

## Sleeping/Napping Arrangements

<b>Child's Name:</b>	<b>Parent or Guardian:</b>
<b>DOB:</b>	<b>Contact #s:</b>

My child has my permission to sleep in the following room(s) of the home:

My child has my permission to sleep on:

Crib       Cot       Bed       Mat       Playpen       Other

I understand that sleeping arrangements for infants require that the infant be placed on his or her back to sleep, unless I provide medical information to the provider that shows that arrangement is inappropriate for my child

I do  I do not  give my permission for my child to nap or sleep in a room where an awake adult is not present. I understand that the doors to all rooms must be open, the caregiver must remain on the same floor as the children and a functioning electronic monitor must be used in any room where children are sleeping and an awake adult is not present.

I do  I do not  give my permission if my child is in evening or night care to allow the caregiver to sleep while my child is sleeping.

I understand that if my child is not able to nap, that time and space will be provided for a quiet play and that my child will not be forced to rest for long periods of time.

Signature of parent(s) or guardians(s)

\_\_\_\_\_   
Date:

\_\_\_\_\_   
Date:

Signature of Provider:

\_\_\_\_\_   
Date: