Infant Sleep Chart

Child Care Facility_____ Caregivers _____

Name of child_____ Date of birth _____ ☐ Waiver, Alternative sleep position, Wedge_____

Instructions: Visually check sleeping infants every 15 minutes. Note the infant's sleep position, skin color, breathing, level of sleep, and body temperature. Record your visual check below. Include date, your initials, time of the check, infant's sleep position, and any comments you have.

- ♥ Remember blankets or other loose bedding are prohibited by Child Care Rule.
- ♥ If the infant shows signs of overheating, check that the room temperature is between 68-75°F and remove extra layers as needed.
- ♥ Place all infants aged 12 months or younger on their backs to sleep unless they have an alternate sleep position waiver posted by their crib. After infants can easily turn over from the back to the stomach, continue to place them on their back to sleep. You can then allow them to adopt their own position for sleep.

Date	Initial	Time	Position: *Back, Side, Tummy*	Comments	Date	Initial	Time	Position: *Back, Side, Tummy*	Comments
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