

Safe Crib

A Project Guide

Designed by: The St. Louis Child Fatality Prevention Coalition

Funded by: Missouri Children's Trust Fund



Missouri's Foundation For Child Abuse Prevention



Unintentional suffocation is a leading cause of injury death in infants and toddlers. Most infant deaths due to suffocation are directly related to unsafe sleep arrangements. Infants can suffocate when their faces become wedged against or buried in a mattress, pillow, comforter, bumper pad or other soft bedding or when an infant is sleeping with one or more persons (bed sharing with adults or older children) and someone rolls over on them.

Recent studies of risk factors associated with other sudden unexpected infant deaths have demonstrated that prone sleeping and the presence of soft bedding near the infant's head and face pose very strong environmental challenges in the vast majority of cases. Missouri's Child Fatality Review Program serves as an important data and information source for research. Researchers examined the circumstances of sudden unexpected infant deaths that included unintentional suffocation, Sudden Infant Death Syndrome (SIDS), and cause undetermined. The researchers concluded that educating parents and other caregivers on safe sleep arrangements for infants has the potential to save many lives. (For additional information concerning this research, evaluation of sudden unexpected infant death, or the Child Fatality Review Program, contact the State Technical Assistance Team at 800-487-1626.)

The safest place for an infant to sleep is in a standard crib, on his or her back without soft bedding or toys of any kind. The American Academy of Pediatrics, the Consumer Product Safety Commission and the National Institute of Child Health and Human Development have revised their recommendations on safe bedding practices when putting infants down to sleep to incorporate this new information. Unfortunately, many parents have not received this information and, for a variety of reasons, are unable to provide a safe crib for their infant. In communities throughout Missouri, social service agencies, community health agencies, hospitals and similar organizations have collaborated to implement the Safe Crib Project, using funding from the Children's Trust Fund (CTF). The goal of this innovative project is, quite simply, to save infant lives and support families.

The Safe Crib Project provides a safe, new crib to families in need along with critical parent education about safe sleep arrangements for infants. Funded by CTF, this prevention model was initiated in 1995 by the St. Louis Child Fatality Prevention Coalition and continues today as a self-sustaining program that has served hundreds of families.

The purpose of this Project Guide is to provide all the information needed to replicate this program throughout our state. Community agencies and coalitions approved for funding will be required to incorporate the CTF "Prevent Shaken Baby Syndrome" videotapes into their safe crib programs. They will also be provided with training materials for nurses and education materials for parents and caregivers, such as Safe Crib/Safe Sleep brochures, Shaken Baby Syndrome brochures and a Safe Home Risk Assessment training manual. This guide suggests several sample assessment forms which include the *Family Application Sheet*, *Risk Assessment Form*, *Authorization to Release Medical Information*, *Caregiver/Guardian Agreement (at crib delivery)*, *Caregiver/Guardian Agreement (follow-up visit)*, *Crib Pick-Up Authorization*, and *60-90 Day Follow-Up Report*.

Nursing Services:

This is a nursing model. Nursing services are usually provided by county or state departments of health, hospitals and other local organizations that employ community health nurses. Community health nurses working with mothers and infants find that including safe crib/safe sleep services is critical to infant health and safety and facilitates access to other services for the family.

Referrals:

It is important this program is not perceived as a crib “give-away”; it is an evidence-based prevention model. It is recommended referrals be accepted only in writing from area agencies and professionals after the infant has been delivered. Referrals should include pertinent identifying information and a description of the presenting risk factors.

Eligibility:

Eligibility is based on the family’s financial need and risk to the infant. Financial need is a discretionary matter, which is left up the grantee. However, some helpful measures of need are eligibility for public assistance, food stamps or reduced school lunches for older children. This information is included in the attached *family application sheet*.

Assessment:

The assessment is conducted by the community health nurse. The risk assessment includes environmental and parental factors that are indicative of child abuse/neglect, as well as infant risk factors, which make the baby physically fragile and vulnerable to serious health and development problems. Professionals will recognize these conditions as part of the formula of risk for child abuse and neglect.

Parent Education:

The nurses involved in this program are trained to oversee setup of the crib and provide assessment and parent education on safe sleep for infants and toddlers. Safe sleep education and Shaken Baby Syndrome prevention are mandates for this program. Nurse training materials and parent education materials will be provided to grantees.

Outcomes:

Accountability is important and documenting purchase and delivery of cribs is accomplished through receipts and the forms provided. The forms also include a follow-up report that is completed 60-90 days after the crib is delivered. The follow-up report is designed to reinforce parent and caregiver education and provide data on risk reduction.

Cost Effectiveness/Community Collaboration:

The Safe Crib Project offers a community the opportunity to collaborate to improve the health and safety of infants and toddlers. The primary use of the CTF grant money is to purchase cribs and mattresses. Once a crib has been furnished to a family, either via the CTF grant, a community donation or another funding stream, the CTF grant money may be allotted to cover up to three home nursing visitations per family to deliver and set up the crib, conduct family and home assessments, and provide parenting education and follow up services. All other avenues should be exhausted to pay for expenses related to the home visitation component before CTF grant money can be used for this purpose.

In addition, much of the success of the Safe Crib Project revolves around individual community support. Civic organizations in the community should be given information to increase awareness of the project and encouraged to “adopt a crib” and provide sheets and other amenities by donating money toward these necessary items.

Purchasing Information:

Cribs may be purchased from any supplier. If a 501©(3) organization serves as fiscal agent for the program, the purchase of cribs is tax-exempt. The supplier may agree to waive shipping charges or give another type of discount if several cribs are purchased at one time. Information is available from the CTF office for a resource for ordering cribs directly from a manufacturer.

Cribs may be full-size or porta-cribs but should meet the guidelines of the Juvenile Products Manufacturers’ Association. Information is available on-line at www.jpma.org. Porta-cribs offer the advantages of cost, ease of transportation and set-up for the nurse and portability for the family. However, they are intended only for infants up to the age of one year. Full-size cribs are sometimes necessary for special medical needs.

Grant Funds:

For information about the Children’s Trust Fund, active Safe Crib Projects, and/or funding opportunities, please contact CTF at 573-751-5147 or visit www.ctf4kids.org.

**For additional information about the Safe Crib Project
including safe sleep, preventing infant deaths and research, please contact:**

**Suzanne McCune, LCSW
State Technical Assistance Team
Child Fatality Review Program
6039 Helen Avenue
St. Louis, MO 63134
smccune@mail.state.mo.us
314-522-3262 ext. 6506
1-800-487-1626**

For related topics you may contact the following organizations:

State Technical Assistance Team www.dss.state.mo.us/stat/index.htm

American Academy of Pediatrics www.aap.org

U.S. Consumer Product Safety Commission www.cpsc.gov

National Institute of Child Health and Human Development www.nichd.nih.gov

SIDS Resources, Inc. 800-421-3511

Thank you for your interest in keeping Missouri’s children safe.

A Safe Sleeping Environment for Your Baby

The American Academy of Pediatrics, the Consumer Product Safety Commission and the National Institute of Child Health and Human Development have revised their recommendations on safe bedding practices when putting infants down to sleep. Here are the revised recommendations to follow for infants under 12 months:



Safe Bedding Practices For Infants

- Place baby on his/her back on a firm tight-fitting mattress in a crib that meets current safety standards.
- Remove pillows, quilts, comforters, sheepskins, stuffed toys and other soft products from the crib.
- Consider using a sleeper or other sleep clothing as an alternative to blankets, with no other covering.
- If using a blanket, put baby with feet at the foot of the crib. Tuck a thin blanket around the crib mattress, reaching only as far as the baby's chest.
- Make sure your baby's head remains uncovered during sleep.
- Do not place baby on a waterbed, sofa, soft mattress, pillow or other soft surface to sleep.

Placing babies to sleep on their backs instead of their stomachs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome (SIDS). Babies have been found dead on their stomachs with their faces, noses and mouths covered by soft bedding, such as pillows, quilts, comforters and sheepskins. However, some babies have been found dead with their heads covered by soft bedding even while sleeping on their backs.

Pick-up Auth #: _____

Drop-off Date #: _____

Safe Crib Project Family Application Sheet

PERSONAL (PLEASE PRINT)

Caretaker's Name: _____

Date of Birth: _____ Social Security #: _____

Primary Language: _____

OB Doctor/Clinic/Primary Care Provider: _____

Baby's Name: _____

Date of Birth: _____

Primary Care Provider/Clinic: _____

Hhld. Address: _____

City: _____ Zip: _____

Phone: (home) _____ (work) _____

INCOME/INSURANCE

Yearly Household Income (before taxes): _____

Medicaid Benefits: Y N (If yes, give info. for baby. If baby has not yet been assigned to a plan, provide caretaker's info. Please specify if it's caretaker's info.)

MC+ Plan Name: _____

MC+ Plan Number: _____

(OR)

Medicaid Number: _____

Does family receive public assistance? (circle all that apply) SSI Food Stamps WIC TANF

HOUSEHOLD

Number of persons in the household: Adults: _____ Children: _____

List the names and ages of other children in the household:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Is this crib a replacement for an old or unsafe crib? Y N

What attempts were made to obtain a safe crib? _____

Other agencies providing services to family: _____

Signature of person completing referral: _____ Date _____

Phone _____ Agency _____

I authorize the referring agency to share this information with _____, who will forward this information to the appropriate agencies in order to complete the crib assessment for the crib application.

I understand this application does not guarantee receiving a crib.

Caretaker's signature: _____ Date: _____

Safe Crib Project Risk Assessment Form

(PLEASE PRINT)

Nurse's Name: _____ **Baby's Name:** _____

Agency: _____ **DOB:** _____

Caretaker's Name: _____

Please indicate IDENTIFIED RISK FACTORS.

INFANT

- Birthweight of 2500 grams or less
- Gestational age of 34 weeks or less
- Respiratory problems
- Seizure activity
- Congenital anomalies
- Metabolic disorders (PKU, hypoglycemia, etc.)
- Infant cardiovascular complications
- Unresolved birth complications
- Infant nutritional inadequacy
- Poor feeding/sucking
- Infant positive urine drug screen
- Multiple birth
- History of perinatal or infant mortality
- Noted disturbance in maternal/infant relationship
- Other (specify) _____

FAMILY/CARETAKER

- Drug or alcohol abuse
- History of abuse or neglect
- History of criminal activity
- Teen parent
- Domestic violence
- Heavy, continuous child care responsibilities
- Incapacity due to physical disability
- Chronic illness
- Mental retardation
- Mental/emotional disturbance
- Other (specify) _____

ENVIRONMENT

- Insufficient income
- Social Isolation
- Crowded living conditions
- Lack of utilities
- Dangerous living conditions (describe)
- Unsanitary living conditions (describe)
- Lack of material support
- Smoking in the home
- Risk of lead exposure
- Other (specify) _____

Nurse's Signature _____

Agency _____ **Date** _____

Pick-up Auth #: _____

Safe Crib Project
Authorization to Release Medical Information

***** To be Completed at Initial Referral *****

Parent's Name: _____

Baby's Name: _____

D.O.B.: _____

MC+ Pan Name: _____

I authorize the _____ County Health Department to
provide information to the _____ and
(name of organization)

to my HMO, _____
(name of the client's HMO)

as needed for my application for this crib and to provide follow-up information. This authorization shall become effective immediately and shall remain in effect for five (5) years from the date of the parent's signature.

Parent's Signature: _____ **Date:** _____

Nurse/Community Health Worker: _____ **Date:** _____

**Safe Crib Project
Caretaker/Guadian Agreement**

***** To Be Completed At Crib Delivery *****

Caretaker's Name: _____

Baby's Name: _____

D.O.B: _____

- I have received one infant crib and one infant crib mattress as part of the Safe Crib Project sponsored by the _____.
- In order to receive this crib, I have participated in the assembly and set-up of the crib and mattress according to the manufacturer's directions.
- I have received education on safe sleep positions and safe sleep arrangements for my baby.
- I understand these instructions and recommendations, and I agree to follow them.
- I agree that this crib is to be used for my child, and that it will remain in my household.
- I agree to participate in a follow-up home visit in 60-90 days, which will include the condition of the crib.

Signature of all caretakers receiving education:

_____ **Date:** _____

_____ **Date:** _____

Signature of Nurse/Community Health Worker:

_____ **Date:** _____

Please return completed forms to:

Safe Crib Project Caretaker/Guardian Agreement

Date to be completed by and returned: _____

Caretaker's Name: _____

Baby's Name: _____

D.O.B.: _____

MC+ Plan Name: _____

1) How many nights per week does the baby sleep in the crib? _____

2) Does the baby sleep in the crib all night long? Yes ___ No ___
If no, where else does the baby sleep? _____

3) Does the baby take naps in the crib? Yes ___ No ___
If no, where else does the baby nap? _____

4) What kind of bedding is used in the crib? (circle all that apply)
Sheet Mattress pad Blankets Pillows Comforters Bumper Pads

5) Are there stuffed animals/toys/pillows in the crib? Yes ___ No ___
If yes, are they removed when baby is in the crib? Yes ___ No ___

6) How do you position the baby in the crib? On his/her: Side ___ Back: ___ Stomach: ___

7) Do other children sleep in the crib? Yes ___ No ___

8) Please ask the parent to complete this statement:
"I'm glad we have this crib because..." (OR "I'm not glad...because...")

9) Condition of crib:

Describe Intervention _____

Caretaker's Signature: _____ **Date:** _____

Nurse/CHW Signature: _____ **Date:** _____

Please return completed forms to:

NOTICE: Warehouse Location – See Below

Safe Crib Project
Crib Pick-Up Authorization

Authorized by: _____ (original signature/initials required) _____

Portacrib _____ **Sheet** _____ **Full Size Crib** _____ **Mattress** _____

Nurse (print) _____

Agency _____

Caretaker's Name (print) _____

Your Initial Referral has been received.

You may pick up **one** crib at:

*(Crib pick-up location)

Pick-up Times:

Directions:

*Sign and date this form, and leave it with the warehouse personnel. Thank you.

Received By: _____ **Date of Pick-up:** _____
(Signature)

Safe Crib Project

60-90 Day Follow-Up Report

Date to be completed by and returned: _____

Caretaker's Name: _____

Baby's Name: _____

D.O.B.: _____

MC+ Plan Name: _____

1) How many nights per week does the baby sleep in the crib? _____

2) Does the baby sleep in the crib all night long? Yes _____ No _____
If no, where else does the baby sleep? _____

3) Does the baby take naps in the crib? Yes _____ No _____ If no, where else does the baby nap? _____

4) What kind of bedding is used in the crib? (circle all that apply)
Sheet Mattress pad Blankets Pillows Comforters Bumper Pads

5) Are there stuffed animals/toys/pillows in the crib? Yes ___ No ___
If yes, are they removed when baby is in the crib? Yes ___ No ___

6) How do you position the baby in the crib? On his/her: Side _____ Back: _____ Stomach: _____

7) Do other children sleep in the crib? Yes _____ No _____

8) Please ask the parent to complete this statement:
"I'm glad we have this crib because..." (OR "I'm not glad...because...")

9) Condition of crib: _____

Describe Intervention _____

Caretaker's Signature: _____ **Date:** _____

Nurse/CHW Signature: _____ **Date:** _____

Please return completed forms to: