

Infant Sleep-Check Log

Facility: _____ Date: _____ Room: _____ Provider: _____

Four infants · Twelve 15-minute checks per infant · Three-hour nap window. Write actual check times. Record observations and the initials of the person who performed each physical check. Continue on another sheet if needed. Last reviewed: 2026-09-29.

Infant 1 name: _____

Time	Infant on back? Y/N	Breathing normal? Y/N	Signs of distress? Notes	Checker initials

Infant 2 name: _____

Time	Infant on back? Y/N	Breathing normal? Y/N	Signs of distress? Notes	Checker initials

Infant 3 name: _____

Time	Infant on back? Y/N	Breathing normal? Y/N	Signs of distress? Notes	Checker initials

Infant 4 name: _____

Time	Infant on back? Y/N	Breathing normal? Y/N	Signs of distress? Notes	Checker initials