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| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | LICENSING DIVISION (LD)**Infant Safety Agreement** |
|  |
| **Infant Safety Agreement** |
| **For the Applicants and Adult Household Members to complete:****[ ]**  I am not caring for children under age one. orIf you are caring for children under the age of one, please complete these two steps:1. Click to watch [this video](https://vimeo.com/725463703/1c55b2616d). ( [https://vimeo.com/725463703/1c55b2616d](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvimeo.com%2F725463703%2F1c55b2616d&data=05%7C01%7Ceva.freimuth%40dcyf.wa.gov%7C0f4ce4dd74ed4e58745708da757f8fe0%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637951487976336977%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=CfLZO7dVM5g5VAzx8jZlqKXZPTUTynmVal%2FVDY8uvw8%3D&reserved=0))

**[ ]**  I understand the concepts of PURPLE Crying and agree to follow the strategies discussed in this video. 1. Click [this link](https://www.nichd.nih.gov/sites/default/files/2019-02/Safe_Sleep_Environ_update.pdf) (<https://www.nichd.nih.gov/sites/default/files/2019-02/Safe_Sleep_Environ_update.pdf>) (2 pages) to read about what a safe sleep environment looks like.

**[ ]**  I understand Safe Sleep and agree to follow the practices explained in this link. |
| **Applicant Information and Signature** |
| APPLICANT A NAME | DATE OF BIRTH |
| APPLICANT A SIGNATURE | DATE |
| APPLICANT B NAME | DATE OF BIRTH |
| APPLICANT B SIGNATURE | DATE |
| HOUSEHOLD MEMBER 1 NAME | SIGNATURE | DATE |
| HOUSEHOLD MEMBER 2 NAME | SIGNATURE | DATE |
| HOUSEHOLD MEMBER 3 NAME | SIGNATURE | DATE |
| HOUSEHOLD MEMBER 4 NAME | SIGNATURE | DATE |
| **LD/CPA Staff Signature** |
| Either this family is not caring for children under the age of one, or I have discussed safe sleep concepts with this family.  |
| LD/CPA STAFF NAME | SIGNATURE | DATE |