



Department of Health

### Patient Access to Safe Sleep Environment Screening

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Do you have a safe crib, bassinet, or play yard with a firm mattress for your infant to sleep in after you are discharged from the hospital? (Circle one) Yes or No

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Please fill out the information below only if you answered "No" to the question above:

Home Zip Code: \_\_\_\_\_

Delivery Payment: (Circle one)

- Medicaid
- Other

Race: (Circle all that apply)

- American Indian or Alaska Native
- Asian American
- Black or African American
- Native Hawaiian & Other Pacific Islander
- White
- Unspecified

Ethnicity: (Circle one)

- Hispanic
- Non-Hispanic
- Unspecified

Ohio Law requires facilities to report this information to the Ohio Department of Health upon discharge. A hospital staff member or volunteer will provide more information about safe sleep prior to your discharge.

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#### FOR FACILITY USE ONLY:

Discuss and provide educational information on infant safe sleep per hospital policy.

Parent/Guardian/Other person responsible for infant confirms that a safe crib is available once the infant is discharged from the facility to the infant's residence following birth: Yes or No

If no doesn't have a crib, bassinet or play yard, check the applicable box below:

- Facility provided infant a safe crib using its own resources.
- Facility provided infant a safe crib by collaborating with or obtaining assistance from another person or government entity.
- Facility referred parent/guardian/other person responsible for infant to a person or government entity to obtain a safe crib.
- Facility referred parent/guardian/other person responsible for infant to a site designated by ODH to obtain a safe crib. Use the Cribs for Kids (CFK) partner finder: <http://www.cribsforkids.org/find-a-chapter/>.