NAP/SLEEP ARRANGEMENT

1. Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Sleeping arrangements for children under two years of age require that the infant be placed on his or her back to sleep, unless medical information is presented to the program by the parent that shows the arrangement is inappropriate for that child.

2. The following bedding will be used for napping/ sleeping:

Cot Bed Mat Crib Playpen

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child does not require a nap/sleep time- space will be provided for quiet play during appropriate rest/quiet periods.

3. Bedding will be supplied by the:

Parent/Guardian Provider

and will be laundered at least weekly and/or when soiled by:

Parent/Guardian Provider

4. The child will nap/sleep in the following area(s) of the home:

5. Supervision of the children: **choose one**

Child may nap/sleep in a room where an adult is not present. Electronic monitors will be used to monitor sleeping children and they will be physically checked on at least every fifteen (15) minutes.

Provider must have visual contact of the child at all times.

6. Additional comments regarding the child’s nap/sleep arrangements and/or habits:

7. Signature of Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_