Bright Eyes Child Care Center, Inc.

SLEEPING & NAPPING AGREEMENT

Sleeping and napping arrangements must be made in writing between the parent and childcare provider. The provider shall maintain this completed agreement on file in the center. This arrangement is required by New York State Office of Children and Family Services: Child Daycare Regulations: 418-1.7

Except while sleeping, awaking, or going to sleep, an infant will not be left in a crib for longer than 30 minutes at any one time.

Children may not sleep or nap in car seats, baby swings, strollers, infant seats, or bouncy seats unless prescribed by a health care provider. Should a child fall asleep in one of these devices, he/ she will be moved to a crib/ cot or other approved sleeping surface.

Sleeping arrangements for infants require that the infant be placed flat on his/ her back to sleep, unless medical information from the child’s health care provider is presented to the program that shows this arrangement is inappropriate for that child.

Parents/ Guardians are responsible for providing bed coverings. This bedding should be in the form of a crib sheet, and a small blanket (for children age 1 and older) and the parent/ guardian is responsible for laundering this bedding weekly before returning it to school. Bedding is not to be shared between children.

Children unable to sleep during nap time (after 15 minutes of settling down) shall not be confined to a sleeping surface, but instead must be offered a supervised place for quiet play. Electronic devices cannot be implemented during this time.

Caregivers will directly supervise children during rest time.

Infants rest in cribs and toddlers and preschoolers rest on cots or mats. School Age Children do not have a rest period.

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_**

**Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**Caregiver’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Sleeping Instructions:**