SAFE CRIBS FOR MISSOURI
HOME VISIT COMPLIANCE QUESTIONNAIRE

(To be completed at client's home when infant is 4-6 weeks old, if crib was received before birth. If crib was received postpartum, complete this form at client's home 4-6 weeks after client receives the crib.)

Date _____

Client's Name _____Maiden Name _____
(Please Print) (Please Print)

Baby's First, Middle and Last Name_____
(Please Print)

Baby's Gender ☐ Male ☐ Female Baby's Date of Birth_____

1. Are you using the portable crib every time your baby sleeps? ☐ Yes ☐ No
   If not, where is the infant sleeping? (Check all that apply) ☐ Bassinet ☐ Car seat
   ☐ Swing ☐ Bouncy seat ☐ Crib ☐ Glider ☐ Carrier
   ☐ In bed with others ☐ Someone's arms ☐ Floor ☐ Adult bed

2. In what position are you laying your baby down to sleep?
   ☐ Back ☐ Side ☐ Stomach ☐ Other _____

3. Are you putting anything in the portable crib with your baby other than the fitted sheet? ☐ No ☐ Yes
   If yes, what? (Check all that apply) ☐ Pillow ☐ Blankets/flat sheet ☐ Toys/stuffed animals
   ☐ Crib bumpers ☐ Sleep positioner

4. Do you ever put your baby alone on sofas, recliners, waterbeds, beanbag chairs, air mattresses or adult beds (even for a few minutes)? ☐ Yes ☐ No

5. Is your baby being exposed to someone smoking? ☐ No ☐ Yes ☐ Smokes outside ☐ Smokes inside

6. Do you smoke? ☐ No ☐ Yes ☐ Smokes outside ☐ Smokes inside

7. Does your significant other smoke? ☐ No ☐ Yes ☐ Smokes outside ☐ Smokes inside

8. If others are smoking at your home, list relationship (check all that apply): ☐ NA
   ☐ Husband/boyfriend/baby's father/significant other ☐ Baby's brother or sister
   ☐ Grandparents or Great-Grandparents of your baby ☐ Other family members
   ☐ Friends or neighbors

9. When you use child care or have someone else care for your baby, have you discussed what you have learned about safe sleep and putting your baby on his/her back to sleep? ☐ Yes ☐ No ☐ NA

10. Does the person/child care assisting you in caring for your baby have a safe crib for your baby?
    ☐ Yes ☐ No ☐ NA

_____ _____
Client's Signature Educator's Signature