



## Safe Sleep Recognition Evaluation

(For Organizations)

### Section 1. General Information

Name of Organization: \_\_\_\_\_

Safe Sleep Contact (first & last name): \_\_\_\_\_

Safe Sleep Contact Job Title: \_\_\_\_\_

Safe Sleep Contact Phone Number: \_\_\_\_\_

Safe Sleep Contact Email: \_\_\_\_\_

### Section 2. Safe Sleep Policy

Attach your organizations safe sleep policy.

Attach safe sleep training rosters and/or a list of trained employees & the date of training.

a. Briefly describe how your employees are trained in safe sleep.

Please submit all materials to Sarah Kennedy at [skennedy@generatehealthstl.org](mailto:skennedy@generatehealthstl.org) or mail to Generate Health, 1300 Hampton Ave., Ste. 111, St. Louis, MO 63139.



b. Briefly describe how new employees are trained in safe sleep.

c. Briefly describe how you train caregivers/parents in safe sleep.

d. Has the organization been trained by Infant Loss Resources?

Yes                  No

e. Do you use Infant Loss Resources' standard curriculum, application & follow-up survey?

Yes                  No

f. Do you want to partner with Infant Loss Resources to distribute portable cribs?

Yes                  No

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**Section 3. Community Outreach**

Please describe the two safe sleep outreach activity that have been held or are being planned. These events help raise awareness of safe sleep in the community.

**Community Outreach Activity 1**

Title: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Location of Activity: \_\_\_\_\_

Activity Contact Name: \_\_\_\_\_

Activity Contact Phone: \_\_\_\_\_

Activity Contact Email: \_\_\_\_\_

a. Brief description of the activity:

b. Number of individuals reached by the activity: \_\_\_\_\_

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## Community Outreach Activity 2

Title: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Location of Activity: \_\_\_\_\_

Activity Contact Name: \_\_\_\_\_

Activity Contact Phone: \_\_\_\_\_

Activity Contact Email: \_\_\_\_\_

a. Brief description of the activity:

b. Number of individuals reached by the activity: \_\_\_\_\_

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## Section 4. Other

a. The organization pledges to:

- Teach safe sleep according to the AAP guidelines.
- Practice safe sleep according to the AAP guidelines.
- Implement the safe sleep policy that was written for the organization.
- Use safe sleep images.
- Use standard applications and follow up materials.
- Contribute data to the regional database.
- Commit to eliminating racial disparities in infant mortality.

b. Any additional information or comments: