



# Cribs for Kids<sup>®</sup>

Helping every baby sleep safer

## Education Checklist

Date: \_\_\_\_\_

Name of mother (Last name first): \_\_\_\_\_ Mother DOB: \_\_\_\_\_  
 Name of baby (Last name first): \_\_\_\_\_ Infant DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Members and relationship to baby completing training:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Crib Education:**

**Provider's  
Initials**

**Family Members  
#1 #2**

Crib set-up properly	_____	_____	_____
Crib locked	_____	_____	_____
Crib closed	_____	_____	_____

**Explain safe sleeping environment:**

No soft bedding	_____	_____	_____
No sofas, recliners, adult beds	_____	_____	_____
No water beds, no air mattresses	_____	_____	_____
No pillows, stuffed animals, crib bumpers	_____	_____	_____
No bed-sharing	_____	_____	_____
Baby sleeps alone in a crib, on back on firm mattress	_____	_____	_____

**Hazards of Adult Beds:**

Baby can roll off	_____	_____	_____
Become trapped b/w bed and wall	_____	_____	_____
Adult and/or another child can roll onto child	_____	_____	_____

**Other environmental considerations:**

No smoking near baby	_____	_____	_____
No overheating baby's room	_____	_____	_____
Blanketing techniques	_____	_____	_____

**Childcare:**

Mother/guardian needs to teach these points to childcare	_____	_____	_____
--	-------	-------	-------

**Provider(s):**

Any concerns: \_\_\_\_\_

Name and agency of provider: \_\_\_\_\_

Signature of provider: \_\_\_\_\_