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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.  or  If 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 |