

## Sleeping and Napping Arrangement"

I understand that my child		While under the
care of	will be napping on _	(cot, mat, bed or crib) in
(area of the home)	of the providers home	. He or she will be
supervised. If my child is an infa	nt, I also understand that	at my child will be
placed on his or her back to sleep.		
Parent/ Guardian		
Date:		