

## Evening/Overnight Care Agreement

My child \_\_\_\_\_ will be in the care of \_\_\_\_\_ during  
(Name of child) (Provider's name)  
the evening or overnight hours. During this time, my child will nap on/in \_\_\_\_\_  
(Mat/cot/porta-crib/bed)  
and will be located in the \_\_\_\_\_. My child's bedtime will be at \_\_\_\_\_.  
(Room in the home) (Indicate time)

My child will be assisted with the following (check all that apply):

- \_\_\_\_\_ Shower
- \_\_\_\_\_ Tub Bath
- \_\_\_\_\_ Sponge Bath
- \_\_\_\_\_ Brushing Teeth
- \_\_\_\_\_ Changing into Night Clothes

While sleeping, my child will be supervised in the following manner (check one):

- My child care provider **MAY** use an electronic monitor if my child sleeps in a room where an approved adult is not present. For overnight care, the provider may sleep while my child is sleeping. The provider must remain on the same floor as my child at all times.
- My child care provider **MAY** use an electronic monitor while my child sleeps, **but must remain awake** and physically check on him/her every 15 minutes. The provider must remain on the same floor as my child at all times.
- My child care provider **MAY NOT** use an electronic monitor and must be awake and in direct supervision of my child at all times. The provider must remain on the same floor as my child at all times.

I am aware that if my child is an infant, he/she will be placed on his/her back to go to sleep to reduce the risk of SIDS unless medical information is presented to the provider that shows that this arrangement is inappropriate for that child (417.7(i)). In addition, I am aware that when night care is provided, a child four years of age or older shall not sleep in a room shared with another child of the opposite sex and no child three years of age or older shall sleep in the same room with an adult of the opposite sex (417.3(c)).

By signing this agreement and I am indicating I have read and understand the above guidelines. I will report any changes to my child care provider and update this form as needed.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date