



## UFCC FORM

# REST TIME: INFANT RECORD OF DIRECT VISUAL CHECKS

Umbrella Family  
and Child Centres  
of Hamilton

*This form must be completed DAILY.*

CHILD'S NAME

CENTRE

Note the date and time that rest time checks were completed and place your initials underneath the time. **Children must be checked in 20 minute intervals.** Any concerns or irregularities should be noted in the comments section column.

DATE	TIME THAT CHECK WAS COMPLETED/STAFF INITIALS										COMMENTS
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**STAFF ON DUTY:** Please print name and initial for reference.

NAME	INITIALS

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Last Revision Approved: July 15, 2022

Date of Next Review: July, 2023