

SLEEP/REST CHECK

Centre Name: _____ Room: _____ Date: ____ / ____ / ____

Instructions:

Educators must conduct a physical check every 10-15 minutes of all children who are resting or sleeping.

Must check for any signs of stress (such as overheating or irregular breathing).

If you cannot see a child’s chest rise and fall or hear their breathing you may need to gently put your hand on their chest to check.

Make sure nothing is covering child’s face and room is not too hot.

*This record must be kept for two weeks, unless any intervention was taken to assist a child’s respiratory distress, then this record must be retained as part of an incident report.

Code

S = Sleep

R= resting

Name of Child (N) Location of Sleep (L) Time of Sleep (T)

	Check 1	Check 2	Check 3	Check 4	Check 5	Check 6	Check 7	Check 8	Check 9	Check 10	Check 11	Check 12
N:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:
L:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:
T:												
Comments:												
N:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:
L:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:
T:												
Comments:												
N:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:
L:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:
T:												
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Room: _____

Date: ____ / ____ / ____

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