



Koala Park, LLC  
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**SLEEPING/NAPPING ARRANGEMENT**

**Child's Name:**  
**DOB:**

**Parent/Guardian Name:**  
**Contract #:**

I, understand that my child, while under the care of *KOALA PARK DAYCARE* will be napping on a cot, crib or mat in the playrooms or bedrooms of the child care home. My napping child will have competent supervision at all time, either through:

***DIRECT SUPERVISION BY A CAREGIVER WHO IS IN THE SAME ROOM AND HAS DIRECT VISUAL CONTACT WITH HIM/HER;***

OR

***INDIRECT SUPERVISION BY A CAREGIVER WHO USES A FUNCTIONING ELECTRONIC MONITOR AND REMAINS ON THE SAME FLOOR AS MY CHILD AT ALL THE TIME .THE DOORS TO ALL ROOMS WHERE CHILDREN ARE NAPPING MUST REMAIN OPEN, AS WELL AS THE DOOR TO ALL ROOMS USED BY THE PROVIDER.***

OR

***MY CHILD DOES NOT NAP AND WILL PARTICIPATE IN A QUIET ACTIVITY DURING NAPT TIME.***

If my child is an infant, I also understand that my child will be place on his/her back to sleep.

***Parent Guardian Signature*** \_\_\_\_\_

***Date*** \_\_\_\_\_

***Child Care Provider Signature:*** \_\_\_\_\_

***Date*** \_\_\_\_\_