play? Is it the appropriate level/height? If no, describe what measures were taken to ensure the infant has a safe place to sleep before worker leaves the home. | [ ]  | [ ]  |       |
| Did you see where the baby sleeps or will be sleeping during the day and during the night? Describe and/or include photograph in case file. | [ ]  | [ ]  |       |
| Does baby always sleep on their back? Provide “Safe Sleep for Your Baby” Brochure and Door Hanger. | [ ]  | [ ]  |       |
| Are caregivers aware of the concerns around overheating or overdressing infant? | [ ]  | [ ]  |       |
| Is the sleeping environment free of visible safety hazards?(ie: stuffed animals, blankets, bumper pads, etc.) | [ ]  | [ ]  |       |
| Do the caregivers ever allow the infant to sleep in the same bed with them or others? | [ ]  | [ ]  |       |
| Do the caregivers smoke?If so, provide “Tennessee Tobacco QuitLine” information | [ ]  | [ ]  |       |
| Do the caregivers ensure safe sleep in locations outside of the home?  |  |  |       |
| Does the infant ever sleep sitting up, such as in a car seat (out of the car), bouncy seat, baby swing or upright stroller? \*\* Sitting positions are not safe for young infants to sleep due to weak neck muscles | [ ]  | [ ]  |       |
| Has the family been spoken to regarding pet safety? What type of animal(s) live in the home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  |       |

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| Positive Adult Drug Screen? | Y | N | Name and Relationship to infant:       | Results:       |
| Positive Child Drug Screen? | Y | N |  | Results:       |
| Positive NAS Diagnosis? | Y | N |  |  |
| Was infant placed in custody? | Y | N |  |  |

**Remember the ABC’s of Safe Sleep: *ALONE, on their BACK and in a CRIB***

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| Staff (Print) |       | Caretaker (Print) |       | Date: |       |

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| Staff Signature: |  | Caretaker Signature: |  | Date: |  |