

## Infant Safe Sleep Encounter Form

If this form is completed electronically, it can be emailed to the Infant Safe Sleep Program at [MDHHS-InfantSafeSleep@michigan.gov](mailto:MDHHS-InfantSafeSleep@michigan.gov) for program documentation.

Name of EMS Provider/Fire Fighter completing the encounter:

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EMS Agency/Fire Department Name:

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County: \_\_\_\_\_

Date of the encounter: \_\_\_\_\_

### Check all activities that were completed by the provider:

**Note:** You may check as many boxes as you completed in the encounter. It is not expected that every encounter will have the same actions carried out as each is unique. Please **only** check what the provider did.

- Asked to see the infant's sleep space.
- Evaluated the infant's sleep space
- Provided infant safe sleep education to the family.
- Helped family make their infant sleep space safe (removed items from crib/bassinet/ pack and play, etc.)
- Provided the family with a sleep sack.
- Left the Leave Behind Packet with the family
- Provided and helped set up a pack and play (or will be coming back to set it up).
- Contacted the local safe sleep resource (local health department, etc.) and they will contact the family directly to come set up the pack and play.
- Other – fill in.

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Share additional details about the encounter or barriers experienced, if applicable.

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1. If the family was provided a pack and play and/or sleep sack, did the parent/caregiver indicate that receiving the item(s) lowered their stress related to caring for their child?  
 Yes  
 No
  
2. Did the parent/caregiver indicate that they learned at least one new parenting behavior or obtain 1 new social support as a result of the intervention?  
 Yes  
 No
  
3. Did the parent/caregiver indicate they were satisfied with the intervention?  
 Yes  
 No