

PARENTAL AUTHORIZATION TO USE ELECTRONIC MONITOR TO SUPERVISE CHILD

FAMILY/FAMILY GROUP CHILD CARE: THE FAMILY CHILD CARE PROVIDER MAY USE AN ELECTRONIC MONITOR TO SUPERVISE SLEEPING CHILDREN ONLY, PROVIDED THEY HAVE WRITTEN PARENTAL PERMISSION; SOUNDS FROM THE MONITOR CAN BE CLEARLY HEARD BY THE FAMILY CHILD CARE PROVIDER OR WORKER, AND THE PROVIDER OR WORKER OBSERVES THE SLEEPING CHILDREN EVERY **10** MINUTES TO ENSURE THAT THEY ARE SAFE AND COMFORTABLE.

CHILD'S NAME: _____ DATE OF BIRTH: _____

CHILD CARE PROGRAM: _____

MY SIGNATURE BELOW SIGNIFIES THAT I AM AWARE OF AND AGREE WITH THE PROVIDER'S POLICY OF USING AN ELECTRONIC MONITOR TO SUPERVISE MY CHILD WHILE MY CHILD IS SLEEPING, AS LONG AS THE PROVIDER FOLLOWS ALL REQUIREMENTS SPECIFIED IN LICENSING RULES.

SIGNATURE OF PARENT(S)

DATE SIGNED

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CENTER BASED PROGRAMS: MAY USE AN ELECTRONIC MONITOR TO MONITOR ONLY INFANTS WHO ARE SLEEPING IN A CRIB OR PLAYPEN, PROVIDED THEY HAVE WRITTEN PARENTAL PERMISSION; THE CHILD CARE PERSONNEL RESPONSIBLE FOR SUPERVISING SLEEPING INFANTS IS IN A ROOM THAT ADJOINS THE ROOM THE INFANTS ARE SLEEPING IN; THE CHILD CARE PERSONNEL RESPONSIBLE FOR SUPERVISING INFANTS CAN CLEARLY HEAR THE SOUNDS FROM THE MONITOR; AND THE CHILD CARE PERSONNEL RESPONSIBLE FOR SUPERVISING THE SLEEPING INFANTS OBSERVES THE SLEEPING CHILDREN EVERY **10** MINUTES TO ENSURE THAT THEY ARE SAFE AND COMFORTABLE.

CHILD'S NAME: _____ DATE OF BIRTH: _____

CHILD CARE PROGRAM: _____

MY SIGNATURE BELOW SIGNIFIES THAT I AM AWARE OF AND AGREE WITH THE PROGRAM'S POLICY OF USING AN ELECTRONIC MONITOR TO SUPERVISE MY CHILD WHILE MY CHILD IS SLEEPING, AS LONG AS THE PROGRAM IS IN COMPLIANCE WITH ALL REQUIREMENTS SPECIFIED IN LICENSING RULES.

SIGNATURE OF PARENT(S)

DATE SIGNED