



Napping/Sleeping Agreement

Child's Name: _____

Date of Birth: _____

I, _____ (Parent/Guardian), understand that my child
_____, while under care of Mimi's
Creative Kids Learning Center will be napping on/in a _____ in the
_____ (room) on the daycare.

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

- ☐ Direct Supervision by a caregiver who is in the same room and has direct visual contact with them.
- ☐ Indirect supervision by a caregiver who uses a functioning electronic monitor and remains on the same floor as my child at all times. The doors to all rooms where children are napping will remain open as well as the doors to all rooms used by the provider.

*If my child is an infant, I also understand that my child will be placed on their back to sleep.

Parent/Guardian Signature

Date

Provider Signature

Date

SUBMIT FORM