



Instructor-Led Training Annual Report Fiscal Year 2025

Prepared for
Kansas Infant Death and SIDS Network

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July 2025



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Attendance

During Fiscal Year 2025, 312 Safe Sleep Trainings (Safe Sleep Parent and Caregiver, n=204; Safe Sleep Professional, n=108) were conducted in 34 Kansas counties, Alaska, Florida, Maryland, Michigan and Missouri (Table 1). Attendance ranged from 1 to 160 (median=2). A total of 1,938 individuals attended these events (Safe Sleep Parent and Caregiver, n=591; Safe Sleep Professional, n=1,347).

Table 1. Safe Sleep Event Attendance

		Total		Parent and Caregiver		Professional	
		Events	Attendance	Events	Attendance	Events	Attendance
Kansas	Atchison	1	1	1	1	0	0
	Barton	4	26	2	14	2	12
	Brown	2	11	2	11	0	0
	Butler	17	31	16	25	1	6
	Cherokee	2	2	2	2	0	0
	Cowley	27	39	27	39	0	0
	Crawford	6	21	3	3	3	18
	Douglas	2	7	0	0	2	7
	Finney	4	10	2	3	2	7
	Graham	1	4	1	4	0	0
	Harvey	2	34	0	0	2	34
	Johnson	8	108	0	0	8	108
	Kearny	12	26	12	26	0	0
	Labette	1	5	0	0	1	5
	Leavenworth	40	85	35	74	5	11
	Linn	1	2	1	2	0	0
	Lyon	5	46	4	29	1	17
	Marion	4	17	2	2	2	15
	Miami	1	9	0	0	1	9
	Neosho	2	38	0	0	2	38
	Ottawa	3	11	0	0	3	11
	Pottawatomie	7	43	6	16	1	27
	Reno	1	8	0	0	1	8
	Republic	7	50	7	50	0	0
	Riley	3	78	1	41	2	37
	Saline	15	102	9	37	6	65
	Sedgwick	54	389	25	73	29	316
	Seward	2	9	1	1	1	8
	Shawnee	8	21	6	6	2	15
	Sheridan	1	1	1	1	0	0
	Sherman	1	1	1	1	0	0
	Sumner	4	6	3	5	1	1
	Wilson	1	15	1	15	0	0
	Wyandotte	5	56	1	2	4	54
	Statewide	15	298	0	0	15	298
Alaska	Municipality of Anchorage	1	11	0	0	1	11
Florida	Desoto	10	19	9	18	1	1
	Hardee	17	43	17	43	0	0
	Manatee	1	8	0	0	1	8
Maryland	Charles	3	33	2	29	1	4
Michigan	Houghton	4	13	3	5	1	8
	Kent	1	5	0	0	1	5
	Newaygo	2	17	1	13	1	4
	Wayne	1	7	0	0	1	7
Missouri	Carter	1	160	0	0	1	160
	Jackson	1	4	0	0	1	4
Multi-state	Kansas and Missouri	1	8	0	0	1	8
TOTAL		312	1,938	204	591	108	1,347

Safe Sleep Parent and Caregiver Trainings

During Fiscal Year 2025, 591 caregivers from Kansas, Florida, Maryland, and Michigan attended a Parent and Caregiver training. Knowledge was evaluated for 551 caregivers. Of those, 38 (7%) completed the Spanish-language data collection form. Safe Sleep Parent and Caregiver Trainings ranged in size from individual trainings to presentations with 41 trainees (median attendance per training=2). Caregivers correctly identified safe sleep recommendations on 3.7 out of 5 questions (SD=1.3) prior to the training and 4.7 questions (SD=0.6) following (p<0.001).

Prior to the trainings, 478 (83%) participants reported they would place their baby only on the back to sleep (Table 2). Of the participants who indicated other responses, side (n=43; 43%), tummy (n=47; 47%), and not sure (n=20; 20%) were reported. When asked about anticipated sleep surface, 505 (87%) reported they would only place their baby on a safe location (i.e., crib, portable crib, or bassinet). Participants who indicated other responses reported swing (n=27; 35%), adult bed (n=34; 44%), car seat (n=23; 30%), toddler bed (n=19; 25%), couch/sofa/armchair (n=13; 17%), other (n=5; 6%), and don't know/not sure (n=5; 6%). When asked about items already in or planned for their baby's sleep areas, 367 (63%) reported only safe items (i.e., firm mattress, fitted sheet or wearable blanket). The remaining participants reported unsafe items such as loose blankets (n=103; 49%), bumper pads (n=58; 27%), stuffed toy (n=47; 22%), home cardiorespiratory monitor (n=42; 20%), pillow (n=37; 17%), a sleep positioner (n=32; 15%), lounger pillow (n=22; 10%), other (n=14; 7%), and weighted blanket (n=12; 6%). The sleep surface was planned to be non-inclined by 443 (77%) participants. When asked about anticipated sleep location, 540 (87%) participants reported they plan to have their baby sleep in their room, 183 (83%) in a private room such as baby's room or nursery, and 43 (7%) in a shared room with children or adults.

Following the trainings, participants demonstrated a positive increase in intention to follow safe sleep practices related to only placing their baby on the back to sleep (n=328, 96%; p<0.001), anticipated sleep surface (n=335, 97%; p<0.001), anticipated crib items (n=322, 93%; p<0.001), and non-inclined (n=314, 92%; p<0.001). Of those who indicated unsafe sleep position, tummy (n=11; 79%), side (n=2; 14%), and not sure (n=1; 7%) were reported. Of those who indicated unsafe sleep surface, toddler bed (n=5; 42%), adult bed (n=5; 42%), swing (n=2; 17%), couch/sofa/armchair (n=1; 8%), car seat (n=1; 8%), and other (n=1; 8%) were reported. Unsafe items in the sleep environment reported by participants included loose blankets (n=12; 52%), bumper pads (n=6; 26%), pillow (n=6; 26%), stuffed toy (n=5; 22%), other (n=4; 17%), home cardiorespiratory monitor (n=3; 13%), weighted blanket (n=3; 13%), sleep positioner (n=3; 13%), and lounger pillow (n=2; 9%). When asked about anticipated sleep location, 325 (94%) participants reported they plan to have their baby sleep in their room, 75 (22%) in a private room such as baby's room or nursery, and 23 (7%) in a shared room with children or adults. Most participants (97%) planned to discuss safe sleep with others after attending the Parent and Caregiver trainings (p<0.001).

Table 2. Changes in Intended Safe Sleep Practices (n=933)

	Pre-Survey n (%)	Post-Survey n (%)	Total Change p
Anticipated sleep position			p<0.001*
Back only	478 (83)	328 (96)	
At least one unsafe position	99 (17)	14 (4)	
Anticipated sleep surface			p<0.001*
Only safe surface (crib or bassinet only)	505 (87)	335 (97)	
At least one unsafe surface	77 (13)	12 (3)	
Anticipated crib items			p<0.001*
Only safe items (firm mattress, fitted sheet, or wearable blanket only)	367 (63)	322 (93)	
At least one unsafe item	212 (37)	23 (7)	
Inclined Sleep Surface			p<0.001*
Safe (no)	443 (77)	314 (92)	
Unsafe (yes, not sure)	131 (23)	27 (8)	
Anticipated Sleep Location			N/A
My/parent room	510 (87)	325 (94)	
Other shared room (with children or adults)	43 (7)	23 (7)	
Other private room (baby's room or nursery)	183 (31)	75 (22)	
Have or plan to discuss safe sleep with others			p<0.001*
Yes	367 (64)	335 (97)	
No	211 (37)	10 (3)	

Note. *p-value* <.05 indicates statistically significant difference between pre- and post-survey responses. Missing data: position, pre (n=9), post (n=5); surface, pre (n=4); items, pre (n=7), post (n=2); inclined, pre (n=12), post (n=6); talk, pre (n=8), post (n=2)

Safe Sleep Professional Trainings

During Fiscal Year 2025, 1,347 professionals from Kansas, Michigan, Florida, Missouri, Maryland, and Alaska attended a Safe Sleep Professional Training. The trainings ranged from one to 160 trainees (median attendance per training=9). Surveys were completed by 1,202 professionals. Of those, 54 completed only the pre-survey and 18 completed only the post-survey and were removed due to missing data. Therefore, 1,130 pre- and post-surveys are included in analysis. Of those, 8 (<1%) utilized the Spanish-language data collection form. Participants identified as daycare/childcare provider (n=304; 27%), early childhood professional (n=197; 17%), social worker (n=192; 17%), nurse (n=138; 12%), social service worker (n=84; 7%), home visitor (n=75; 7%), other healthcare professional (n=57; 5%), other (n=48; 4%), parent educator (n=42; 4%), emergency medical service worker (EMS) (n=8; 1%), and fire department (n=1; <1%).

Prior to the trainings, professional trainees correctly answered an average of 7.4 questions out of 10 (SD=1.8; range=1-10). Participants demonstrated *highest* proficiency ($\geq 95\%$) on the question related to risk/surface (Table 3) and demonstrated the *lowest* proficiency ($\leq 80\%$) on AAP recommendations related to crib location, pacifier use, breastfeeding, bedding, and temperature regulation. Following the training, the average score on the post-test was 9.4 out of 10 (SD=1.1; range=2-10). This improvement was statistically significant ($t=37.41, p<0.001$). In addition, participants successfully demonstrated improved knowledge on all topics of safe sleep; achieving *highest* proficiency ($\geq 95\%$) identifying AAP recommendations related to position, risk/surface, and crib surface.

Table 3. Comparison of Trainees Pre- and Post-Survey Performance by Question (N=1,130)

Concept	Question	Pre-Test Score N (%)	Post-Test Score N (%)	Change (%)
Definition	Sleep-related deaths are a category of sudden unexpected infant deaths (SUID), and may include the following:	934 (83)	1024 (92)	9
Position	Per the AAP, infants should be placed on their ____to sleep:	966 (86)	1058 (98)	12
Location	The AAP recommends that for at least the first six months of life infants sleep in the following:	806 (72)	1042 (93)	21
Risk/Surface	Which of the following increase the risk of sleep-related death?	1089 (97)	1113 (99)	2
Surface	Which of the following is NOT endorsed by the AAP as the safest surface for an infant to sleep:	918 (82)	1067 (95)	13
Pacifier	Which of the following statements is TRUE:	482 (43)	1005 (89)	46
Recommendations	Which of the following does the AAP recommend?	1030 (92)	1060 (94)	2
Breastfeeding	To reduce the risk of sleep-related death, the AAP recommends feeding <u>only</u> human milk (breast- or chest-feeding) for at least the first _____.	516 (46)	995 (89)	43
Bedding	Of the following the only item allowed by the AAP for safe infant sleep is:	736 (66)	1005 (89)	23
Temperature	To keep an infant warm when sleeping in a cool environment, the AAP recommends:	725 (65)	1012 (90)	25

Following the trainings, participants were asked to self-assess knowledge before the training and following the training on a scale from 1 (low) to 10 (high). Trainees stated their knowledge rose from 6.9 (SD=2.1) prior to the training to 9.3 (SD=1.0) following the training ($t=42.17, p<0.001$). Participants were also asked how the training affected their beliefs, see Table 4.

Table 4. Participants Reported Change in Belief About Safe Sleep (N=1,130)

My beliefs have...	
...not changed; I already agreed with all of the AAP recommendations	695 (63)
...changed; I now agree with all of the AAP recommendations	236 (21)
...changed; I now agree with more of the AAP recommendations	156 (14)
...changed; I now question more of the AAP recommendations	9 (1)
...not changed; I still question the AAP recommendations	9 (1)

Missing data: n=25

Participants provided questions they still have after completing the training (Table 5) and general comments in (Table 6).

Table 5. Questions Participants Have After Completing Training

- I don't have any questions about the training. The session covered anything I could have questions about.
 - 30 minutes of play
 - A question I still have after completing this course is do we in the state of Kansas in the southwest region have many reported cases of SUID/SIDS?
 - All questions were answered!!
 - Are all wearable blankets/sleep sacks recommended by APP, or only certain ones?
 - Are Bassnets safe for sleep
 - Are hats only worn for the first hour of life?
 - Are infants okay to take short naps in swings while being supervised?
 - Are there any safe baby carriers/wearables?
 - Are there safe sleep requirements for 2-year-olds?
 - are there stats on gender, which is more common?
 - Are we going to take tieh incline option off the cribs so parents stop inclining the cribs while in the hospital?
 - At what age can children start using blankets and pillows?
 - At what age is bed sharing okay?
 - At what age is it safe to start adding pillows and blankets?
 - At what age should you stop using a sleep sack?
 - At what age would transition to own room be appropriate/okay?
 - Can a 1 year old still be in a pack in play?
 - Can I use a side sleeper that is shoved under a mattress?
 - Can we have posters to remind/educate our patients?
 - Can we use the merlin sleep sack?
 - can you use a sleep sack with a zipper
 - Coats in carseats, how to advise parents.
 - Could longer maternity leave help reduce SUID at the 3 month mark?
 - Could we have a copy of the slides?
 - Define sleep sack
 - Did I miss anything, and if I did, will I be told what I missed?
 - Didn't mention baby should not be held while sleeping which is a no.
 - Do cardio monitors still help with SUID?
 - do fans affect SIDS likelihood
 - Do they tell new parents in the hospital to not put babies in hats to sleep?
 - Does having extra pacifiers in the crib pose a hazard?
 - does it matter if breast milk is solely given by bottle
 - Due to consistent change in infant safety, what will be the next update in new infant safety?
 - environment clothing pacifier
 - Everything is pretty clear
 - For babies who are unable to be breast fed whether it is the baby's health or mother's health, what is their view for SUIDS
 - How are Tucker slings viewed?
 - How can I stay up to date on the latest safe sleep?
 - How can parents prepare themselves and infant for sleeping at childcare?
 - How can we get parents to not co-sleep after first few months?
 - How can we inform more people of these practices?
 - How can we provide this information to parents to see what they know or not know
 - How did my kids survive?
 - How do I get new mothers to understand the importance of safe sleeping.
 - How do I help parents who are wanting to continue bed sharing. (Answered in Q and A at end of course)
 - How do safe sleep instructors stay up to date on the latest information regarding safe sleep practices and other safety regulations?
 - How do we help parents get sleep and keep kids safe
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- How does human (breast) milk help prevent sids?
 - How does race/poverty come into play with SUID/SIDS? What can we do to lower the SUID/SIDS rate in minority?
 - hOW DOES THIS WORK FOR DADS?
 - How exactly does a pacifier reduce sleep-related deaths?
 - How long does breast milk last in a bottle? Breast feeding for parents who work?
 - How long is it recommended for infants to sleep on their back? As they get older I have comments of side sleepers or stomach sleepers.
 - How long should we wait to lay a baby down to sleep after feeding?
 - How often do sleep regulations change?
 - How to counsel clients who are resistant to safe sleep messaging such as 'my baby only falls asleep on their side.'
 - how to dress child for bed at night. Parents using blankets on top of sleeping clothes. Temperatures usually lower in house
 - How to have those conversations with families
 - How to talk and get through someone from the culture that over dresses infant and also swaddle with a blanket.
 - How would you bring up safe sleep to hostile parents?
 - Human milk decrease SUIDs. Does this only include mother's milk or does it also include human milk sharing? When does bed sharing become okay? What age? Some cultures are big on bed sharing.
 - I am surprised the deaths from sleeping on the adult bed. It is higher than I thought. I would like more context. Were there multiple people, were their covers, or were substances used? Do we have higher rates in the US than other countries? If so, why? How do I become a safe sleep instructor?
 - I currently don't have any but If any come up I know who I can reach out to and I was given resources to research.
 - I do not have any questions. Any question I had was answered during the presentation.
 - I don't have any questions at this time
 - I don't have questions, but I am interested in researching the different SUID rates across the country.
 - I feel all my questions were answered.
 - I feel as though all of my questions were answered.
 - I have had parents ask 'Is my baby a cannibal for drinking human milk?' My answer is 'No, what do you think?'
 - I just don't really understand why crib bumpers are banned as there purpose is to prevent babies arms, legs, or heads getting stuck in the crib.
 - I just don't understand why it happens
 - I missed the science-y part of SUID/SIDS interested in the phisiology of SIDS/safe sleep
 - I really don't have any. All were answered during the course.
 - I think i'm good, asked the ones I thought of already.
 - I will still need to explore how many resources are available to families who might struggle to achieve safe sleep guidelines.
 - I would be curious to know more about the demographics of geographic areas that the lowest enfant fatality rates.
 - I would like to know how to determine if a bassinet I have is an approved product.
 - I would love more details on some of the 'preventative' things like snoo/owlet
 - I'd like further guidance on swaddling as KDHE has shared with child care licensing that swaddling is NOT recommended in any capacity (to back up the new regulation prohibiting swaddling in licensed childcare facilities) but safe sleep trainings say swaddling is appropriate up until a certain age/developmental level if done correctly.
 - I'm curious about the factors influencing the recommendation of infants being in the same room as parents for at least the first 6 months of life.
 - If a baby is fairly mobile and is able to move things themselves, can they use the pacifier with stuffed animal?
 - If the sleep monitors warn you when it's too late, then why are they recommended?
 - If there are any similar rules regarding sleep while @ daycare for older children.
 - Increase of risk with vaping
 - Increase risk with vaping
 - Infants don't like safe sleep, what are you telling over tired parents to do?
 - Is it okay to bed share with an 100% okay adult?
 - Is it possibly a fitted sheet for # 9?
 - Is it safe for babies to sleep in their car seats for short periods of time?
 - is there a refresher course for wwss
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- Is there a specific brand or material of pacifier that would be recommended over others?
 - Is there a test or analysis to determine if a baby has died from SIDS or is it a process of eliminating of factors?
 - Is there an approved list of products and/or manufacturers that make safe sleep products, such as bassinets.
 - Is there anything more that I can do to help
 - Is there researching being performed for correlation to vaping and suids? I know nothing this far, is it in the works?
 - It was very thorough training and with resources, so no questions.
 - Just stay updated on different regulations that may change want to stay updated.
 - kdhe rules sleep sacks
 - Link to video
 - long car rides. is it ok to let the baby sleep for a long period of time in the car seat if you are on a long drive.
 - Maintaining temperature. 'Make sure the baby's head remains uncovered during sleep... no hats' Why do we provide hats?
 - Meaning of SUID, why sleep sacks are better, and stats on SUID in Kansas
 - My question would be, if parents and the child are taking a long car ride is it still safe for the child to be wearing all the clothing?
 - No I learned no hats, Pacifiers ok, No inclines, Sleep sack instead of blankets.
 - no hats why do hospitals have babies wear hats to sleep.
 - No other questions-my question was answered during the training.
 - No Questions
 - no questions at this time
 - No questions. thank you for all of the info! Very helpful.
 - None - Great Presentation
 - None - very informative
 - None at this time
 - none at this time, you answered all the questions I had,thank you
 - None it was great
 - None right now
 - None thank you
 - None, presenter was knowledgeable and able to answer questions.
 - None, they explained everything well!
 - none. Excellent instructor.
 - Nothing she gave me good knowledge
 - Once the baby moves around do we still need to keep them on their backs?
 - Pediatricians are recommending the introduction of solid food sooner than 6 months of age. How does this affect safe-sleep or safe sleep messaging?
 - Safe sleep for children over the age of 1
 - Second hand smoke
 - Shardae did a great job and I feel very informed and prepared to further educate moms
 - Sharing with parents SIDs
 - Should a 1 year old be in a pack and play?
 - Should binkies be in cribs?
 - Sleep Sack, age and size
 - Sleeping seperate beds for twins No crib bumpers
 - Still a little confused about the different between SUIDS and SIDS.
 - swaddling
 - Swaddling is it ok or not?
 - swaddling is on the list of what not to do.
 - The training was very thorough. I have no questions at this time.
 - The video mentioned that pacifiers should not be used with breastfed babies until they are at least one month old, I was curious about that.
 - There is basically no way Sid's an be prevented?
 - Through what age is the pacifier recommended?
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- Un bebé de 0 a 6 meses después de comer puede ahogarse durmiendo de espalda ?
 - very informative
 - We still use hats, I feel like they get cold without. What should we tell parents?
 - What age can you put toys or stuffed animals in the bed.
 - What benefit do pacifiers provide for safe sleep?
 - What do the statistics look like when comparing drinking breastmilk from the breast to drinking breastmilk from a bottle?
 - What do we recommend for/to parents who struggle w/ co-sleeping? What is the next best option? Outside of emphasizing safe sleep, what education or options do we give?
 - What else can be done to prevent SUIDS/SIDS?
 - What happens legally when a child has SIDS at a daycare?
 - What if children will only fall asleep on their stomach?
 - what is snoo?
 - What is the benefit of breast milk over formula?
 - What is the best way to approach a family when talking about safe sleep?
 - What is the maximum length for breastfeeding in the USA ? In our country it is 2 years.
 - What is the parameter for a fitted sheet being okay versus not okay? Or when is no fitted sheet preferable.
 - What is the plan to provide safe sleep pack and plays for parents?
 - What sleep sacks are approved
 - What study or research was conducted to show the correlation between breastfeeding and the reduction of SUIDS?? And by whom??
 - What to do about babies who fall asleep in the car seat while the caregiver is driving?
 - What's the best temperature to have the room for infants during sleep
 - When a infant sleep can we put pillows on the edges of the sleep pin?
 - When an infant turns one, is it still safe to be in a crib or cot?
 - when can i get more training
 - When can kid use blanket in bed.
 - when is it safe to sleep with babies/children?
 - When to stop the pacifier? When weighted blanket is allowed? Is there a way to regulate the sale of cribs and car seats at thrift stores? Can there be signage - where to get these items -- at thrift stores close to free or nearly?
 - When will be be able to provide sleep sacks for parents?
 - who is funding the research
 - Why are companies allowed to sell and advertise products 'for safe sleep' when their products are not suited for and do not help safe sleep.
 - Why are kids still dying from SIDS
 - Why are there so many items on the market that are not safe for babies?
 - Why are we not looking at more internal factors of possible causes for SIDS if breastmilk (something that affects the internal body) reduced Sid's by almost 70%
 - Why are weighted swaddles still sold in the US? The government should ban them.
 - Why can mesh bumpers be sold still?
 - why can't twins be in twin portable cribs
 - Why cant we use wearable blankets in a center?
 - Why did they take swaddling away from the daycare regulations?
 - Why do people co-sleep after hearing the risks?
 - why do the hospitals still use hats
 - Why do they feel strongly about not swaddling?
 - Why do you think that the mortality rate in Alaska is so much higher where SUID is concerned?
 - Why does breastfeeding change rise in sids
 - Why does stuff continue to get sold if it highers the risk of SUID?
 - Why doesn't the powerpoint slides address why pacifiers reduce the risk?
 - Why haven't we been able to figure out and stop whats causing SIDS?
 - Why is an inclined position not recommended?
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- Why is Colleen's still encouraged by so many entities when it is dangerous?
- Why is inclined sleeping not safe? I understand some but not all.
- Why it's recommended to swaddle a baby at home, but child care providers are not able to.
- Why pacifiers are safe to sleep with?
- Why wouldn't it be best that babies not be laid down on a hard surface where they couldn't get their head or leg stuck due to the bars in a crib?
- Would like to know how to talk to parents about contact sleeping.
- Would you recommend staying in a chair at night when breastfeeding than in a bed because of accidental falling asleep?

Table 6. Participant Comments

- ?? Does not BF hav a role in SIDS in this society??
 - 38 years ago, I raised my child with several of these risk factors. Yikes!
 - A very good class to have for caregivers
 - Amazing presenter
 - As a young man with no children, I never really put much thought into safe sleep practices, but this opened my eyes in to how uninformed I am! I feel much more informed now so THANK YOU!
 - Babies should never be placed on their side. Sleep sacks can have arm openings. No bed sharing with adults. I will share information with families and I will encourage mothers to ask questions.
 - course is understandable and serious enough that others should be taught safe sleep
 - Did I miss anything, and if I did, will I be told what I missed?
 - Easy to understand presentation.
 - Effective training
 - Excellent job on the training!
 - Excellent Presentation.
 - Fantastic training!
 - Good Class
 - Good info!
 - Good job
 - Good training and good information. Thank you
 - Good training class.
 - good training. it was very informative
 - great class, thank you
 - Great class! Thank you!
 - Great course! :)
 - Great info!
 - Great information and it helped me to understand better the WHY of the sleep recommendations.
 - Great information!
 - GREAT INFORMATION!
 - Great instructor
 - Great job delivering the information fast and effectively. Thank you!
 - Great job [SSI name removed]! You're a wealth of knowledge to all in attendance.
 - great job [SSI name removed]and [SSI name removed]
 - Great job [SSI name removed]
 - Great Job!
 - Great job! Thank you for working to decrease SUID in our communities.
 - Great presentation!
 - Great presentation! Thank you!
 - Great Training
 - Great training Thank you!
 - Great training - loved all the facts
 - Great training - thank you!
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- Great Training with wonderful information.
 - Great training!
 - Great training! I feel more confident in supporting families. Thank you.
 - Great training! Thank you for this
 - Great training! Thank you!
 - I appreciate this training and the consistency it promotes in having all programs share the same message about safe sleep to parents!
 - I do not have any comments.
 - I don't have any
 - I feel better after learning this information. Thank you!
 - I found out boxes isn't a safe place to sleep. I figured it was safe when the hospital was the one who sent it home.
 - I found the training helpful and informative.
 - I gained Great knowledge in this class thank you. 😊
 - I have had three kids and while I did not pay close attention to recommendations of safe sleep with my first two, I have been very vigilant of it with my third kiddo which helps ease my anxiety and fear of SUIDs.
 - I have none, but thank you!
 - I learned a lot in this training.
 - I learned a lot more than i had known.
 - I learned a lot of new information, thank you!
 - I learned about how babies die from SIDS. % of SIDS death in US and % of SIDS death in Kansas.
 - I learned alot! thank you!
 - I learned how to swaddle a baby. I learned that you shouldn't put babies on an incline. That a child over 12 months can sleep in a crib. I learned that you should not hold a baby while they are sleeping. I learned that you shouldn't put bottles in bed with babies.
 - I learned that you shouldn't put other things in bed with babies, diaper wipes etc. Sleep sacks are ok with arm openings to have their hands out. Tummy time is ok if they are awake. No bed sharing. Baby should sleep on their back.
 - I liked this training because it provided great information on child safety sleeping.
 - I loved this training. It was very informational and was a good updated safe sleep training.
 - I was previously trained on this topic in an outreach program called Baby Talk offered by a local hospital for expecting mothers.
 - I wish I had taken this training a long time ago. I am grateful that I have a much better and more clear understanding of Safe Sleeping.
 - I worked at Children's Mercy for 7 years so this helped solidify the knowledge I already knew
 - Interesting
 - It has been a long time since i had kids, so much has changed (scary)
 - It has been a while since I have had children and things have changed, it was a nice and welcomed update
 - It is always interesting to see how things over time. When I was a young mother the rules were so different. (bumpers on crips, baby to sleep on its side, etc.)
 - [Name removed] would like more info about co sleeping. Can you tell me where you got the information about the % of cosleeping deaths?
 - learned alot
 - Learning helps us to unlearn culture and traditions that are harmful to safe sleep practices.
 - [SSI name removed] is a great teacher.
 - More research needs to be done on the possible internal factors such as vaccines and drug overdose for possible Sid's outcomes
 - Muchas gracias por la informacion he aprendido mucho.
 - My trainer already talked about the importance of safe sleep and the basic ABS's in advance... this training just reinforced my knowledge on the topic and taught the specifics.
 - Nice and clear. Thank you!
 - No additional comments. Lots of great information presented.
 - No inclined surface. Recommendations for breast feeding until 6 months to a year. No sleeping in any seated device. Thank you for serving the families of Leavenworth County.
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- No, this info was very helpful :)
 - None, thank you for the course and training.
 - [SSI Name removed] is an excellent facilitator. She's knowledgeable always provided space for discussion and Q & A throughout the presentation. Training was easy to follow and interactive/engaging. Thank you.
 - [SSI Name removed] was incredible. I loved her icebreaker. She is very down to earth, warm, welcoming, and relatable. She had a great presentation and even did a demonstration online, setting up the pack and play, that she normally does in person. 20/10 recommend.
 - [SSI Name removed] is the best!
 - Thank you and good job!
 - Thank you both! Good to see you.
 - Thank you for a great training opportunity.
 - Thank you for sharing your knowledge!
 - Thank you for the great training!
 - Thank you for the knowledge on safe sleep!
 - Thank you for the training, it helps me when having a client who has babies and share with them about Safe Sleep.
 - Thank you for your time and efforts!
 - Thank you for your time to do this training.
 - Thank you for your time! I really appreciated this training!
 - Thank you so much for this training!
 - Thank you so much!
 - Thank you so much! I learned some valuable information that helps me as a daycare provider and future parent. :)
 - Thank you, it was very helpful training and now I can annoy my family and friend with information.
 - Thank You!
 - Thank you! Great training!!
 - Thank you!!
 - Thank you!! :)
 - Thanks for a great session :)
 - Thanks for the helpful information
 - Thanks for the refresher!
 - Thanks!
 - The best presenter
 - The instructor did amazing 😊
 - The presenters were knowledgeable. loved the presentation.
 - These 2 did a great job with the training!
 - This is a great refresher, thank you!
 - This training was helpful to me, we shall continue to take this training at least once a year to refresh
 - This training was very interesting and helpful! I have watched my mom raise my four younger siblings, and I still learned new things.
 - This was a great training and I learned a lot. Thank you!
 - This was a great, informative teaching
 - This was a very good and informative training.
 - Todas la información fue clara me encantó
 - Training was informative and interactive.
 - Very informative
 - Very good and helpful information.
 - Very good training
 - Very great class with great information.
 - Very helpful
 - Very helpful information!
 - very helpful, I do not have any children so I learned a lot.
 - Very informative class
 - Very informative meeting
-

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- Very informative presentation.
 - Very informative training, thank you all!
 - very informative!!
 - Very informative. Thank you.
 - went over this for Baby Talk :)
 - Went over time allotted. Our clients were scheduled to come in the clinic at 9:30. My staff have travel time. Great presentation I just wish either more time had been allotted on a or schedule or our time restraints had been communicated more clearly.
 - Yall did great! Thank you!
 - You did great, thanks for taking the time to go over this with all of us!
-

Safe Sleep Star

The KIDS Network currently has 7 certified Safe Sleep Start clinics; 2 (29%) at gold level, 1 (14%) at silver, and 4 (57%) at bronze. In addition, three SSIs were working with clinics on the certification process.

Hospital Certification

Currently, there are 8 hospitals certified: 5 (63%) at gold level, 2 (25%) at silver, and 1 (13%) at bronze.

Conclusion and Recommendations

Overall, the Safe Sleep trainings held in Fiscal Year 2025 were successful. Some caregivers ($\leq 5\%$) still planned to use sleep items, locations or positions that are not recommended by the AAP. If possible, address all questions during the training and help individuals address any barriers they may experience in following the safe sleep recommendations.

Professionals demonstrated increased knowledge on all questions and self-assessed their knowledge higher following the trainings. A few professionals questioned more of the AAP recommendation or still questioned the recommendations following the training. Make sure to address all questions and emphasize why the AAP has implemented the recommendations.

Evaluator Recommendations

- Make sure training staff check surveys for completeness and have participants answer missed questions, if willing. For virtual trainings, send reminder emails to participants with survey links.
- Utilize responses in Table 5 to identify areas of focus for the recertification training seminars.
- After reviewing outcome data since Fiscal Year 2019, it is recommended that data no longer be collected on the Safe Sleep trainings.

Table 7. Safe Training Post-Survey Outcomes by Fiscal Year

	Safe Sleep Parent and Caregiver	Safe Sleep Professional Trainings
FY 2019	4.6/5	9.7/12
FY 2020	3.9/4	9/10
FY 2021	3.9/4	8.8/10
FY 2022	3.8/4	8.6/10
FY 2023	4.7/5	9.1/10
FY 2024	4.8/5	9.3/10
FY 2025	4.7/5	9.4/10

Technical Notes

Participants were encouraged to complete the pre- and post-surveys in their entirety. However, due to the voluntary nature, respondents had the right to skip questions. With the transition to virtual data collection, participants may only complete pre- or post-surveys. Also, participant data may be excluded due to non-matching Participant ID. Any missing responses were excluded from statistical analysis. All reported data is based on collected data as of July 14, 2025.

Pre- and post-test data were collected, deidentified and entered into a secure REDCap database by Safe Sleep Instructors or direct data entry by participants. As such, the University of Kansas Medical Center Institutional Review Board determined the evaluation activities by KUSM-W CRIBS to not be human subjects research. Descriptive statistics were summarized using frequencies (percentages). Comparisons between pre- and post-surveys were made using independent t-test, paired samples t-test and Mann-Whitney U test. Statistical analyses for this report were performed using SPSS for Windows, Version 29.0.