

SLEEPING AND NAPPING ARRANGEMENT

I, _____, understand that my child,

(Parente Name)

Will be napping on a _____ in the _____ of the program
(cot, mat or crib) (area of home)

My napping child will have competent supervision at all times, either through:

Direct visual supervision by caregiver with him/her

OR

Indirect supervision by caregiver who uses a functioning electronic monitor and remains on

the same floor as my child at all times. The doors to all rooms used by the provider.

If my child is and infant, I also understand that my child be placed on his/her back to sleep

Parent Signature: _____

Date
(Month/Day/Year): _____