



Sleeping and Napping Arrangement Agreement

My child _____ will be taking a nap or resting after lunch which ends at approximately _____.

The location that he/she will nap/rest is _____
_____.

My child will nap/rest on a **cot, mat, or crib (please circle one)**. I understand that I must provide a sheet, small blanket and if desired, a small travel pillow and one small stuffed animal.

- ✓ *Sleeping arrangements for infants require that the infant be placed on his or her back to sleep(418-1.7(p)).*
- ✓ *Cribs, bassinets and other sleeping areas for infants must not have bumper pads, toys, large stuffed animals, heavy blankets, pillows or infant positioners (418-1.7 (q)).*

I understand that the provider will have visual contact with the children in their care and the NYS Office of Children and Family Services Regulations for staff to child ratio will be maintained at all times.

Parent Signature

Date

Parent Signature

Date

Director Signature

Date

*****This form needs to be updated as necessary.**