

Safe Sleep Star Application KIDS Network Safe Sleep Instructor Project



Email this completed form to edirector@kidsks.org

	vel site is applying for:			
Safe Sleep Insti	ructor Name:	•		
Data of Clinia S	First	Last		
	Safe Sleep Training (Antic ce Name:			<u> </u>
	Address:			
	Street	City	Zip	
Type of Office:	☐ Pediatric ☐ Obstetr	ic	☐ Other:	<u> </u>
Average Number of Visits Monthly:		infants (0-12	infants (0-12 months)	
Number of Pro	viders in Clinic:			
Number of Pro	viders Participating in Saf	fe Sleep Star:		
Clinic Contact:				
	First	Last	Title	
	Email		Phone	

Levels for Outpatient Clinic

Bronze Star

- 1. Provide safe sleep training to clinic staff annually
- 2. Implement a safe sleep policy for the clinic
- 3. Distribute safe sleep education and materials to parent and caregivers

Silver Star

Includes Bronze level &

4. Implement the Outpatient Toolkit or other quality improvement initiatives to increase safe sleep education to parents and caregivers

Gold Star

Includes Silver level &

5. Engage in safe sleep education at the community level (e.g. Safe Sleep Community Baby Shower, health fair) at least twice a year