

This document is intended to serve as a guide for certified Safe Sleep Instructors (SSI) on data collection and data entry into the Safe Sleep Instructor Database. Follow all instructions in this manual and within the database. Any questions may be sent to the SSI Director at ssidirector@kidsks.org.

About the SSI Database

The SSI Database serves as a record of all project activity, allows project staff to review, in real-time, activities conducted on behalf of the SSI program. The collection of this data aids the Kansas Infant Death and SIDS (KIDS) Network in acquiring and maintaining funds to support and expand the program. The data also allows program staff to disseminate the knowledge gained from the program. This database is designed to track attendance and input data (pre- and post-tests).

Data Collection

At the following training events, you will collect data using the form(s) supplied at the annual SSI certification training. All forms are available in English and Spanish. Please ensure you are using the most current forms (Version 2019). Following the event(s), the data will be entered into the SSI Database.

Safe Sleep Community Baby Shower

Community Baby Shower/Crib Clinic Pre-Test
Community Baby Shower/Crib Clinic Post-Test

Safe Sleep Crib Clinic

Community Baby Shower/Crib Clinic Pre-Test
Community Baby Shower/Crib Clinic Post-Test

Parent and Caregiver Training

Parent and Caregiver Pre-Test
Parent and Caregiver Post-Test

Professional Training

Professional Pre-Test
Professional Post-Test

Timeline for Data Entry

Following any event, enter all data (pre-test and post-test) within **two weeks (10 business days)** of the event. If you are unable to enter the data within this time frame, please contact the SSI Director at ssidirector@kidsks.org to collaboratively identify a workable timeline for data entry.

SSI Data Reports

Program data reports are provided to the KIDS Network twice a year. Individual county reports may be requested from the SSI Director at ssidirector@kidsks.org. Please allow four weeks for processing.

Access the Demonstration SSI Database

To practice data entry, you can access the demonstration database by clicking on the link: <http://bit.ly/SSIdatabaseDemo>. This form is for training purposes only. Do **NOT** enter real data.

Access the SSI Database

Access the database by clicking on the link: <http://bit.ly/SSIdatabaseKS>. This will take you to the SSI Database Login Page.

SSI Database Data Entry Instructions

Data entry instructions are located on the following pages:

- Login Page....2
- Community Baby Shower....3-5
- Crib Clinic....6-8
- Parent and Caregiver Training....9-10
- Professional Training....11
- Virtual Trainings....12-13
- Appendix....14-17

Logging into the SSI Database

The SSI Database Login Page is the first page you will see when clicking on the provided link. Follow all instructions on the page when entering data. Only one event will be accessible at a time. If you plan to enter more than one event, you will need to enter all data for event one, close the database and reopen (via the provided link) to enter event two. If you are unable to enter your event data at one time or you have technical issues, reopen the database and enter the same contact and event information (this allows us to link the data) and continue entering data. Do **NOT** reenter already submitted data.

Provide the following information (all fields are required):

Step 1. SSI First Name: your first name (e.g. Jane)

Step 2. SSI Last Name: your last name (e.g. Smith)

Step 3. SSI County, State: your county and state (e.g. Sedgwick, Kansas)

Step 4. Event Type (select one from drop down box)

- Community Baby Shower
- Crib Clinic
- Parent and Caregiver Training
- Professional Training

Step 5. County where event occurred (e.g. Sedgwick)

Step 6. Event Attendance: number of people in attendance at any point during the event (may be more than the number completing pre- and post-test).

Step 7. Event Date: date event was held

Step 8. Click “Submit”

Step 9. You will be directed to the Survey Queue Page for the event you selected.

Data entry instructions for each event are located on the following pages:

- Community Baby Shower....3-5
- Crib Clinic....6-8
- Parent and Caregiver Training....9-10
- Professional Training....11

KIDS & SIDS
Kansas Infant Death and SIDS Network

Safe Sleep Instructor Database Login Page

Please provide contact and event information below. All fields are required to submit the form.
Any questions may be sent to Maria Torres, ssidirector@kidsks.org.
Thank you!

SSI First Name (e.g. Jane) * must provide value

SSI Last Name (e.g. Smith) * must provide value

SSI County, State (e.g. Sedgwick, Kansas) * must provide value

Event Type * must provide value Select one

County where ____ occurred (e.g. Sedgwick) * must provide value

____ Attendance * must provide value

____ Date * must provide value

Submit

Community Baby Shower Data Entry

Steps prior to entering Community Baby Shower Data:

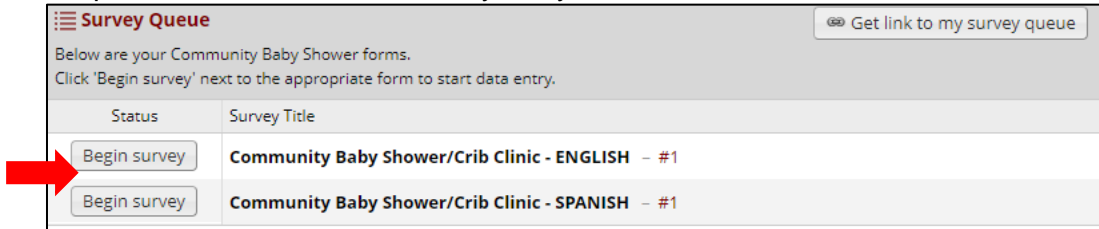
Pre- and post-tests for the Community Baby Shower are matched. Prior to data entry, you will want to pair the pre- and post-tests for each participant. Then, enter Participant 1's pre- and post-test, Participant 2's pre- and post-test, etc. until you have entered all data for the Community Baby Shower.

Steps to entering Community Baby Shower Data:

After logging into the system (page one) and selecting your Event Type as Community Baby Shower (page 2), you will be automatically directed to the Community Baby Shower Survey Queue Page.

Step 1. Select "Begin survey" next to Community Baby Shower/Crib Clinic.

- English form, select Community Baby Shower/Crib Clinic - ENGLISH
- Spanish form, select Community Baby Shower/Crib Clinic - SPANISH



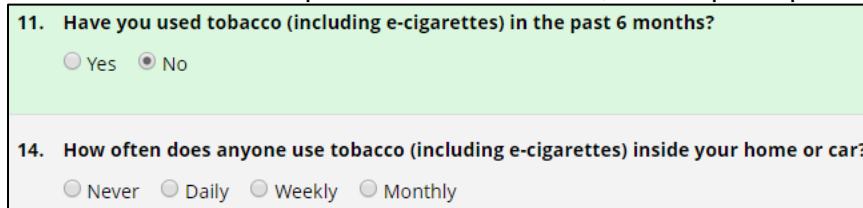
Survey Queue Get link to my survey queue

Below are your Community Baby Shower forms.
Click 'Begin survey' next to the appropriate form to start data entry.

Status	Survey Title
<input type="button" value="Begin survey"/>	Community Baby Shower/Crib Clinic - ENGLISH - #1
<input type="button" value="Begin survey"/>	Community Baby Shower/Crib Clinic - SPANISH - #1

Step 2. Enter pre-test data. If data is missing (left unmarked on paper form) leave question blank.


- Enter "0", if *Number of people attending with you* is blank on the form.
- Questions 1 and 3. Select "multiracial" if more than one race is checked.
- Questions 11-13. When you first open the form only Question 11 is visible.
 - Question 11. If "No" skip Questions 12 and 13, even if participant answered.



11. Have you used tobacco (including e-cigarettes) in the past 6 months?
 Yes No

14. How often does anyone use tobacco (including e-cigarettes) inside your home or car?
 Never Daily Weekly Monthly

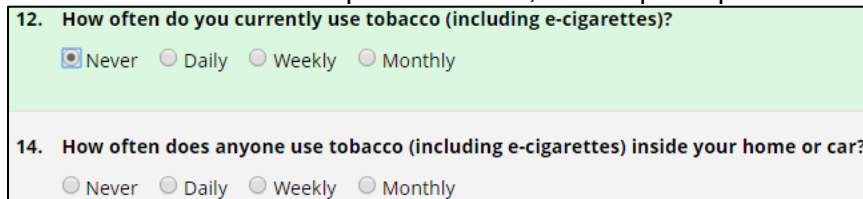
- Question 11. If "Yes" then Question 12 will display for data entry.



11. Have you used tobacco (including e-cigarettes) in the past 6 months?
 Yes No

12. How often do you currently use tobacco (including e-cigarettes)?
 Never Daily Weekly Monthly

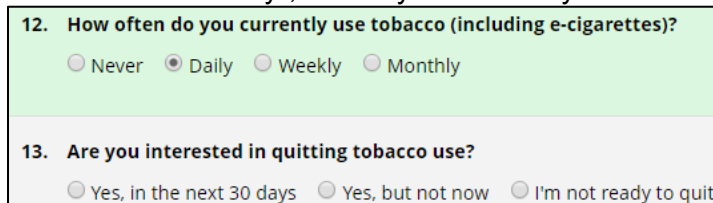
- Question 12. If "Never" skip Question 13, even if participant answered.



12. How often do you currently use tobacco (including e-cigarettes)?
 Never Daily Weekly Monthly

14. How often does anyone use tobacco (including e-cigarettes) inside your home or car?
 Never Daily Weekly Monthly

- Question 12. If "Daily", "Weekly" or "Monthly" then Question 13 will display for data entry.



12. How often do you currently use tobacco (including e-cigarettes)?
 Never Daily Weekly Monthly

13. Are you interested in quitting tobacco use?
 Yes, in the next 30 days Yes, but not now I'm not ready to quit

- d. Questions 17-19. When you first open the form only Question 17 is visible.
- Question 17. If “Don’t plan to breastfeed” skip Questions 18 and 19, even if participant answered.

17. How likely are you to breastfeed?
 Don't plan to breastfeed Not likely Somewhat likely Very likely

20. How many local resources do you know about to support breastfeeding goals?
 0 1 2 3 4 5+

- Question 17. If “Not likely”, “Somewhat likely” or “Very Likely” then Questions 18 and 19 will display for data entry.

17. How likely are you to breastfeed?
 Don't plan to breastfeed Not likely Somewhat likely Very likely

18. How long do you plan to breastfeed your baby?
 Up to 2 weeks Up to 3 months Up to 6 months Up to 1 year Over 1 year

19. Up to what age are you confident you will breastfeed:
 Up to 2 weeks Up to 3 months Up to 6 months Up to 1 year Over 1 year

20. How many local resources do you know about to support breastfeeding goals?
 0 1 2 3 4 5+

Step 3. Click “Next Page” to complete the Community Baby Shower Post-Test.

Step 4. Enter post-test data. If data is missing (left unmarked on paper form) leave question blank.

- a. Questions 10-12. When you first open the form only Question 10 is visible.
- Question 10. If “Don’t plan to breastfeed” skip Questions 11 and 12, even if participant answered.

10. How likely are you to breastfeed?
 Don't plan to breastfeed Not likely Somewhat likely Very likely

13. How many local resources do you know about to support breastfeeding goals?
 0 1 2 3 4 5+

- Question 10. If “Not likely”, “Somewhat likely” or “Very Likely” then Questions 11 and 12 will display for data entry.

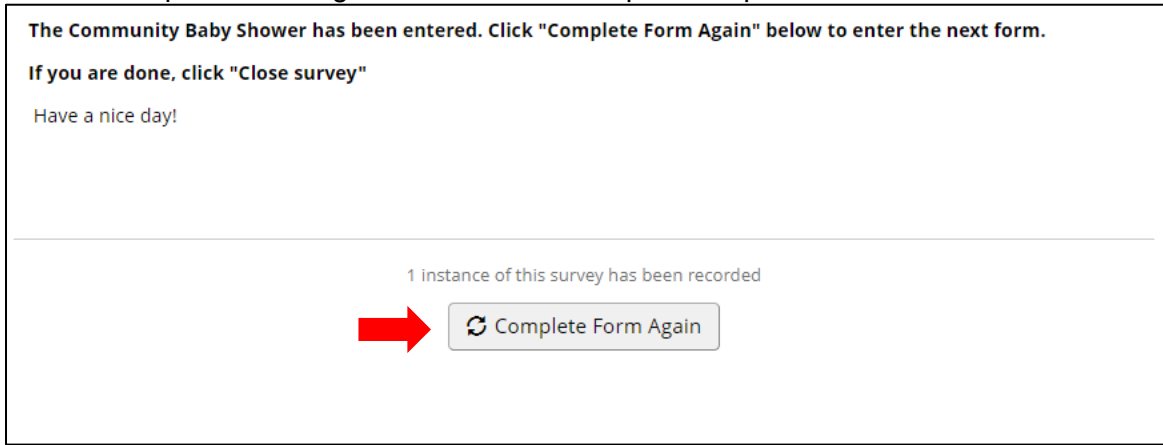
10. How likely are you to breastfeed?
 Don't plan to breastfeed Not likely Somewhat likely Very likely

11. How long do you plan to breastfeed your baby?
 Up to 2 weeks Up to 3 months Up to 6 months Up to 1 year Over 1 year

12. Up to what age are you confident you will breastfeed:
 Up to 2 weeks Up to 3 months Up to 6 months Up to 1 year Over 1 year

Step 5. Select “Submit” at bottom of page when you are done. You will be directed back to the Survey Queue page.

Step 6. Select "Complete Form Again" to enter the next pre- and post-test.




The Community Baby Shower has been entered. Click "Complete Form Again" below to enter the next form.

If you are done, click "Close survey"

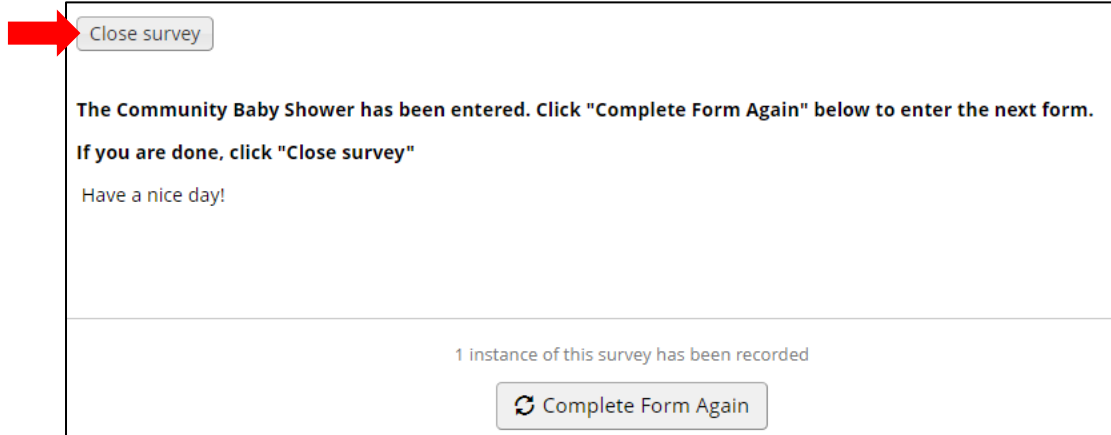
Have a nice day!


1 instance of this survey has been recorded

 [Complete Form Again](#)

Step 7. Continue Steps 1-6 until you have entered all pre- and post-tests for your Community Baby Shower.

Step 8. Click "Close survey" (upper left corner) on the Community Baby Shower Queue Page.



 [Close survey](#)

The Community Baby Shower has been entered. Click "Complete Form Again" below to enter the next form.

If you are done, click "Close survey"

Have a nice day!

1 instance of this survey has been recorded

[Complete Form Again](#)

At this time the database will close. If you need to enter another event, click on the provided link and follow instructions specific to that event.

Crib Clinic Data Entry

Steps prior to entering Crib Clinic Data:

Pre- and post-tests for the Crib Clinic are matched. Prior to data entry, you will want to pair the pre- and post-tests for each participant. Then, enter Participant 1's pre- and post-test, Participant 2's pre- and post-test, etc. until you have entered all data for the Crib Clinic.

Steps to entering Crib Clinic Data:

After logging into the system (page one) and selecting your Event Type as Crib Clinic (page 2), you will be automatically directed to the Crib Clinic Survey Queue Page.

Step 1. Select "Begin survey" next to Community Baby Shower/Crib Clinic.

- English form, select Community Baby Shower/Crib Clinic - ENGLISH
- Spanish form, select Community Baby Shower/Crib Clinic - SPANISH

Survey Queue Get link to my survey queue

Below are your Crib Clinic forms.
Click 'Begin survey' next to the appropriate form to start data entry.

Status	Survey Title
<input type="button" value="Begin survey"/>	Community Baby Shower/Crib Clinic - ENGLISH - #1
<input type="button" value="Begin survey"/>	Community Baby Shower/Crib Clinic - SPANISH - #1

Step 2. Enter pre-test data. If data is missing (left unmarked on paper form) leave question blank.

- Enter "0", if *Number of people attending with you* is blank on the form.
- Questions 1 and 3. Select "multiracial" if more than one race is checked.
- Questions 11-13. When you first open the form only Question 11 is visible.
 - Question 11. If "No" skip Questions 12 and 13, even if participant answered.

11. Have you used tobacco (including e-cigarettes) in the past 6 months?
 Yes No

14. How often does anyone use tobacco (including e-cigarettes) inside your home or car?
 Never Daily Weekly Monthly

- Question 11. If "Yes" then Question 12 will display for data entry.

11. Have you used tobacco (including e-cigarettes) in the past 6 months?
 Yes No

12. How often do you currently use tobacco (including e-cigarettes)?
 Never Daily Weekly Monthly

- Question 12. If "Never" skip Question 13, even if participant answered.

12. How often do you currently use tobacco (including e-cigarettes)?
 Never Daily Weekly Monthly

14. How often does anyone use tobacco (including e-cigarettes) inside your home or car?
 Never Daily Weekly Monthly

- Question 12. If "Daily", "Weekly" or "Monthly" then Question 13 will display for data entry.

12. How often do you currently use tobacco (including e-cigarettes)?
 Never Daily Weekly Monthly

14. How often does anyone use tobacco (including e-cigarettes) inside your home or car?
 Never Daily Weekly Monthly

- d. Questions 17-19. When you first open the form only Question 17 is visible.
- Question 17. If “Don’t plan to breastfeed” skip Questions 18 and 19, even if participant answered.

17. How likely are you to breastfeed?
 Don't plan to breastfeed Not likely Somewhat likely Very likely

20. How many local resources do you know about to support breastfeeding goals?
 0 1 2 3 4 5+

- Question 17. If “Not likely”, “Somewhat likely” or “Very Likely” then Questions 18 and 19 will display for data entry.

17. How likely are you to breastfeed?
 Don't plan to breastfeed Not likely Somewhat likely Very likely

18. How long do you plan to breastfeed your baby?
 Up to 2 weeks Up to 3 months Up to 6 months Up to 1 year Over 1 year

19. Up to what age are you confident you will breastfeed:
 Up to 2 weeks Up to 3 months Up to 6 months Up to 1 year Over 1 year

20. How many local resources do you know about to support breastfeeding goals?
 0 1 2 3 4 5+

Step 3. Click “Next Page” to complete the Crib Clinic Post-Test.

Step 4. Enter post-test data. If data is missing (left unmarked on paper form) leave question blank.

- a. Questions 10-12. When you first open the form only Question 10 is visible.
- Question 10. If “Don’t plan to breastfeed” skip Questions 11 and 12, even if participant answered.

10. How likely are you to breastfeed?
 Don't plan to breastfeed Not likely Somewhat likely Very likely

13. How many local resources do you know about to support breastfeeding goals?
 0 1 2 3 4 5+

- Question 10. If “Not likely”, “Somewhat likely” or “Very Likely” then Questions 11 and 12 will display data entry.

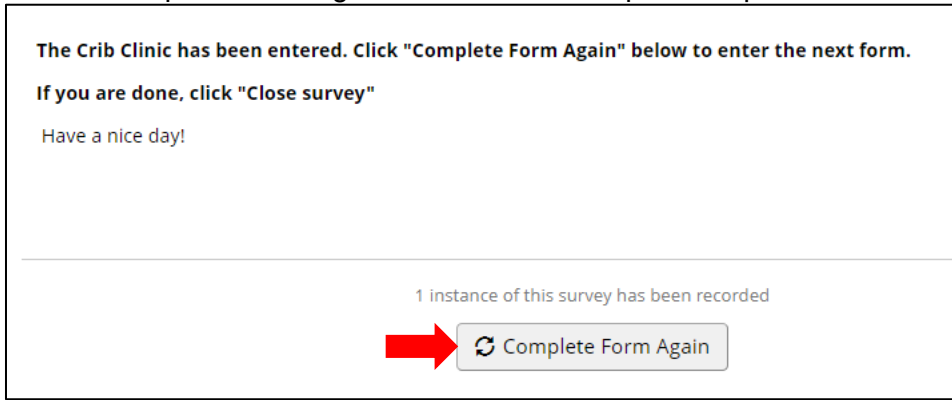
10. How likely are you to breastfeed?
 Don't plan to breastfeed Not likely Somewhat likely Very likely

11. How long do you plan to breastfeed your baby?
 Up to 2 weeks Up to 3 months Up to 6 months Up to 1 year Over 1 year

12. Up to what age are you confident you will breastfeed?
 Up to 2 weeks Up to 3 months Up to 6 months Up to 1 year Over 1 year


Step 5. Select “Submit” at bottom of page when you are done. You will be directed back to the Survey Queue page.

Step 6. Select "Complete Form Again" to enter the next pre- and post-test.



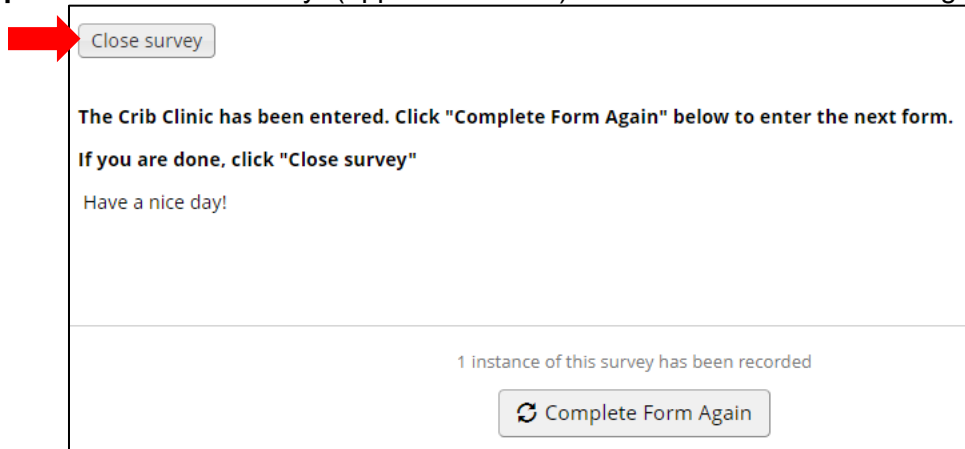
The Crib Clinic has been entered. Click "Complete Form Again" below to enter the next form.
If you are done, click "Close survey"
Have a nice day!


1 instance of this survey has been recorded

 [Complete Form Again](#)

Step 7. Continue Steps 1-6 until you have entered all pre- and post-tests for the Crib Clinic.

Step 8. Click "Close survey" (upper left corner) on the Crib Clinic Queue Page.



 [Close survey](#)

The Crib Clinic has been entered. Click "Complete Form Again" below to enter the next form.
If you are done, click "Close survey"
Have a nice day!

1 instance of this survey has been recorded

[Complete Form Again](#)

At this time the database will close. If you need to enter another event, click on the provided link and follow instructions specific to that event.

Parent and Caregiver Data Entry

Steps prior to entering Parent and Caregiver Data:

Pre- and post-tests for the Parent and Caregiver Training are **NOT** matched. It is recommended that you enter all pre-tests and then all post-tests for the Parent and Caregiver Training. As such, organizing them by pre- and post-test prior to data entry may speed up the process.

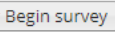
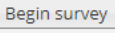
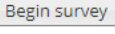
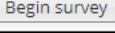
Steps to entering Parent and Caregiver Training Data:

After logging into the system (page one) and selecting your Event Type as Parent and Caregiver Training (page 2), you will be automatically directed to the Parent and Caregiver Training Survey Queue Page.

Pre-Test Data Entry

Step 1. Select “Begin survey” next to Parent and Caregiver Training Pre-Test.

- English form, select Parent and Caregiver Pre-Test - ENGLISH
- Spanish form, select Parent and Caregiver Pre-Test - SPANISH

Status	Survey Title
	Parent and Caregiver Pre-Test - ENGLISH - #1
	Parent and Caregiver Post-Test - ENGLISH - #1
	Parent and Caregiver Pre-Test - SPANISH - #1
	Parent and Caregiver Post-Test - SPANISH - #1

Step 2. Enter pre-test data. If data is missing (left unmarked on paper form) leave question blank.

Step 3. Click “Submit”.

Step 4. Select “Complete Form Again” to enter the next pre-test.

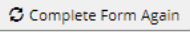
The Parent and Caregiver Pre-Test has been entered. Click "Complete Form Again" below to enter the next pre-test.

If you are entering post-tests for this event, click "Begin survey" next to the Parent and Caregiver Post-Test.

If you are done, click "Close survey"

Have a nice day!

1 instance of this survey has been recorded

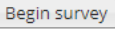
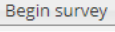
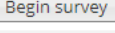
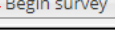


Step 5. Continue Steps 2-4 until you have entered all pre-tests for the Parent and Caregiver Training.

Post-Test Data Entry

Step 6. On the Parent and Caregiver Survey Queue Page. Select “Begin Survey” next to the parent and Caregiver Post-Test.

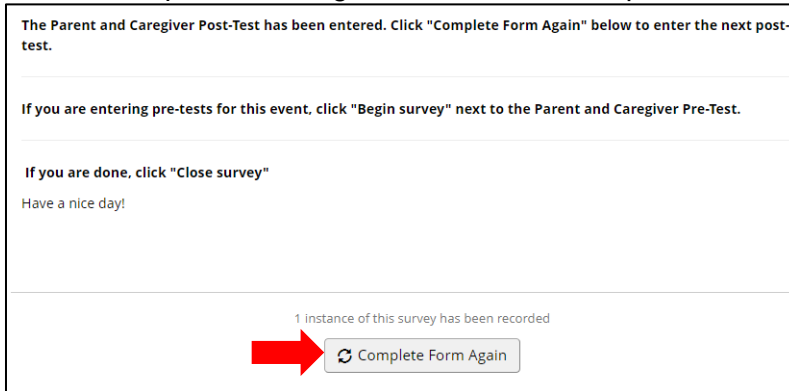
- English form, select Parent and Caregiver Training Post-Test - ENGLISH
- Spanish form, select Parent and Caregiver Training Post-Test - SPANISH

Status	Survey Title
	Parent and Caregiver Pre-Test - ENGLISH - #1
	Parent and Caregiver Post-Test - ENGLISH - #1
	Parent and Caregiver Pre-Test - SPANISH - #1
	Parent and Caregiver Post-Test - SPANISH - #1

Step 7. Enter post-test data. If data is missing (left unmarked on paper form) leave question blank.

Step 8. Select "Submit".

Step 9. Select "Complete Form Again" to enter the next post-test.




The Parent and Caregiver Post-Test has been entered. Click "Complete Form Again" below to enter the next post-test.

If you are entering pre-tests for this event, click "Begin survey" next to the Parent and Caregiver Pre-Test.

If you are done, click "Close survey"

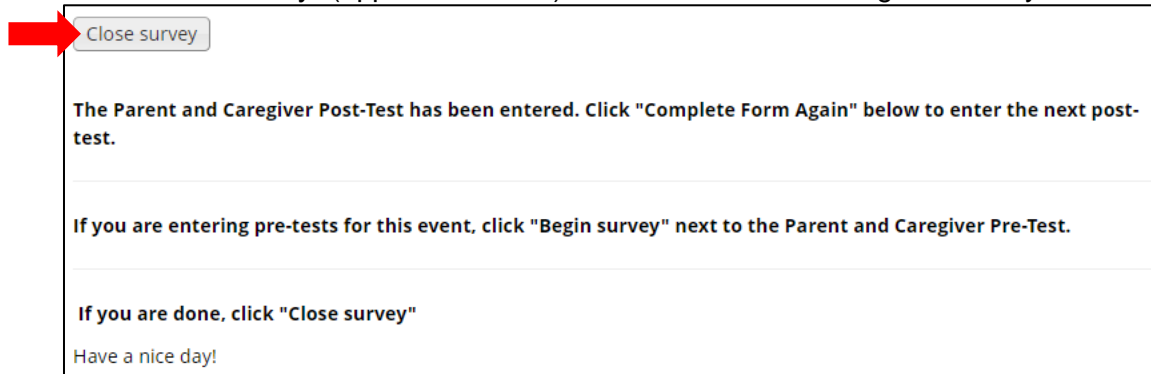
Have a nice day!


1 instance of this survey has been recorded



Step 10. Continue Steps 7-9 until you have entered all post-tests for the Parent and Caregiver Training.

Step 11. Click "Close survey" (upper left corner) on the Parent and Caregiver Survey Queue Page.





The Parent and Caregiver Post-Test has been entered. Click "Complete Form Again" below to enter the next post-test.

If you are entering pre-tests for this event, click "Begin survey" next to the Parent and Caregiver Pre-Test.

If you are done, click "Close survey"

Have a nice day!

At this time the database will close. If you need to enter another event, click on the provided link and follow instructions specific to that event.

Professional Training Data Entry

Steps prior to entering Professional Training Data:

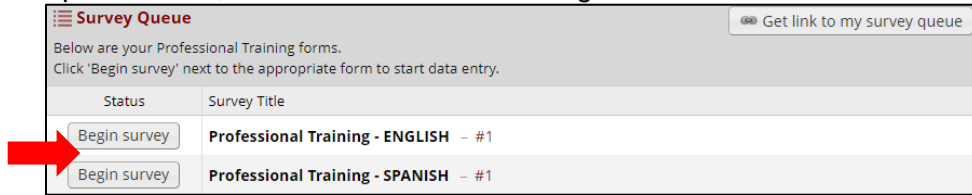
Pre- and post-tests for the Professional Training are matched. Prior to data entry, you will want to pair the pre- and post-tests for each participant. Then, enter Participant 1's pre- and post-test, Participant 2's pre- and post-test, etc. until you have entered all data for the Professional Training.

Steps to entering Professional Training Data:

After logging into the system (page one) and selecting your Event Type as Professional Training (page 2), you will be automatically directed to the Professional Training Survey Queue Page.

Step 1. Select "Begin survey" next to Professional Training.

- English form, select Professional Training - ENGLISH
- Spanish form, select Professional Training - SPANISH



Survey Queue Get link to my survey queue

Below are your Professional Training forms.
Click 'Begin survey' next to the appropriate form to start data entry.

Status	Survey Title
Begin survey	Professional Training - ENGLISH - #1
Begin survey	Professional Training - SPANISH - #1

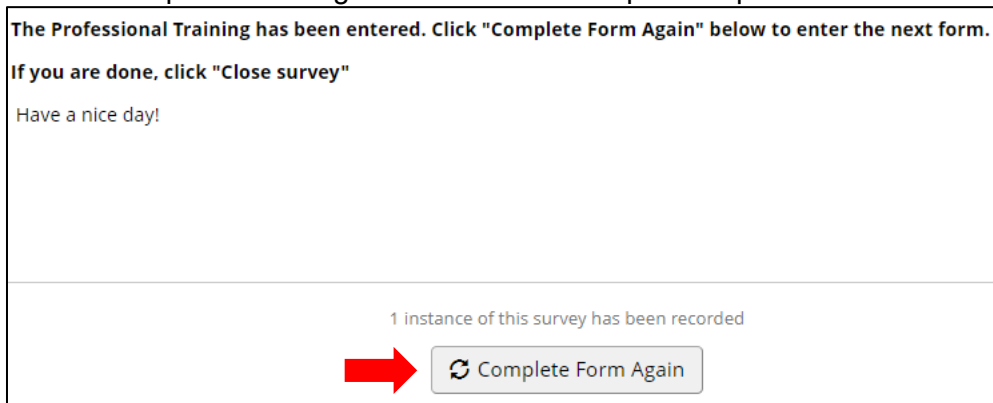
Step 2. Enter pre-test data. If data is missing (left unmarked on paper form) leave question blank.

Step 3. Click "Next Page" to complete the Professional Training Post-Test.

Step 4. Enter post-test data. If data is missing (left unmarked on paper form) leave question blank.

Step 5. Select "Submit" at bottom of page when you are done. You will be directed back to the Survey Queue page.

Step 6. Select "Complete Form Again" to enter the next pre-and post-test.



The Professional Training has been entered. Click "Complete Form Again" below to enter the next form.

If you are done, click "Close survey"

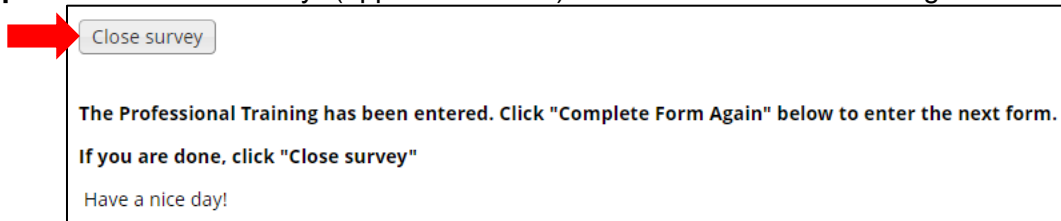
Have a nice day!

1 instance of this survey has been recorded

[Complete Form Again](#)

Step 7. Continue Steps 1-6 until you have entered all pre- and post-tests for the Professional Training.

Step 8. Click "Close survey" (upper left corner) on the Professional Training Queue Page.



[Close survey](#)

The Professional Training has been entered. Click "Complete Form Again" below to enter the next form.

If you are done, click "Close survey"

Have a nice day!

At this time the database will close. If you need to enter another event, click on the provided link and follow instructions specific to that event.

Virtual Crib Clinic Data Entry

If in-person events are not feasible, virtual events can be conducted. There are unique links and steps for collecting data for virtual events. Participants will be asked to complete the pre-and post-tests virtually. Pre- and post-tests for Crib Clinics will still be matched, so it is important for participants to create a unique ID which they must provide on the pre- and post-tests. This helps maintain privacy of responses and allows for accurate matching of pre- and post-tests for evaluation.

Virtual Crib Clinic Links:

English

- Virtual Crib Clinic Pre-Test link: <https://bit.ly/SSICribClinicPreSurvey>
- Virtual Crib Clinic Post-Test link: <https://bit.ly/SSICribClinicPostSurvey>

Spanish

- Virtual Crib Clinic Pre-Test link: <https://bit.ly/CribClinicSpanishPre>
- Virtual Crib Clinic Post-Test link: <https://bit.ly/CribClinicSpanishPost>

Steps to collecting Virtual Crib Clinic Data:

Virtual Crib Clinic Pre-test:

Prior to the Crib Clinic provide the following information to participants. An email example that can be sent is included in Appendix A.

- Instructions on how to complete the Crib Clinic Pre-test.
- Virtual Crib Clinic Pre-test link
- Crib Clinic Date
- Instructor Name
- Instructions on how to create a unique Participant ID:
 - *How to create your Participant ID:* Use the first two letters of your first name, the first two letters of your last name, and the month of your birth. For example, Jane Doe, born in May, the Participant ID would be JADO05.
- Your County of residence
- Request to please answer all questions based on your current understanding.

Virtual Crib Clinic Post-test:

At conclusion of Crib Clinic provide the following information to participants. An email example that can be sent is included in Appendix B.

- Instructions on how to complete the Crib Clinic Pre-test.
- Virtual Crib Clinic Post-test link.
- Crib Clinic Date
- Instructor Name
- Participant ID
 - *Reminder of how to create your Participant ID:* Use the first two letters of your first name, the first two letters of your last name, and the month of your birth. For example, Jane Doe, born in May, the Participant ID would be JADO05.
- Your County of residence
- Request to please answer all 10 questions based on your current understanding.

If a participant has barriers to completing the online forms, such as no email address, then the SSI can assist the participant in completing survey forms over the phone or virtually (e.g. Zoom). The SSI can enter responses directly into REDCap when the participant answers the questions or can transcribe responses onto paper forms and then enter data into REDCap at a later time.

Virtual Professional Training Data Entry

If in-person trainings are not feasible, virtual trainings can be conducted. There are unique links and steps for collecting data for virtual trainings. Pre- and post-tests for the Professional Training are matched, so it is important for participants to create a unique ID; which they must provide on the pre- and post-tests. This helps maintain privacy of responses and allows for accurate matching of pre- and post-tests for evaluation.

Virtual Professional Training Links:

- Professional Virtual Training Pre-Test link: <https://redcap.kumc.edu/surveys/?s=RN9C8CP3YA>
- Professional Virtual Training Post-Test link: <https://redcap.kumc.edu/surveys/?s=CMX4NF3XWH>

Steps to collecting Virtual Professional Training Data:

Virtual Professional Training Pre-test:

Prior to the training provide the following information to participants. An email example that can be sent is included in Appendix C.

- a. Instructions on how to complete the Professional Training Pre-test.
- b. Virtual Professional Training Pre-test link
- c. Training Date
- d. Instructor Name
- e. Instructions on how to create a unique Participant ID:
 - *How to create your Participant ID:* Use the first two letters of your first name, the first two letters of your last name, and the month of your birth. For example, Jane Doe, born in May, the Participant ID would be JADO05.
- f. Your County of residence (where you work)
- g. Your Occupation
- h. Request to please answer all 10 questions based on your current understanding.

Virtual Professional Training Post-test:

At conclusion of training provide the following information to participants. An email example that can be sent is included in Appendix D.

- a. Instructions on how to complete the Professional Training Post-test.
- b. Virtual Professional Training Post-test link
- c. Training Date
- d. Instructor Name
- e. Inform participant they will need to provide the same unique Participant ID from pre-test:
- f. Participant ID:
 - *Reminder of how to create your Participant ID:* Use the first two letters of your first name, the first two letters of your last name, and the month of your birth. For example, Jane Doe, born in May, the Participant ID would be JADO05.
- g. Your County of residence (where you work)
- h. Your Occupation
- i. Please answer all 10 questions based on your current understanding.

* Acknowledgment: Kaleena Erwin developed the initial draft of the example emails included in the Appendices.

Appendix A. Email Example for Virtual Crib Clinic Pre-test

Thank you for your interest in attending a Safe Sleep training! We are excited to share ways to help keep your baby safe while sleeping. We are also happy to answer all of your Safe Sleep questions.

Please complete the pre-test by the end of the day, [Date], and email me once you have it completed. Here are the link and instructions:

1. Please visit this website for the pre-survey: <https://bit.ly/SSICribClinicPreSurvey>.
2. Please create a unique Participant ID for your survey to maintain the privacy of your responses and allow us to match it to your pre-survey responses. Here are the instructions on to create your ID:
 - a. Use the first two letters of your first name, the first two letters of your last name, and the month of your birth. For example, for Jane Doe, born in May, the Participant ID would be JADO05.
3. You will also need the following information for the survey:
 - a. Training Date: Date of Training
 - b. Instructor Name: SSI Instructor Name
 - c. Your county of residence (where you live)
4. Please answer all 10 questions with the knowledge you currently have. Don't worry if you don't know some of the answers, just answer to the best of your ability.
5. While we cannot tell you the answers to the pre-test, please reach out if you have any questions about the pre-test or the material in general. We are always happy to help!

As always, we are here if you have any questions or concerns. Feel free to email us if you have any questions prior to the training.

Take care!

Appendix B. Email Example for Virtual Crib Clinic Post-test

Thank you all for attending the Safe Sleep training today! It was a pleasure to share this information with you. Please use the information you learned today to create follow the safe sleep recommendations for our baby. Also, please share these Safe Sleep messages with anyone who is or will be caring for your infant, in any capacity.

Please complete the post-test by the end of the day, [Date], and email me once you have it completed. Here are the link and instructions:

1. Please visit this website for the post-survey: <https://bit.ly/SSICribClinicPostSurvey>
2. Please use the same unique Participant ID for your survey to maintain the privacy of your responses and allow us to match it to your pre-survey responses. If you forgot your Participant ID, here are the instructions on how it was created:
 - a. Use the first two letters of your first name, the first two letters of your last name, and the month of your birth. For example, for Jane Doe, born in May, the Participant ID would be JADO05.
3. You will also need the following information for the survey:
 - a. Training Date: Date of Training
 - b. Instructor Name: SSI Instructor Name
 - c. Your county of residence (where you live)
4. Please answer all 10 questions with the knowledge you have gained from the training. You can use any notes you took during the presentation. Please remember the pre- and post-test are simply to collect data to ensure we are training with fidelity to the model. This is not as much of a reflection of you as a participant as it is of us to ensure we are teaching you the complete and correct information.
5. While we cannot tell you the answers to the posttest, please reach out if you have any questions about the post-test or the material in general. We are always happy to help!
6. Please feel free to leave honest feedback. We take feedback seriously and genuinely want to improve our training to meet your needs. You can add feedback on the posttest or email one of us directly.

As always, we are here if you have any questions or concerns. Feel free to email us, even in the future, if you have questions about Safe Sleep or need resources. In addition to the Safe Sleep information, we can also connect you with smoking cessation resources and help you locate local breastfeeding resources.

Take care!

Appendix C. Email Example for Virtual Professional Training Pre-test

Thank you for your interest in attending a Safe Sleep training! We are excited to share this information with you and look forward to answering your questions about Safe Sleep.

Please complete the pre-test by the end of the day, [Date], and email me once you have it completed. Here are the link and instructions:

1. Please visit this website for the pre-survey: <https://redcap.kumc.edu/surveys/?s=RN9C8CP3YA>
2. Please create a unique Participant ID for your survey to maintain the privacy of your responses and allow us to match it to your pre-survey responses. Here are instructions on how to create it:
 - a. Use the first two letters of your first name, the first two letters of your last name, and the month of your birth. For example, for Jane Doe, born in May, the Participant ID would be JADO05.
3. You will also need the following information for the survey:
 - a. Training Date: Date of Training
 - b. Instructor Name: SSI Instructor Name
 - c. Your county of residence (where you work)
 - d. Your occupation
4. Please answer all 10 questions with the knowledge you currently have. Don't worry if you don't know some of the answers, just answer to the best of your ability.
5. While we cannot tell you the answers to the pre-test, please reach out if you have any questions about the pre-test or the material in general. We are always happy to help!

As always, we are here if you have any questions or concerns prior to the training.

Take care!

Appendix D. Email Example for Virtual Professional Training Post-test

Thank you all for attending the Safe Sleep training today! It was a pleasure to share this information with you. Please continue to share these Safe Sleep messages with anyone who is or will be caring for an infant, in any capacity.

Please complete the posttest by the end of the day, [Date], and email me once you have it completed. After I receive your email, I will send you a certificate. Here are the link and instructions:

1. Please visit this website for the post-survey: <https://redcap.kumc.edu/surveys/?s=CMX4NF3XWH>
2. Please use the same unique Participant ID for your survey to maintain the privacy of your responses and allow us to match it to your pre-survey responses. If you forgot your Participant ID, here are the instructions on how it was created:
 - a. Use the first two letters of your first name, the first two letters of your last name, and the month of your birth. For example, for Jane Doe, born in May, the Participant ID would be JADO05.
3. You will also need the following information for the survey:
 - a. Training Date: Date of Training
 - b. Instructor Name: SSI Instructor Name
 - c. Your county of residence (where you work)
 - d. Your occupation
4. Please answer all 10 questions with the knowledge you have gained from the training. You can use any notes you took during the presentation. Please remember the pre- and post-test are simply to collect data to ensure we are training with fidelity to the model. This is not as much of a reflection of you as a participant as it is of us to ensure we are teaching you the complete and correct information.
5. While we cannot tell you the answers to the posttest, please reach out if you have any questions about the post-test or the material in general. We are always happy to help!
6. Please feel free to leave honest feedback. We take feedback seriously and genuinely want to improve our training to meet your needs. You can add feedback on the posttest or email one of us directly.

As always, we are here if you have any questions or concerns. Feel free to email us, even in the future, if you have questions about Safe Sleep or need resources for the families you serve. In addition to the Safe Sleep, we can show you how to order smoking cessation resources and locate local breastfeeding resources.

Take care!