



**Ohio Department of Health  
Bureau of Maternal, Child and Family  
Health**

**Infant Safe Sleep Reporting Guide  
for Hospitals and Birthing Centers  
January 2017**



**Ohio Department of Health, Bureau of Maternal, Child and Family Health  
Infant Safe Sleep Reporting Guide**

## Introduction

Ohio Revised Code 3701.67 requires the Ohio Department of Health to collect infant safe sleep information from Ohio hospitals and birthing centers. All hospitals and birthing centers are required to screen Ohio residents for infant safe sleep prior to discharge. ORC 3701.67 does not require hospitals and birthing centers to screen non-Ohio residents; facilities decide whether to screen non-Ohio residents. Safe sleep reporting will provide data to the state regarding the number of infants without a safe sleep environment at the time of their discharge, and how facilities appropriately responded to safe sleep needs. This guide provides information for facilities on how safe sleep information should be reported, including Critical Access Hospitals and hospitals that do not have access to IPHIS.

## Reporting: Integrated Perinatal Health Information System (IPHIS)

Hospitals with access to the State's vital records system, (IPHIS), should report infant safe sleep screening data through the new "Crib" tab in IPHIS.

## IPHIS Data collection

### IPHIS "Crib" Tab

Birth Clerks and Supervisors will have authority to add and modify data in the "crib" tab. A new user group titled "Crib Clerk" has been created for data entry in the "Crib" tab. "Crib Clerks" will only be able to add and modify data in the "Crib" tab. They will have view only access for the "Summary" and "Mother" tabs.

"Crib Clerks" will be able to:

- Search for an existing birth record to enter the "Crib" tab
- Display an existing birth record to look at the "Crib" tab
- Save a record under the "Crib" tab
- Edit a record under the "Crib" tab



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### **IPHIS Screening Questions**

The “Crib” tab contains the following questions and drop-down answer options:

1. “Are you required to report Safe Sleep Environment Screening data in accordance with ORC 3701.67?”
  - “YES” will allow the facility to continue to ask Safe Sleep questions of the participant on the same IPHIS Screen
  - “NO” will end the entry into the “Crib” tab

*Critical Access Hospitals are required to report that they screened for infant safe sleep. Facilities are not required to screen non-Ohio residents. However, they can choose to screen them and must select “Yes” to question one in order to complete the rest of the “Crib” tab. ODH will sort out non-Ohio resident data once the data is received.*

2. A. “Did you screen the patient?”
  - YES/NO

*If an infant is transferred to a NICU that is owned by the hospital/part of the same infant; this question should not be answered until the screening is able to take place, prior to the infant’s discharge. If an infant is transferred to a NICU that is owned by a different hospital/part of a separate health system; then “No” should be selected for 2.A. and “Transferred” should be selected for question 2.B.*

2. B. “If you did not screen the patient, why not?”
  - Lack of staff
  - Lack of time
  - Process Not in Place
  - Objected
  - Early discharge
  - Transferred
  - Missed
  - Deceased

Answering “NO” and selecting a reason will complete data entry into the “Crib” tab.



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3. A. “Did the patient need a crib?”

- YES/NO

*Answering “NO” will complete data entry into the “Crib” tab.*

3. B. “Crib or resource provided?”

- Facility provided a crib by collaborating with partner entities
- Facility provided a crib by using facility funds or resources
- Facility referred to ODH designated site
- Facility referred to other entities or government programs

*This question is seeking information about who provided the funding for the cribs. For example, if the hospital providing the funding for the crib but families pick the cribs up at a different location, this question should be answered as “Facility provided crib by using facility funds or resources”.*

*If an infant is discharged from a Critical Access Hospital; that hospital is encouraged, but not required, to provide a crib or resource for a family in need (see Appendix D for list of Cribs for Kids partners). However, if a Critical Access Hospital transfers an infant to a non-Critical Access Hospital; the Critical Access Hospital should select “No” for question 2.A. and “Transferred” for 2.B. and the receiving hospital should both screen for safe sleep and provide a crib or resource.*

## **Workflow**

Each hospital has an identified Safe Sleep Champion; hospitals need to decide to develop a workflow in which the Safe Sleep Champion administers the safe sleep interview, completes a paper form, and sends the form to birth clerks to enter into IPHIS.



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BIRTH - 2016 - Netsmart VR

File Search Requests Actions Work Queue Linking Tools Administration Help

<No Alerts> Save No Edits

Summary Mother Mother 2 Father Admin Facility Prenatal Preg Labor/Del Newborn Crib Hep-B Hearing

Name of Facility GRADY MEMORIAL HOSPITAL

**Safe Sleep**

1. Are you required to report Safe Sleep Environment Screening data in accordance with ORC 3701.67? Yes

2a. Did you screen the patient? Yes 2b. If you did not screen the patient, why not?

3a. Did the patient need a crib? Yes

3b. Crib or resource provided?

- Facility Provided - In Collaboration with Partner Entity
- Facility Provided - Using Facility Funds
- Facility Referred - To ODH Designated Site
- Facility Referred - To Other Entity or Government Program

See Appendix A for a template form that Safe Sleep Champions could use, which includes the IPHIS “Crib” tab questions. Hospitals may choose to incorporate their electronic medical record (EMR) into the workflow to improve efficiency.

### **Data Retention**

Records should be retained until February of the following year. Beyond February of the following year, hospitals should follow their facility record retention policy.

### **Reporting: Children’s Hospitals**

Hospitals without access to the State’s vital records system, (IPHIS), should report infant safe sleep screening data report infant safe sleep data using the Annual Aggregate Safe Sleep Reporting Form (see Appendix C). The form should be submitted by the first Monday in February of each year and should only include data on Ohio residents. It can be submitted to [safesleep@odh.ohio.gov](mailto:safesleep@odh.ohio.gov) or using the embedded “Submit Form” button on the PDF version of the form, which is available at [www.safesleep.ohio.gov](http://www.safesleep.ohio.gov).

### **Data Collection**

ODH is providing a Patient Access to Safe Sleep Environment Screening template for hospitals that do not have access to IPHIS (see Appendix B). This template can be modified by each hospital, as appropriate.

Refer to the Workflow and Data Retention sections for more information.

### **Contacts: Bureau of Maternal, Child and Family Health**

[Michelle.Vargas@odh.ohio.gov](mailto:Michelle.Vargas@odh.ohio.gov)

Safe Sleep Coordinator

[Dyane.Goganturner@odh.ohio.gov](mailto:Dyane.Goganturner@odh.ohio.gov)

Manager



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**APPENDIX**

**Appendix A:** ODH is providing the following template for use when the staff completing the safe sleep screening does not have IPHIS access.

**IPHIS Crib Reporting Form**

Name of Facility: \_\_\_\_\_

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

**1. Are you required to report Safe Sleep Environment Screening data in accordance with ORC 3701.67?**

\_\_\_\_ Yes  
\_\_\_\_ No

**2. Did you screen the patient?**

\_\_\_\_ Yes  
\_\_\_\_ No

**If you did not screen the patient, why not?**

\_\_\_\_ Lack of Staff  
\_\_\_\_ Lack of Time  
\_\_\_\_ Process Not in Place  
\_\_\_\_ Objected  
\_\_\_\_ Early Discharge  
\_\_\_\_ Transferred  
\_\_\_\_ Missed  
\_\_\_\_ Deceased

**3. Did the patient need a crib?**

\_\_\_\_ Yes  
\_\_\_\_ No

**Crib or resources provided?**

\_\_\_\_ Facility Provided: Using Facility Funds  
\_\_\_\_ Facility Provided: In Collaboration with Partner Entity  
\_\_\_\_ Facility Referred: To ODH Designated Site  
\_\_\_\_ Facility Referred: To Other Entity or Government Program

IPHIS Form Revised: 11/01/2016



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**Appendix B:** Individual safe sleep data collection template for hospitals that do not have IPHIS access.

**Patient Access to Safe Sleep Environment Screening**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_



**Do you have a safe crib, bassinet, or play yard with a firm mattress for your infant to sleep in after you are discharged from the hospital? (Circle one)**      Yes   or   No

**Please fill out the information below only if you answered “No” to the question above:**

**Home Zip Code:** \_\_\_\_\_

**Delivery Payment: (Circle one)**

- Medicaid
- Other

**Race: (Circle all that apply)**

- American Indian or Alaska Native
- Asian American
- Black or African American
- Native Hawaiian & Other Pacific Islander
- White
- Unspecified

**Ethnicity: (Circle one)**

- Hispanic
- Non-Hispanic
- Unspecified

Ohio Law requires facilities to report this information to the Ohio Department of Health upon discharge. A hospital staff member or volunteer will provide more information about safe sleep prior to your discharge.

**FOR FACILITY USE ONLY:**

Discuss and provide educational information on infant safe sleep per hospital policy.

Parent/Guardian/Other person responsible for infant confirms that a safe crib is available once the infant is discharged from the facility to the infant's residence following birth: Yes   or   No

**If no doesn't have a crib, bassinet or play yard, check the applicable box below:**

- ☐ Facility provided infant a safe crib using its own resources.
- ☐ Facility provided infant a safe crib by collaborating with or obtaining assistance from another person or government entity.
- ☐ Facility referred parent/guardian/other person responsible for infant to a person or government entity to obtain a safe crib.
- ☐ Facility referred parent/guardian/other person responsible for infant to a site designated by ODH to obtain a safe crib. Use the Cribs for Kids (CFK) partner finder:

<http://www.cribsforkids.org/find-a-chapter/>.



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***Appendix C: Annual Aggregate Safe Sleep Reporting Form for use by Children's Hospitals***

**Patient Access to Safe Sleep Environment Screening – Data Collection**

**Submit Form**

ORC 3701.66 establishes an infant safe sleep screening procedure for hospitals. Hospitals are required to screen new parents and caregivers prior to the infant's discharge home to determine if the infant has a safe sleep environment at his/her residence. The data collection below is in reference to screenings from the preceding calendar year (select year from the drop down menu):

2021

**Contact Information:**

Facility Name:

Name (person completing the form):

Phone: ( \_ ) \_ -

Email: \_ -

**SECTION I** (Provide the number for each selection below)

How many caregivers reported **YES** that they had a safe crib, bassinet or play yard with a firm mattress for their infant to sleep in after being discharged from the hospital?

How many caregivers reported **NO** that they did not have a safe crib, bassinet or play yard with a firm mattress for their infant to sleep in after being discharged from the hospital?

**SECTION II** (Complete Section II on those responding NO)

**Referral to a Crib:** (Provide the number for each selection below)

Facility provided infant a safe crib using its own resources. \_

Facility provided infant a safe crib by collaborating with or obtaining assistance from another person or government entity. \_

Facility referred parent/guardian/other person responsible for infant to person or government entity to obtain a safe crib. \_

Facility referred parent/guardian/other person responsible for infant to a site designated by ODH to obtain a safe crib. \_

(Continue on next page)

Email: [safesleep@odh.ohio.gov](mailto:safesleep@odh.ohio.gov)







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(Appendix C, continued)

**SECTION III** (Complete Section III for those caregivers referred for a crib)

(Provide the number for each selection below. If more than one category was selected, count them in the multiple race category)

**Race:**

American Indian or Alaska Native \_\_\_\_\_

Asian \_\_\_\_\_

Black or African American \_\_\_\_\_

Native Hawaiian & Other Pacific Islander \_\_\_\_\_

White \_\_\_\_\_

Multiple Races \_\_\_\_\_

Unspecified \_\_\_\_\_

**Ethnicity:**

Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_ Unspecified \_\_\_\_\_

**Delivery Payment:** Principal source of payment for this delivery.

Medicaid\_ Other\_

**Home Zip Codes:** List each unique ZIP Code reported and how many referrals for each ZIP code.

ZIP Code	Total # of Referrals	ZIP Code	Total # of Referrals	ZIP Code	Total # of Referrals

Email: [safesleep@odh.ohio.gov](mailto:safesleep@odh.ohio.gov)

## Appendix D: List of Cribs for Kids Partners

### Ohio Department of Health Infant Vitality Cribs for Kids Partners

The Ohio Department of Health, Bureau of Maternal, Child and Family Health, will provide free Cribs for Kids (CFK) crib "Survival Kits" to families who could not otherwise afford them (while quantities last). Through the coordinated efforts of a network of local and regional health departments, the CFK Program distributes cribs and infant safe sleep education. In order to receive a CFK survival kit, income eligible families\* must attend an educational class provided by trained local CFK partner staff. In this session, the parent/caregiver(s) receives important education on how to properly use the crib for their child, and they are instructed on infant safe sleep practices.

*\*income must be within WIC guidelines (income may be subject to verification) although recipient does not need to be enrolled in the WIC Program*

County	Partner	Contact	Phone	Email
Allen	Allen County Public Health	Paula Hillard	419-228-4457	<a href="mailto:phillard@allenhealthdept.org">phillard@allenhealthdept.org</a>
Butler	Butler County Health Department	Michelle Tubbs	513-887-3804	<a href="mailto:TubbsMD@butlercountyohio.org">TubbsMD@butlercountyohio.org</a>
Clark	Clark County Combined Health District	Carlisa Parker	937-322-2099	<a href="mailto:Cparker@cccchd.com">Cparker@cccchd.com</a>
Cuyahoga	Cuyahoga County Board of Health	Alison Patrick	216-201-2001 ext. 1513	<a href="mailto:apatrick@ccbh.net">apatrick@ccbh.net</a>
Franklin	Columbus Public Health	Nikki Jenkins	614-645-3111	<a href="mailto:njenkins@columbus.gov">njenkins@columbus.gov</a>
Hamilton	Hamilton County Public Health	Tamieka Gray	513-357-7470	<a href="mailto:Tamieka.Gray@cincinnati-oh.gov">Tamieka.Gray@cincinnati-oh.gov</a>
Lorain	Lorain County General Health District	Heather Paterack		<a href="mailto:hpaterack@loraincountyhealth.com">hpaterack@loraincountyhealth.com</a>
Lucas	Lucas County Regional Health Department	Natalie Karn	440-322-6367	<a href="mailto:nkarn@loraincountyhealth.com">nkarn@loraincountyhealth.com</a>
Mahoning	Mahoning County District Board of Health	April Snelling	(419) 213-4263	<a href="mailto:Snellina@co.lucas.oh.us">Snellina@co.lucas.oh.us</a>
Montgomery	Dayton Children's Hospital	Marcy Vaughn	330-270-2855	<a href="mailto:mvaughn@mahoninghealth.org">mvaughn@mahoninghealth.org</a>
Perry	Perry County Health Department	Kelli Sharp	937-641-5763	<a href="mailto:sharpk@childrensdayton.org">sharpk@childrensdayton.org</a>
Richland	Richland Public Health	Chad Seurkamp	740-342-5179	<a href="mailto:cseurkampchd@gmail.com">cseurkampchd@gmail.com</a>
Stark	Stark County Health Department	Jennifer Crotty	419-774-4551	<a href="mailto:jcrotty@richlandhealth.org">jcrotty@richlandhealth.org</a>
Summit	Akron Children's Hospital/Safe Kids Summit County	Delight Howells	330-493-9928 ext. 123	<a href="mailto:howellsd@starkhealth.org">howellsd@starkhealth.org</a>
Trumbull	Trumbull County Health Department	Sherry Blair	330-543-0657	<a href="mailto:Sblair@chmca.org">Sblair@chmca.org</a>
		Sandy Swann	330-675-7821	<a href="mailto:heswann@co.trumbull.oh.us">heswann@co.trumbull.oh.us</a>

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**Appendix E: Frequently Asked Questions**

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**Question: What happens when a hospital transfers an infant to the Child Protective Services or an adoption agency?**

When an infant is discharged to Child Protective Services or an adoption agency, the screening should be completed with the agency representative picking up the baby.

**Question: Does my hospital still need to submit a form each year providing the annual infant safe sleep screening data, including income, ethnicity, and race?**

Hospitals with access to IPHIS do not need to submit an annual form with infant safe sleep aggregate data because the Ohio Department of Health (ODH) will extract this information directly from IPHIS. The previous calendar year data must be submitted in IPHIS by the first Monday in February. Hospitals that do not have access to IPHIS need to submit an [Annual Aggregate Safe Sleep Reporting Form](#) by the first Monday in February of each year.

**Question: What are the infant safe sleep requirements for Critical Access Hospitals?**

Critical Access Hospitals are required to screen for safe sleep but they are not required to provide a crib or resource. If a Critical Access Hospital transfers an infant to a non-Critical Access Hospital, then the Critical Access Hospitals should indicate that the infant was transferred and the receiving hospital should screen and provide a crib or resource (if needed) when the infant is discharged.

**Question: How long are hospitals required to hold onto the individual safe sleep screening forms from 2016?**

Records should be retained until February of the following year. For example, calendar year 2016 records must be maintained until February 2017. Beyond February of the following year, hospitals should follow their facility record retention policy.

**Question: For babies transferred to a NICU, should hospitals wait to complete the safe sleep tab until baby is discharged, or should they select “transferred”? If the infant spends months in the NICU; when should they be screened?**

If the NICU is considered to be owned by (or part of) the delivering hospital, then the whole form should be left blank up until the point the infant is discharged since screening should happen prior to discharge. If the NICU is not owned by the delivering hospital and is part of a separate hospital system, then “Transferred” should be selected before the infant is transferred from the birthing hospital to the separate system’s NICU. “Transferred” should only be selected if the infant is transferred outside of the current hospital system. Infants should when be screened once they are about to be discharged.

**Question: Do we have to use the exact form that was given to our birth certificate clerks at the IPHIS Enhancement Training Seminar?**



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No, the form is a template that we're providing in case it is helpful. You can edit the form if you would like; the important thing is to make sure that whoever is completing the screening is capturing all the information that needs to be submitted into the IPHIS Crib Tab.

**Question: If an infant is transferred to another hospital after we screened for safe sleep and learned that a crib is needed, what should we do?**

Screening should occur prior to an infant's discharge; the hospital that ultimately discharges the infant is responsible for screening and providing any needed crib/referral. In this situation, the hospital that initially screened prior to transferring would report that the infant was transferred and the hospital that ultimately discharged the infant would complete the screening and provide a crib/referral.

**What are the safe sleep screening and referral requirements for non-Ohio residents?**

ORC 3701.67 does not require hospitals and birthing centers to screen and refer non-Ohio residents; facilities decide whether to screen non-Ohio residents. However, they can choose to screen them and must select "Yes" to the first question in the IPHIS "Crib" tab in order to complete the rest of the tab. ODH will sort out non-Ohio resident data once the data is received.

**What are the screening requirements for home births?**

ORC 3701.67 does not apply to home births.