

The Nurturing Nest Family Child Care Nap Time Permission

The following arrangements are agreed upon for children who sleep or nap during the hours they are in care.

Child's Name _____

Area of the home the child will sleep/nap in _____

The child will sleep/nap on/in a _____

_____ I am aware that if my child is an infant, he/she will be placed on his/her back to go to sleep to reduce the risk of SIDS in compliance with NYS regulation 417.7 (i).

While sleeping/napping, my child will be supervised in the following manner: (**check one**)

_____ My child care provider may use an electronic monitor if my child naps in a room where an adult is not present. The door must remain open and the provider must check on my child every 15 minutes. The provider must remain on the same floor as my child at all times.

_____ My child care provider may not use an electronic monitor and must be in direct supervision of my child at all times.

Date _____

Child's Name _____

Child's Name _____

Parent's Signature _____