

Education and care service name		Child's surname	
Educator's full name		Child's first name	
Service/venue/ residence address		Date of birth	
Assessment date			
Review date			

Safe Sleep

Individual Child Risk Factor Checklist and Action Plan

This Checklist Tool should be accessed in conjunction with the Safe Sleep Individual Child Risk Assessment Guide.

Note: This Checklist Tool is intended to assist educators with identifying key risk factors in individual children which may make them more vulnerable to Sudden and Unexpected Infant Death (SUDI) occurring during sleep. This checklist is focused on infants 12 months of age and below as this is the time of greatest risk. The risk factors in the below table are designed as a starting point for identifying, assessing and managing risk of harm.

There may be other potential risks to the individual child or in the sleep environment. Please contact Red Nose, if you have any difficulty with this tool or if you require any further clarification or information and support for safe sleep.

Also access:
[Safe Sleep Individual Child Risk Assessment Guide](#)

Considerations		Yes	No	Notes/Comments
Age	Is the child aged 0-6 months?			
Smoking exposure	Is there parental/ caregiver smoke exposure?			
Was the child born prematurely?	Was the child born before 37 weeks gestation?			
Social circumstances	Does the child regularly see a healthcare professional such as a MCH Nurse, GP, Paediatrician?			

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education@rednose.org.au

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Considerations		Yes	No	Notes/Comments
Medical history	Does the child have a known medical condition and/ or disability such as: Asthma, repeated respiratory infections, chronic lung disease or other (please state)?			
Cultural practice	Are there any cultural practices that can compromise an airway during sleep such as: religious jewellery, head coverings etc?			
Sleep aids	Does the child use a sleep aid such as: soft toys, comforter, special blanket, bottle in bed, sleep in a pram or swing?			
Feeding	Is the child formula fed?			

Ticked 'YES' to any of the risk factors, complete ACTION PLAN over page.

Action Plan

(For risk factors identified, list strategies below to manage the risk)

Risk Identified	Intervention Strategies	Date Actioned
Example 1: Child spent time in a Special Care Nursery/ NICU Example 2: Parents request child wears a religious necklace at all times	<i>I understand this may increase the risk to the child and I will increase the frequency and duration of checks of this child for all sleeps and naps</i> <i>I will discuss with the family the importance of sleep safety and the risks of sleeping with necklaces. I will find a mutually agreeable solution in which the child does not sleep with the necklace on.</i>	

Review

(Reviews of this risk assessment should occur at intervals set by the service and/or if there are changes to the child's circumstances i.e. age and developmental changes in the child, health status, etc.)

Review Date	Risk Factors Ongoing/Resolved (List)	Revised Action Plan (Y/N)	Signed

The above risk assessment for _____ has been completed in consultation with the child's parent/guardian and service management.

Parent full name:		Approved by:	
Parent Signature:		Name:	
Date:		Role:	
		Signature:	
		Date:	

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