



Case ID: _____ Caretakers' Name(s): _____

Infant Name: _____ Date of Birth: _____

Address: _____ Date: _____

*Reminder to complete a Pack N Play Case Service Request and a CHANT referral, if applicable.

Review Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture prior to visit.	Y	N	What measures were taken to ensure safe sleeping environment for infant?		
Is caregiver aware of Safe Sleep practices? **Review and provide Safe Sleep information with caregiver	<input type="checkbox"/>	<input type="checkbox"/>			
Do the caregivers have Safe Sleep Furniture? If no, describe what measures were taken to ensure the infant has a safe place to sleep before worker leaves the home.	<input type="checkbox"/>	<input type="checkbox"/>			
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.	<input type="checkbox"/>	<input type="checkbox"/>			
Does baby always sleep on their back? Provide "Safe Sleep for Your Baby" Brochure and Door Hanger.	<input type="checkbox"/>	<input type="checkbox"/>			
Are caregivers aware of the concerns around overheating or overdressing infant?	<input type="checkbox"/>	<input type="checkbox"/>			
Is the sleeping environment free of visible safety hazards? (ie: stuffed animals, pillows, blankets, bumper pads, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
Do the caregivers ever allow the infant to sleep in the same bed with them or others including siblings, other infants, and pets?	<input type="checkbox"/>	<input type="checkbox"/>			
Do the caregivers smoke? If so, provide "Tennessee Tobacco QuitLine" information	<input type="checkbox"/>	<input type="checkbox"/>			
Do the caregivers ensure safe sleep in locations outside of the home?	<input type="checkbox"/>	<input type="checkbox"/>			
Does the infant ever sleep sitting up, such as in a car seat (out of the car), bouncy seat, baby swing or upright stroller?	<input type="checkbox"/>	<input type="checkbox"/>			
Has the family been spoken to regarding pet safety? What type of animal(s) live in the home?	<input type="checkbox"/>	<input type="checkbox"/>			
Is the infant breastfed? Breastfeeding is a protective factor as long as they are not using substances at the time. Discuss safe measures to prevent falling asleep while breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>			
Positive Adult Drug Screen?	Yes	No	N/A	Name and Relationship to infant:	Drug Screen Results:
Positive Adult Drug Screen?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A		
Positive Adult Drug Screen?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A		
Was infant placed in custody?	<input type="checkbox"/> Y	<input type="checkbox"/> N			

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

Staff (Print): _____ Staff Signature: _____ Date: _____

Caretaker(s) Print: _____ Caretaker(s) Signatures: _____ Date: _____

Caretaker(s) Print: _____ Caretaker(s) Signatures: _____ Date: _____

Caretaker(s) Print: _____ Caretaker(s) Signatures: _____ Date: _____



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

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