



CRIBS FOR KIDS PROGRAM COMPLIANCE QUESTIONNAIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FAMILY HEALTH AND WELLNESS

SFN 59324 (9-2023)

Distribution Site		Date
Infant Name		Infant Date of Birth
Parent/Guardian Name		Parent/Guardian Date of Birth
Date Crib was Given to Client	Date Form is Due to HHS	

Attempts to Contact Client:

Date	Date	Date
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Program Compliance	Yes	No	Sometimes
Do you use the portable crib every time your baby sleeps?			
Do you keep blankets, stuffed animals, pillows and other soft items out of the crib when baby is sleeping?			
Do you ever put your baby to sleep on a sofa, adult bed, recliner, waterbed, bean bag, air mattress, car seat, bouncy seat or swing?			
Does your baby sleep with you or anyone else?			
Do you or others smoke, drink alcohol, or do nonprescriptive mind-altering drugs around your baby?			
Have you ever discussed safe sleep for your baby with your child-care provider, friends, grandparents, etc.?			
Does your child-care provider have a safe crib for your baby?			
Do you offer your baby a pacifier when putting him or her down to sleep?			

Positions You Lay Your Baby Down to Sleep (mark all that apply) Back Side Tummy Other

Comments

Staff Signature