Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preschool Canada Daily Sleep Room Monitoring Form

**Instructions: Complete this form each time every 15 minutes when a child is sleeping. Staff doing the checking must note the times and put their initials after each check.**

**Legend: NS= not sleeping S = sleeping**

Revised November 17, 2017

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Date /sleep time/initial | 1 time check/  initial | 2 time check/  initial | 3 time check/  initial | 4 time check/  initial | 5 time check/  initial | 6 time check/  initial | 7 time check/  initial | 8 time check/  initial |
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