_____ CHILD CARE CENTER / HOME

BACK TO SLEEP POSITION CHECK

CHILD: _____ **DOB:** _____

Date: Arrival time: ___ Departure Time:_____

"Thank you for checking me every 15 minutes to make sure that I am breathing, my color is good, my blanket is not around my head and that I am on my back, unless I can turn over and it's posted at my crib!!!" --Baby

INITIAL / TIME	✓		✓		✓		**INITIAL / TIME**	✓		✓		✓	
		BACK		SIDE		TUMMY			BACK		SIDE		TUMMY
		BACK		SIDE		TUMMY			BACK		SIDE		TUMMY
		BACK		SIDE		TUMMY			BACK		SIDE		TUMMY
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		BACK		SIDE		TUMMY			BACK		SIDE		TUMMY
		BACK		SIDE		TUMMY			BACK		SIDE		TUMMY

Note: printed 2 sided can use for 4 days with same baby

Source: JDanielson