UFCC FORM

REST TIME: TODDLER/PRESCHOOL RECORD OF DIRECT VISUAL CHECKS

This form must be completed DAILY.

Umbrella Family and Child Centres of Hamilton

CLEAR FORM

UMBRELLA CENTRE Select Centre Name **DATE**

Place a check mark beside each child's name indicating that they have been checked and place your initials and the time the check was completed at the bottom of the column. **Children must be checked in 20 minute intervals.** Any concerns or irregularities should be noted in the comments section beside each child's name.

CHILD'S NAME							COMMENTS
TIME THAT CHECK WAS COMPLETED: *CHECKS MUST BE COMPLETED IN 20 MIN. INTERVALS*							
STAFF INITIALS:							

PRINT FORM

Last Revision Approved:	July 15, 2022
Date of Next Review:	July, 2023