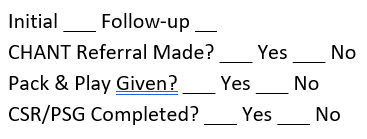
|  |  |
| --- | --- |
|  | **Tennessee Department of Children’s Services**  **Safe Sleep Assessment** |



|  |  |
| --- | --- |
| Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Case ID: |  | County: |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Infant Name: |  | DOB: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Phone Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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***

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

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