

Kelly's Kids Family Childcare, LLC.

Grace K. Scamarone

34 Pershing Avenue

Ossining, New York 10562



SLEEPING/NAPPING ARRANGEMENT

CHILD'S NAME: _____

DAY OF BIRTH: _____

I understand that sleeping arrangements for infants require that the infant be placed on his or her back to sleep, unless I provide medical information to the provider that shows that arrangement is inappropriate for my child.

I do I do not give permission for my child to nap or sleep in the play area where an awake adult is not present (choose one).

I do I do not give permission for my child to nap or sleep in a cot, mat, bed, or a crib (choose one).

I understand that the doors to all rooms must be open, the caregiver must remain on the same floor as the children and a functioning electronic monitor must be used in any room where children are sleeping and an awake adult is not present.

I understand that if my child is not able to nap, that time and space will be provided for quiet play and that my child will be not forced to rest for long periods of time.

Signature of parent or guardian _____

Date _____