

# Sacramento County

## Safe Sleep Baby

*PARENT GUIDE TO INFANT SAFE SLEEP*

**A**LONE **B**ACK **C**RIB  
**ALWAYS!**



# *The Workshop Aims to...*

- ❖ Define Infant Sleep Related Death
- ❖ Explain the Unsafe Sleep Conditions Affecting Sacramento County
- ❖ Explain the 6 Steps of Safe Sleep Baby
- ❖ Review Safe Sleep Tips
- ❖ Show resources in Sacramento



# Consents

## Please take the time to read and fill out both Consent Forms



### Consent to Participate in the Evaluation of First 5 Sacramento Programs and Authorization to Allow for Sharing of Client Information

The program you are registering for today is funded by First 5 Sacramento, an agency that works to improve the health and development of young children and families in Sacramento County. First 5 Sacramento works with Applied Survey Research (ASR) to gather information about these programs.

**How your information will be used for the evaluation:** First 5 Sacramento gathers information about children, families, and their services so that we can understand how these services are working and to better coordinate care across funded programs. This might include information you provided on intake forms, surveys, and other data about services received so we can learn about the success of your program, including:

- Your demographic characteristics, such as age, language, and ethnicity
- How well these services help your children grow and develop
- How well these services help you get the support you need

**How your information will be kept confidential:** Your personal information is protected by state and federal law. First 5 and ASR will make sure that the information you provide is:

- Viewed only by staff at the program you're at today, First 5, First 5 funded programs, and ASR.
- Combined with the information from everyone else who receives services, so that your individual information will never be reported individually and/or publicly.

**Voluntary participation in the evaluation:** You are not required to participate in the First 5 Sacramento evaluation, but we hope that you will, because the data we gather helps us improve the programs each year. However, if you do not want your information to be shared with First 5, First 5 funded programs, and ASR, you can still receive services from this agency.

**Agreement to be included in the evaluation.**

**Authorization to allow the data sharing for the coordination of care for my family.**



If you agree to participate in the evaluation or give authorization to allow data sharing for the sole purpose of coordination of care, please sign below. Your consent will be active for 1 year from the date that you sign.

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your First Name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last Name: \_\_\_\_\_

If you are registering your child(ren) for services, are you the:  Parent OR  Legal guardian

Please list the names of your children ages 5 and under:

First Name	Middle Name	Last Name

If you have questions about this form or this evaluation, please contact Carmen Garcia-Gomez at First 5 Sacramento at 916-876-5869.



### Birth & Beyond Family Resource Centers Consent for Release and Exchange of Information

This consent authorizes the gathering, exchange and release of information and/or records for purposes of developing a plan for comprehensive services and making appropriate referrals for children and their families.

I, \_\_\_\_\_, as the parent, guardian or legally authorized representative of the individuals listed below, hereby authorize the release and exchange of confidential information and/or records to the service providers indicated below for the specific purpose of formulating, providing, verifying and coordinating services for my family.

Please list all family members who have records relevant to B&B FRC service provision.

Name/Relationship	Name/Relationship

I authorize B&B FRC to release and exchange confidential information and/or records to better serve the needs of my family:

- Alcohol/Drug Services
- Child Welfare Services
- Cal-WORKs
- Dept of Human Assistance
- Domestic Violence Provider
- Education Services
- Employment Services
- Evaluators/Consultants/Funders
- Women, Infants and Children
- Mental Health Services
- Probation Department
- Public Health Nurse
- UCD CAARE Center
- Other (must specify): \_\_\_\_\_

Information I authorize B&B FRC to share with and among the service providers above:

- Identifying information (name, DOB, SS#)
- Non-identifying information (income, gender, zip code)
- Case History/Service Plan
- School Information
- Medical Information (In accordance with HIPAA)
- Other (must specify): \_\_\_\_\_

The information and/or records may be shared via verbal communication, written reports, and/or electronic transmission.

Additional Persons/Organizations I authorize B&B FRC to release and exchange information with:

Agency Name/Address	Contact Person/Phone and Fax #s

I understand that this release is valid when I sign it, and that I may withdraw my consent to this release at any time either verbally or in writing. The release should be valid for a reasonable period, not to exceed one (1) year.

RELEASE EXPIRES: \_\_\_\_\_  
Date

Signature \_\_\_\_\_ Date \_\_\_\_\_ Staff/Witness \_\_\_\_\_ Date \_\_\_\_\_

For Minor Parent(s), the parent, guardian or legally authorized representative for the Minor Parent must provide her/his signature consenting for Minor Parent to allow the Birth & Beyond Family Resource Center program to release/exchange the above stated information.

Name of Minor Parent \_\_\_\_\_ Signature of Parent/Guardian/Legally Auth Rep. \_\_\_\_\_ Date \_\_\_\_\_

The family has a right to receive a copy of this authorization (Civic Code 56.10). A copy of this document is as valid as the original. I hereby acknowledge receipt of a copy of this authorization. \_\_\_\_\_  
Initials Date

Approved by B&B Mgmt: 3/22/19; Rev 4/2020



Client Profile: Consent Date \_\_\_\_\_ Assessment: B&B Consents



# Intake and Questionnaire A

## Please take the time to fill out both

**Safe Sleep Baby Workshop**  
Intake Survey

*Please take a moment to answer the following questions. Thank you!*

Participant is... (choose one)

First time mom  
 Mom with other child/children  
 Father of baby  
 Other family/caregiver  
 Other: (specify) \_\_\_\_\_

Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_

Participant's Birth Date: (mm/dd/yyyy) \_\_\_\_\_

Baby's Birth Date/Due Date: (mm/dd/yyyy) \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Preferred Language:

English  Spanish  Russian  Hmong  
 Other: \_\_\_\_\_

Ethnicity: (Please specify)

African Am/Black  Hispanic  
 Asian/Pacific Islander  Native American  
 Caucasian/White  Multi-Racial

How did you hear about the Safe Sleep Baby workshop?

TV/Radio/Newspaper: \_\_\_\_\_  Doctor/Clinic: \_\_\_\_\_  
 Family Resource Center/Home Visitor: \_\_\_\_\_  Poster/Flyer: \_\_\_\_\_


1. Where do you (or plan to) sleep your baby? (check all that apply)

Adult or Family Bed  Crib/Bassinet/Pack-N-Play  Other (please specify) \_\_\_\_\_  
 Car Seat or Baby Swing  Sofa/Couch \_\_\_\_\_

2. Do you currently have a crib, bassinet or portable crib that you can/do use?  Yes  No

3. We would like to know a few more things about how you sleep (or plan to sleep) your baby in your home.

	Never	Sometimes	Always
a. How often does (or will) your baby sleep with you or another adult in the same bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often does (or will) your baby sleep with another baby or child in the same bed or crib?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often do (or will) you put your baby on his/her back to sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often do (or will) you have blankets on or around your baby when he/she is sleeping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often does (or will) your baby have stuffed animals or pillows on or around him/her when sleeping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How often do you (or are you planning to) breastfeed your baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How often is your baby around (or will be around) cigarette smoke in your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

January 2017 

**Sacramento County Safe Sleep Baby Campaign**  
Parent/Provider Questionnaire B

1. In Sacramento County, what is the greatest cause of death for babies (birth to 1-year-old)?

a. Drowning. c. Infant Sleep-Related Deaths (SIDS).  
b. Car Crashes. d. Accidental Poisoning.

2. Most babies who die from an Infant Sleep-Related Death (SIDS) are: (mark all that apply)

a. Healthy. c. Sleeping somewhere other than a crib.  
b. Found sleeping with others. d. Choked on their own spit up.

3. The safest way for a baby to sleep is: (mark all that apply)

a. Sleeping with an adult. c. Sleeping only with a twin or another infant.  
b. Sleeping with an older sibling. d. Sleeping alone.

4. What positions are safe for a baby to sleep (from birth up to 1-year-old)? (mark all that apply)

a. On their back. c. On their stomach (prone).  
b. On their side. d. Whichever way they fall asleep the easiest.





5. When naptimes are short and the parent is awake, it is safe to place a baby down for quick nap: (mark all that apply)

a. Alone on an adult bed. c. In a car seat.  
b. On a couch or chair, as long as you make sure they don't fall off. d. In a crib.

6. Which of the following items are safe to have in a baby's sleeping area? (mark all that apply)

a. Small stuffed animals d. Baby pillow  
b. Crib bumpers/pads e. Loose blankets  
c. Plastic toys f. None of the above

7. Which of the following is a safe sleep environment for a baby?

a.  b.  c.  d. 

Parenting and medical advice has changed over the years. Which of the following statements reflects what we know now about safely sleeping a baby?


8. Babies placed on their backs are more likely to choke on their own spit-up.  True  False

9. Babies should be tightly swaddled when sleeping for the first 6-weeks.  True  False

10. Babies are more likely to suffocate when they sleep with an adult or other child.  True  False

11. Babies can be affected by smoking, even if a person doesn't smoke in the same room as the baby.  True  False

12. Breastfeeding helps reduce the risk of SIDS (Sleep-Related Death).  True  False

January 2017 



# WHAT IS INFANT SLEEP-RELATED DEATH?

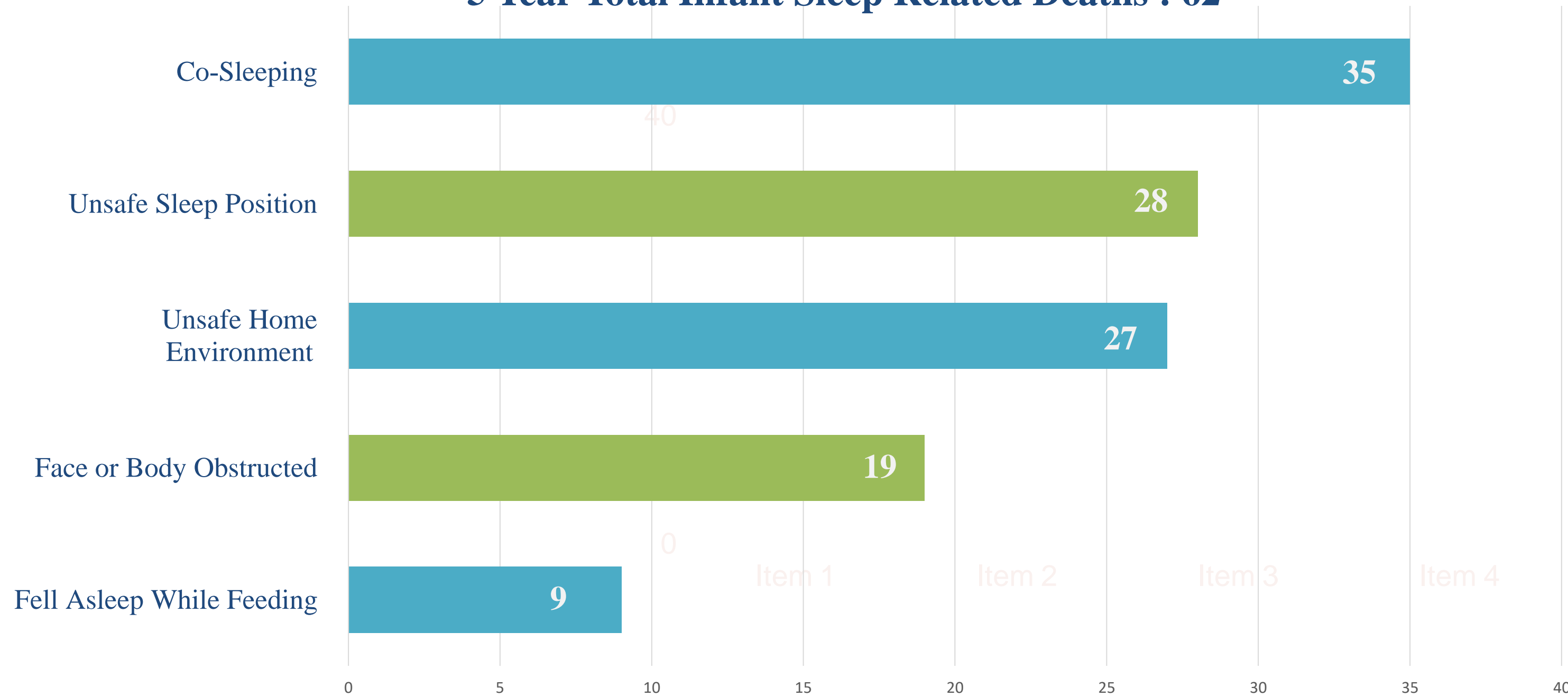


Infant Sleep-Related (ISR) Death is an umbrella term used to describe all infant deaths that occur in the sleep environment. (American Academy of Pediatrics, 2016)



**100%** of all sleep-related deaths of Sacramento babies had at least one known unsafe sleep condition.  
Child Death Review Team (CDRT)

Unsafe Sleep Conditions 2015-2019  
**5 Year Total Infant Sleep Related Deaths : 62**



# CDRT Safe Sleep Baby Impact

	2012	2013	2014	2015	2016	2017	2018	2019
# of Sleep Related Deaths of African American Infants	10	7	5	3	3	3	4	3
Rate of Sleep Related Deaths of African American Infants per 1000 infants	4.0	3.5	2.3	1.6	1.6	1.5	2.2	1.7
% of Sleep Related Deaths for African American Infants compared to 10% of Sacramento County Infant Population	40%	50%	36%	21%	27%	20%	33%	30%
Total # of Sacramento County Infant-Sleep Related Deaths	25	14	14	14	11	15	12	10



# Safe Sleep Baby

## Education Campaign



*It Takes a Village*

## For Parents by Parents

- ❖ Parents
- ❖ Foster Parents
- ❖ Caregivers
- ❖ Grandparents
- ❖ Uncles, Aunts, Cousins and Friends





## American Academy of Pediatrics (AAP) Recommendations 2016

1. Place infants on their back to sleep (supine) for every sleep period until they are one year of age.
2. Infants should sleep in parents' room, close to the bed but on a separate surface designed for infants, ideally for the first year, but at least for the first six months.
3. Use a firm sleep surface.
4. Avoid overheating and head covering in infants.
5. Avoid smoke exposure during pregnancy and after birth.

## Sacramento County Safe Sleep Baby (SSB)

1. Sleep Baby *Alone*
2. Sleep Baby on Their *Back*
3. Sleep Baby in a *Crib*
4. Put Nothing in Baby's Area
5. Do Not Overdress Baby
6. Do Not Smoke Anything Around Baby



# 6 Steps to Safe Sleep Baby



**A**LONE **B**ACK **C**RIB  
ALWAYS!

Learn the 6 Steps to Always Safe Sleep Baby  
BIRTH TO ONE YEAR



- 1 Sleep baby ALONE.
- 2 Sleep baby on his BACK.
- 3 Sleep baby in a CRIB. ALWAYS!
- 4 Put nothing in baby's sleep area.
- 5 Do not overdress baby.
- 6 Do not smoke anything around baby.

**A**LONE **B**ACK **C**RIB  
ALWAYS!



# Step **1**

## Sleep Me Alone



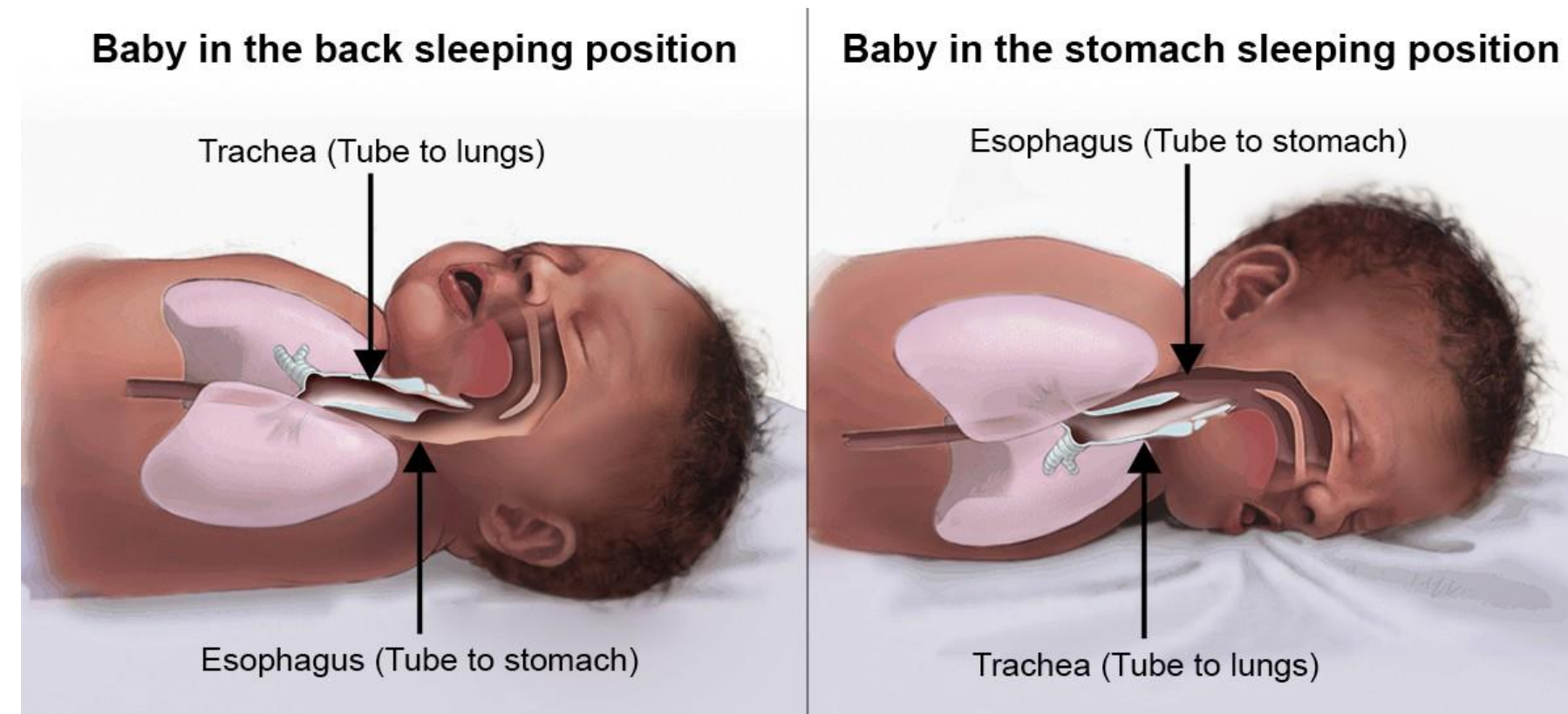
- Sleep your baby by him or herself in a crib, portable crib or bassinet
- Do not sleep with your baby (ROOM SHARE **do not** Bed Share)
- Do not let your baby sleep with other adults or children

# Step **2** Sleep me on my **BACK**

- Always put your baby to sleep on their BACK for EVERY SLEEP



# Step **2** Sleep me on my BACK Continued



- "Back to Sleep" will NOT increase a baby's risk of choking.

# Step **3** Sleep Me In a Crib



- Cribs and bassinets are the safest places for your baby to sleep!
- Use your CRIB or bassinet to sleep your baby for all naps and at night
- Return your baby to sleep in the crib after feeding or soothing
- Use a firm crib mattress with a tightly fitted sheet
- Do not place your baby to sleep in an adult bed, car seat, couch or chair.

# Step **4**

## Put nothing in my sleep area



This includes:

- Pillows
- Blankets
- Bumpers
- Toys
- Stuffed animals
- Swaddle blankets

# Step **5** Do not overdress me



- Baby should not wear more than one layer more than an adult would wear to be comfortable
- Check your baby for signs of overheating
- No clothing that covers the face and head



Step

6

# No Smoking Anything Around Me



**Marijuana**



**Cigarettes**



**Cigars**



**Vaping THC or Nicotine**



**Bong (water pipes)**



**Pipes**



**Hookah (Shisa)**

# Step

# 6

## No Smoking Anything Around Me



**Wash Hands**



**Smoking Jackets**

- Create a Smoke-Free Home and Car
- If a you, family or friend does smoke:
  - Go outside and away from baby
  - “Smoking Jacket”
  - Wash Hands after smoking
  - Wait 15 minutes, if possible
- Keep Baby Safe Away From Third-Hand Smoke

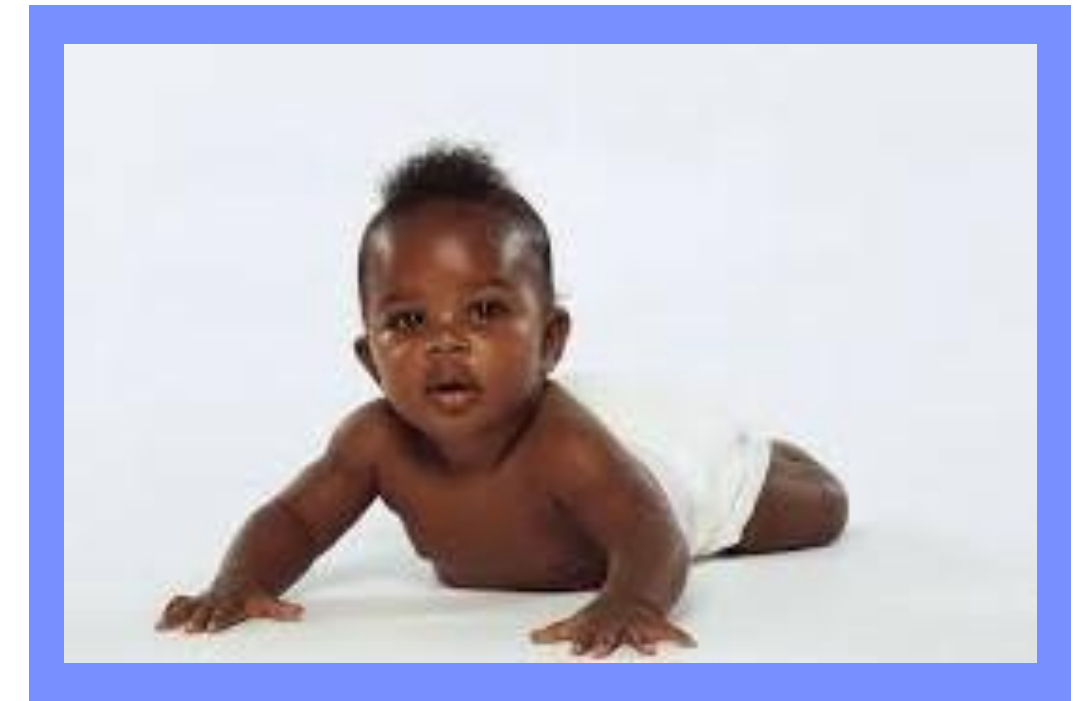
# Other Safe Sleep Baby Tips



**BREASTFEED  
BABY**



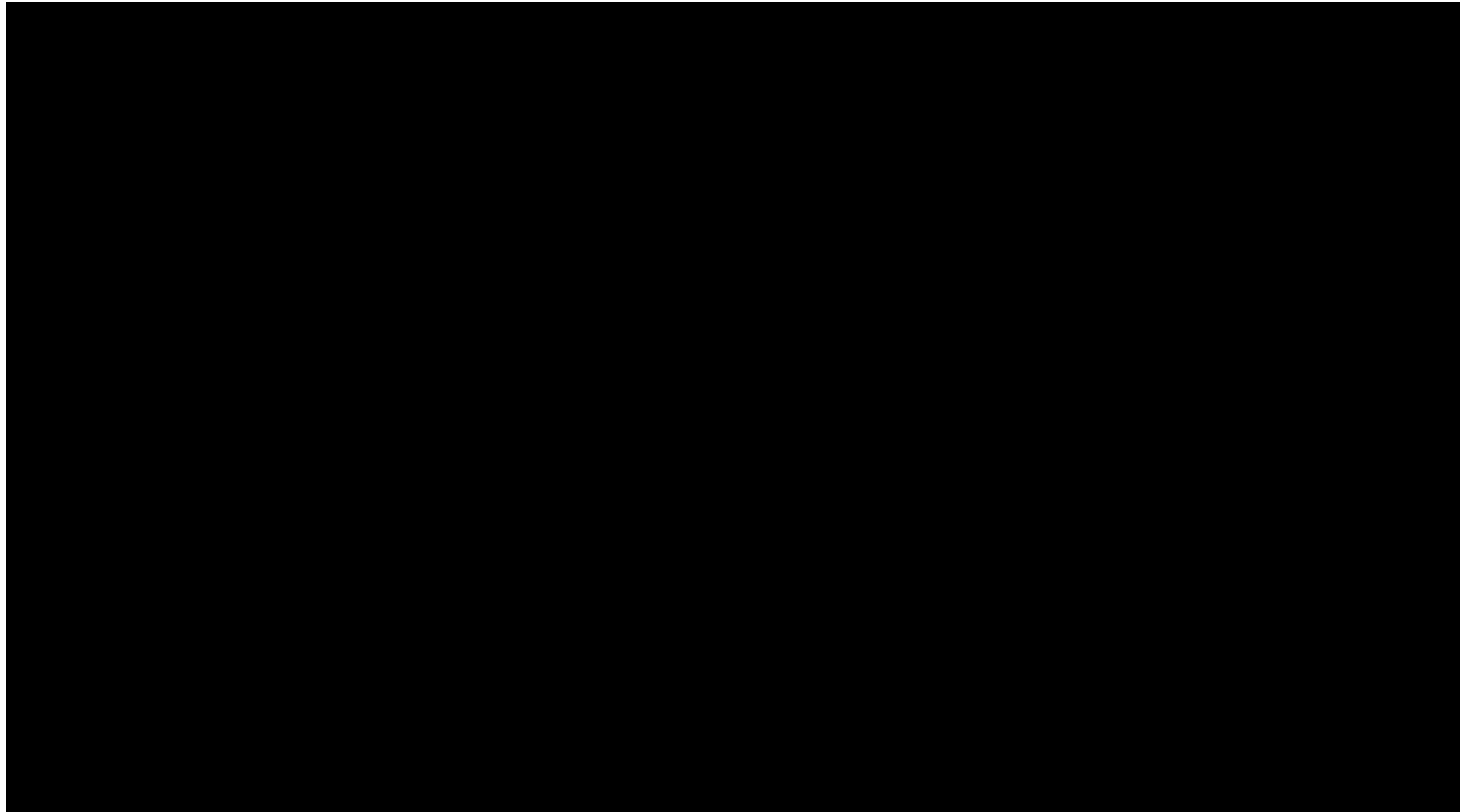
**USE A CLEAN DRY  
PACIFIER**



**DO TUMMY TIME  
WHEN BABY IS AWAKE  
AND SUPERVISED**



# Safe Sleep Baby Video



# Crib Demonstration







# Questionnaire B

Please take the time to fill out

## Sacramento County Safe Sleep Baby Campaign

Parent/Provider Questionnaire B

- In Sacramento County, what is the greatest cause of death for babies (birth to 1-year-old)?**
  - a. Drowning.
  - b. Car Crashes.
  - c. Infant Sleep-Related Deaths (SIDS).
  - d. Accidental Poisoning.
- Most babies who die from an Infant Sleep-Related Death (SIDS) are:** *(mark all that apply)*
  - a. Healthy.
  - b. Found sleeping with others.
  - c. Sleeping somewhere other than a crib.
  - d. Choked on their own spit up.
- The safest way for a baby to sleep is:** *(mark all that apply)*
  - a. Sleeping with an adult.
  - b. Sleeping with an older sibling.
  - c. Sleeping only with a twin or another infant.
  - d. Sleeping alone.
- What positions are safe for a baby to sleep (from birth up to 1-year-old)?** *(mark all that apply)*
  - a. On their back.
  - b. On their side.
  - c. On their stomach (prone).
  - d. Whichever way they fall asleep the easiest.
- When naptimes are short and the parent is awake, it is safe to place a baby down for quick nap:** *(mark all that apply)*
  - a. Alone on an adult bed.
  - b. On a couch or chair, as long as you make sure they don't fall off.
  - c. In a car seat.
  - d. In a crib.
- Which of the following items are safe to have in a baby's sleeping area?** *(mark all that apply)*
  - a. Small stuffed animals
  - b. Crib bumpers/pads
  - c. Plastic toys
  - d. Baby pillow
  - e. Loose blankets
  - f. None of the above
- Which of the following is a safe sleep environment for a baby?**
  - a. 
  - b. 
  - c. 
  - d. 

Parenting and medical advice has changed over the years. Which of the following statements reflects what we know now about safely sleeping a baby?

- Babies placed on their backs are more likely to choke on their own spit-up.  True  False
- Babies should be tightly swaddled when sleeping for the first 6-weeks.  True  False
- Babies are more likely to suffocate when they sleep with an adult or other child.  True  False
- Babies can be affected by smoking, even if a person doesn't smoke in the same room as the baby.  True  False
- Breastfeeding helps reduce the risk of SIDS (Sleep-Related Death).  True  False

January 2017



# Let's Talk about the Questionnaire

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## Questions?



How will you Spread  
The Safe Sleep Baby  
Message?

Neighbors

Grandma

Friends

Your Village

Babysitter

Mom

Partner





# Common Concerns Parents Have About Safe **Sleep** Baby

- Your neighbor says, “I feel more comfortable sleeping with my baby, so I know he/she is okay.”
- Your sister/brother says, “My baby cries and won’t sleep in his/her crib.”
- Your parents tell you “We put you and your siblings on your stomach to sleep. You all are okay.”
- Your friend says, “I am breastfeeding, and it is easier to put the baby next to me in bed.”



# Black Child Legacy Campaign Community Incubator Leads

## South Sacramento Christian Center

7710 Stockton Blvd  
Sacramento, CA 95823  
(916) 681-6791





## Arcade Community Center

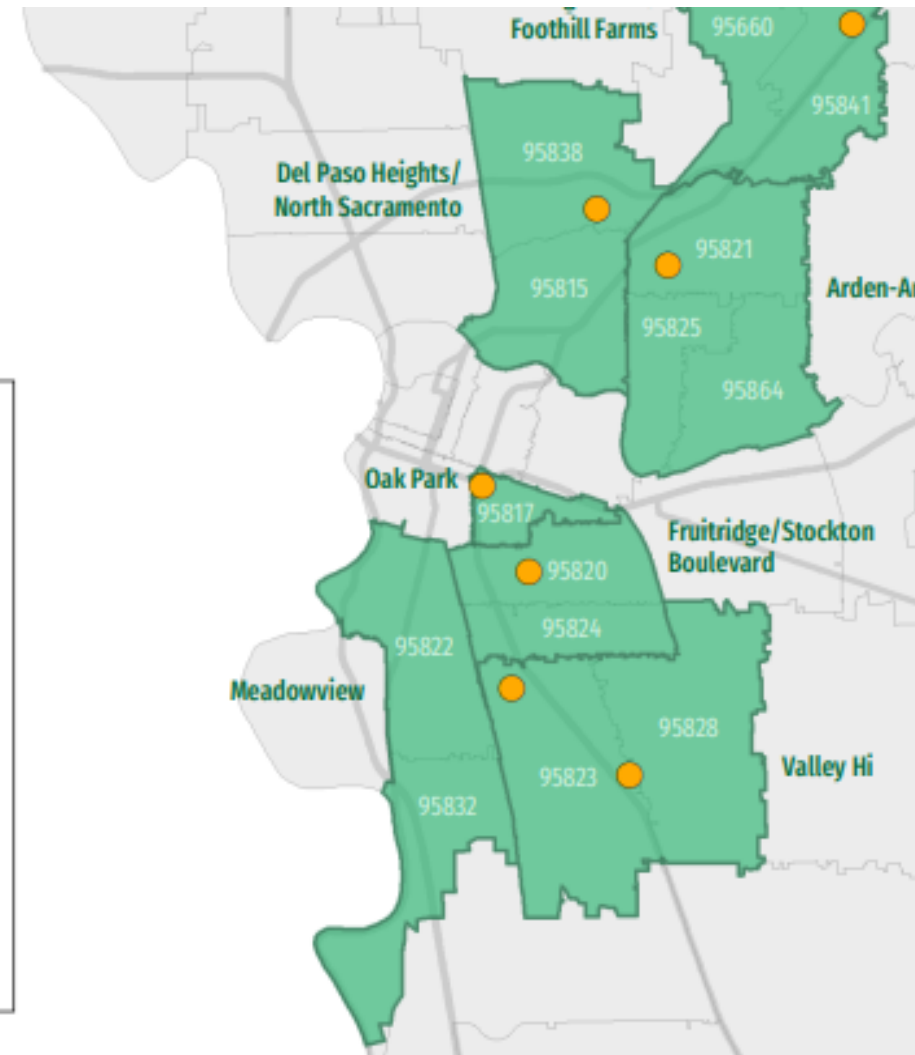
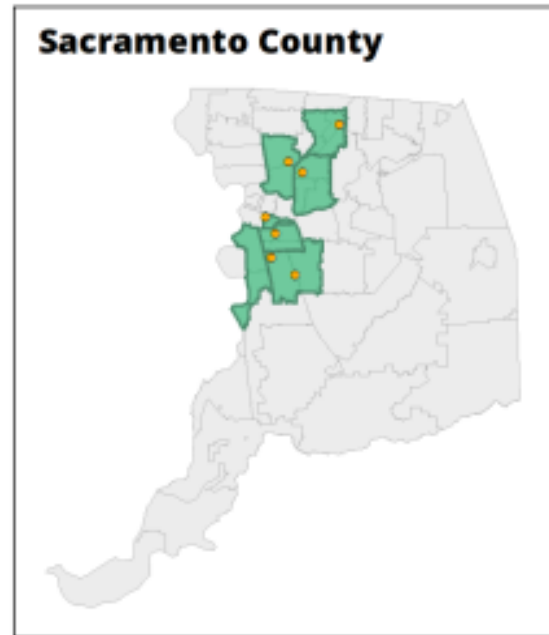
2427 Marconi Avenue, Suite 203  
Sacramento, CA 95821  
(916) 514-8096

## Rose Family Empowerment Center

7000 Franklin Blvd, STE 1000  
Sacramento, CA 95823  
(916) 376-7916

### Legend

-  BCLC Focus Area Neighborhood
-  Community Incubator Lead
-  Sacramento County Zip Code
-  Major Roads & Highways



## Roberts Family Development Center

3725 Marysville Blvd., Room 203  
Sacramento, CA 95838  
(916) 646-6631

## Liberty Towers / Impact Sac

5132 Elkhorn Blvd.  
Sacramento CA 95842  
(916)-339-3515, (916)-410-9770

## Fruitridge/Stockton

4625 44th St.  
Sacramento, CA 95820  
(916)-431-7485

## Greater Sacramento Urban League Oak Park

2331 Alhambra Blvd., Suite 300  
Sacramento, CA 95817  
916-732-3699



# Birth & Beyond Family Resource Centers

## Well Space

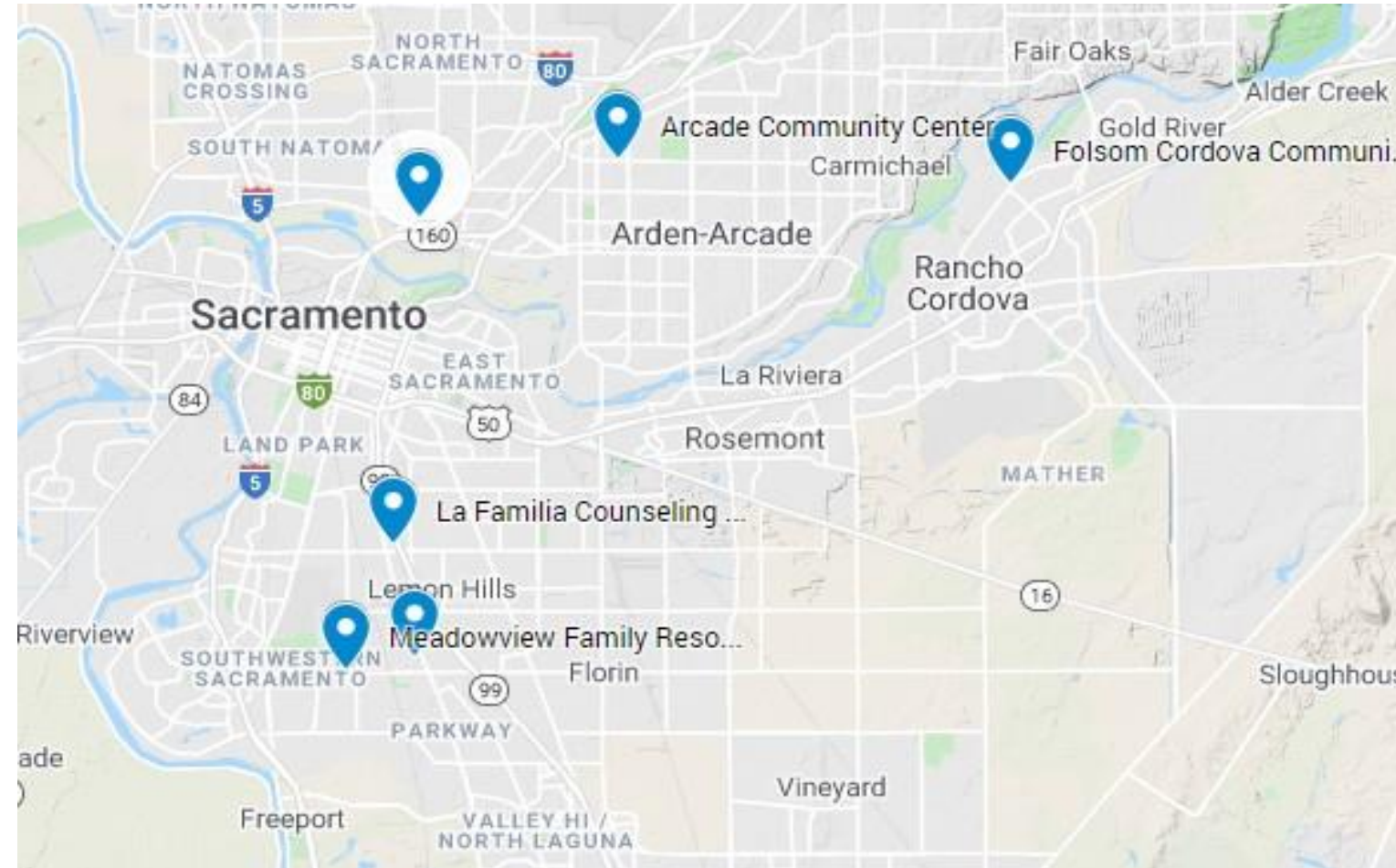
6015 Watt Avenue, Suite 2  
North Highlands, CA 95660  
(916) 679-3925

## Mutual Assistance Network- Firehouse

810 Grand Avenue  
Sacramento, CA 95838  
(916) 567-9567

## Meadowview

2251 Florin Road, Suite 158  
Sacramento, CA 95822  
(916) 394-6300



## Folsom Cordova Community Partnership

10665 Coloma Rd., Suite 200  
Rancho Cordova, CA 95670  
(916) 361-8684

## North Sacramento

1217 Del Paso Blvd.  
Sacramento, CA 95815  
(916) 679-3743

## La Familia Counseling Center

5523 34th Street  
Sacramento, CA, 95820  
(916) 452-3601

## Valley Hi

7000 Franklin Blvd, Suite 820  
Sacramento, CA 95823  
(916) 290-8281

## Mutual Assistance Network- Arcade

2427 Marconi Avenue, Suite 203,  
Sacramento, CA 95821  
(916) 514-8096



A photograph of a baby sleeping peacefully in a crib. The baby is wearing a white onesie and is lying on a white blanket with a colorful pattern of letters and icons. The crib's metal bars are visible in the background. The text 'ALONE BACK CRIB ALWAYS!' is overlaid on the top right of the image.

# **A**LONE **B**ACK **C**RIB ALWAYS!

We want every parent in Sacramento County to have a safe place to sleep their baby. If you know someone who may be interested in receiving the Safe Sleep Baby education, please call:

916-244-1900

[www.thecapcenter.org](http://www.thecapcenter.org)

# Safe Sleep Baby

THANK YOU!!!

Kembra Randell

Black Infant Health Lead

[krandell@thecapcenter.org](mailto:krandell@thecapcenter.org)

916-244-1900

