



# INFANT SLEEP OBSERVATION FORM (FOR INFANTS LESS THAN 12 MONTHS OF AGE)

If an infant is in any physical or medical distress, staff shall take immediate emergency response as needed.

INSTRUCTIONS: Staff shall check on sleeping infants every 15 minutes for signs of stress and record observations below. Signs of stress may include overheating or irregular breathing. \*This form must be kept for two weeks, unless any intervention was taken to assist an infant in distress. When intervention was taken, this form shall be maintained in the child's medical records while the child remains enrolled in your program.

FACILITY NAME: \_\_\_\_\_ OBSERVATION DATE (MO./ DAY/ YEAR): \_\_\_\_\_

Infant Names <i>(first &amp; last name)</i>	Nap Duration <i>(circle AM or PM)</i>	Record Observations of Sleeping Infants <u>Every 15 Minutes and Initialize</u> Is Child Stressed?				Comments	
	Start ____:____ AM PM  End ____:____ AM PM	____:____ ____:____ ____:____ ____:____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____ _____ _____	____:____ ____:____ ____:____ ____:____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	
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STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ / STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_