

ARIZONA DEPARTMENT OF CHILD SAFETY  
Office of Licensing and Regulations (OLR)  
**SAFE SLEEP COMMITMENT FORM**



Safe Sleep pamphlet review and Safe Sleep Commitment Form is required for applicants/licensee's licensed to provide care to children under the age of three. Reviews and agreements shall be entered by the licensing agency into the Department's electronic database following DCS policy and maintained in the licensing file. Review of the Safe Sleep pamphlet and update of this agreement is required upon initial licensing, amendment to decrease age if Safe Sleep pamphlet review and agreement were not completed prior, during each renewal, and at each placement visit when a child under the age of three has been placed. "Baby" in regards to this form, is defined as a child under the age of one.

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
*Name of Applicant /Licensee* | *Agency Name* | *Quick Connect ID No.*

**Commitment Statement from Foster Parent.**

- 1 I understand that the safest place for a child under the age of one (1) to sleep is alone, on their back, and in a crib.
- 2 I understand that portable cribs such as Pack & Plays are for temporary use and I shall have the proper equipment, such as age-appropriate beds, for each child at the time of placement.
- 3 I have reviewed the Safe Sleep with my licensing agency
- 4 I Will:
  - Not share my bed with the baby.
  - Keep bedding away from the baby's face.
  - Not overdress the baby.
  - Move the baby to a crib as soon as possible if they fall asleep in a; stroller, swing, infant carrier, car seat, sling, etc.
  - Make sure nothing is in the baby's sleeping area (pillows, blankets, bumper pads, other soft items, toys, etc.).
  - Use a firm mattress.
  - Not place the baby to sleep on furniture such a sofa or chair.
  - Keep any pets away from a sleeping baby.
  - Make sure that anyone who watches the baby knows about and agrees to follow the safe sleep requirements.

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
*Applicant Printed Name* | *Applicant Signature* | *Date*

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
*Spouse Printed Name* | *Spouse Signature* | *Date*

**Commitment Statement from Licensing Agency:**

- 5 I Have:
  - Reviewed the Safe Sleep with the foster parent during my in-person visit for:
 

Initial	Renewal	Amendment	Placement Visit for a child under the age of three years
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  - Verified age appropriate beds available for each child at the time of placement, for current placements, and all household members.

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
*Agency Representative Printed Name* | *Agency Representative Signature* | *Date*

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