Sleep Check Chart

Educator to Initial each Check

Room: _____ Date: _____

Time	Child's Name:	Child's Name:	Child's Name:	Child's Name:	Child's Name:	Child's Name:	Child's Name:	Child's Name:
7:00								
7:10								
7:20								
7:30								
7:40								
7:50								
8:00								
8:10								
8:20								
8:30								
8:40								
8:50								
9:00								
9:10								
9:20								
9:30								
9:40								
9:50								
10:00								
10:10								
10:20								
10:30								
10:40								
10:50								
11:00								
11:10								
11:20								
11:30								
11:40								
11:50								

Sleep Check Chart

Educator to Initial each Check

Room: _____ Date: _____

Time	Child's Name	Child's Name	Child's Name	Child's Name	Child's Name	Child's Name	Child's Name	Child's Name
12:00								
12:10								
12:20								
12:30								
12:40								
12:50								
1:00								
1:10								
1:20								
1:30								
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5:00								
5:10								
5:20								
5:30								
5:40								