



SLEEP CHECK RECORD

Child Name: _____

Date: _____

TIMES CHECKED

Child Name: _____

Date: _____

TIMES CHECKED

Child Name: _____

Date: _____

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Child Name: _____

Date: _____

TIMES CHECKED

Educators will check that a child is breathing by checking the rise and fall of the child’s chest and the child’s lip and skin colour from the side of the cot, mattress, or toddler bed, at least once every 10 minutes.