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

Preschool Canada Infant Daily Sleep Room Monitoring Chart

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: B= back; Si = side; T=tummy(stomach)**

 Revised November 17, 2017

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| Name | Date/sleep time/initial | Position when first placed to sleep | 1Time checked/position/initial | 2Time checked/position/initial | 3Time checked/position/initial | 4Time checked/position/initial | 5Time checked/position/initial | 6Time checked/position/initial | 7Time checked/position/initial | 8Time checked/position/initial |
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