Washington State Department of CHILDREN, YOUTH & FAMILIES

Licensing Division (LD)

Infant Safety Agreement

This form is for applicants and adult household members who may care for children under the age of 1. It shows they received, reviewed, and understand safe sleep practices and PURPLE Crying information.

For Applicants and Adult Household Members to complete

☐ I am not caring for, or applying to care for, children under the age of 1.

OR

If you are caring for, or applying to care for, children under the age of 1, please complete these two steps:

1. Watch this video about the concepts of PURPLE Crying.

   (https://vimeo.com/725463703/1c55b2616d)

   ☐ I understand the concepts of PURPLE Crying. I agree to follow the strategies shown in this video.

2. Read this 2 page document about what a safe sleep environment looks like.

   (https://www.nichd.nih.gov/sites/default/files/2023-07/NICHD_STS%20AIAN%20Handout_final%207.6.2023.pdf)

   ☐ I understand and agree to follow the safe sleep practices explained in this link.

Applicant and Adult Household Member Information and Signature(s)

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 or Child Placing Agency (CPA) Staff Signature

Either this family is not caring for children under the age of 1, or I have discussed safe sleep concepts with the household members listed above.

LD or CPA Staff Name _____

Signature _____ Date _____