

SLEEP MONITORING FORM



PURPOSE: To ensure all children sleep safely.

PROCEDURE: (Use a separate form for each child)

1. This form or a similar form developed by the Educator is to be completed by Educators for all children sleeping whilst in care regardless of the age of the child.
2. Each child will require a separate sleep chart file to be filed into the child's file and handed into the Family Day Care service with all other paper work required when the child leaves care.
3. All children must be checked regularly, observe if the child's chest if rising and falling. If this cannot be observed, place hand near child's mouth and feel that air is being expired from child's nostrils.
4. Document the time the child goes to sleep and the time the child wakes.
5. Make any comments required ie. The child was restless / coughing
6. To manage the risk while children are sleeping, monitors WILL be used at all times when children are sleeping in a separate room to the educator, all the children WILL be checked regularly

NAME OF CHILD: _____ DATE OF BIRTH: ___/___/___

EDUCATOR'S NAME: _____

DATE: ___/___/___

TIME TO SLEEP: _____ am / pm TIME AWAKE: _____ am / pm

COMMENTS:

DATE: ___/___/___

TIME TO SLEEP: _____ am / pm TIME AWAKE: _____ am / pm

COMMENTS:

DATE: ___/___/___

TIME TO SLEEP: _____ am / pm TIME AWAKE: _____ am / pm

COMMENTS:

DATE: ____/____/____

TIME TO SLEEP: _____ am / pm TIME AWAKE: _____ am / pm

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COMMENTS:

DATE: ____/____/____

TIME TO SLEEP: _____ am / pm TIME AWAKE: _____ am / pm

COMMENTS:

DATE: ____/____/____

TIME TO SLEEP: _____ am / pm TIME AWAKE: _____ am / pm

COMMENTS:
