



## Infant Safety (Certified Respite)

### Statement of Understanding

As a certified respite provider, it is expected that you are trained to meet the needs of the children you are caring for. Please complete these two steps regarding care for children under the age of 1:

1) PURPLE crying 10 minute video

I understand the concepts explained in this video.

2) Access [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](https://www.nichd.nih.gov/sites/default/files/2019-02/Safe_Sleep_Environ_update.pdf)) to read two pages about what a safe sleep environment looks like.

I understand the concepts explained at this link.

### Applicant Information

NAME	DATE OF BIRTH
SIGNATURE	DATE

### Statement of Review

1) PURPLE crying 10 minute video

I provided the applicant with the PURPLE crying video.

2) Safe sleep environment

I have discussed safe sleep concepts with this applicant.

### LD/CPA Staff

NAME	
SIGNATURE	DATE