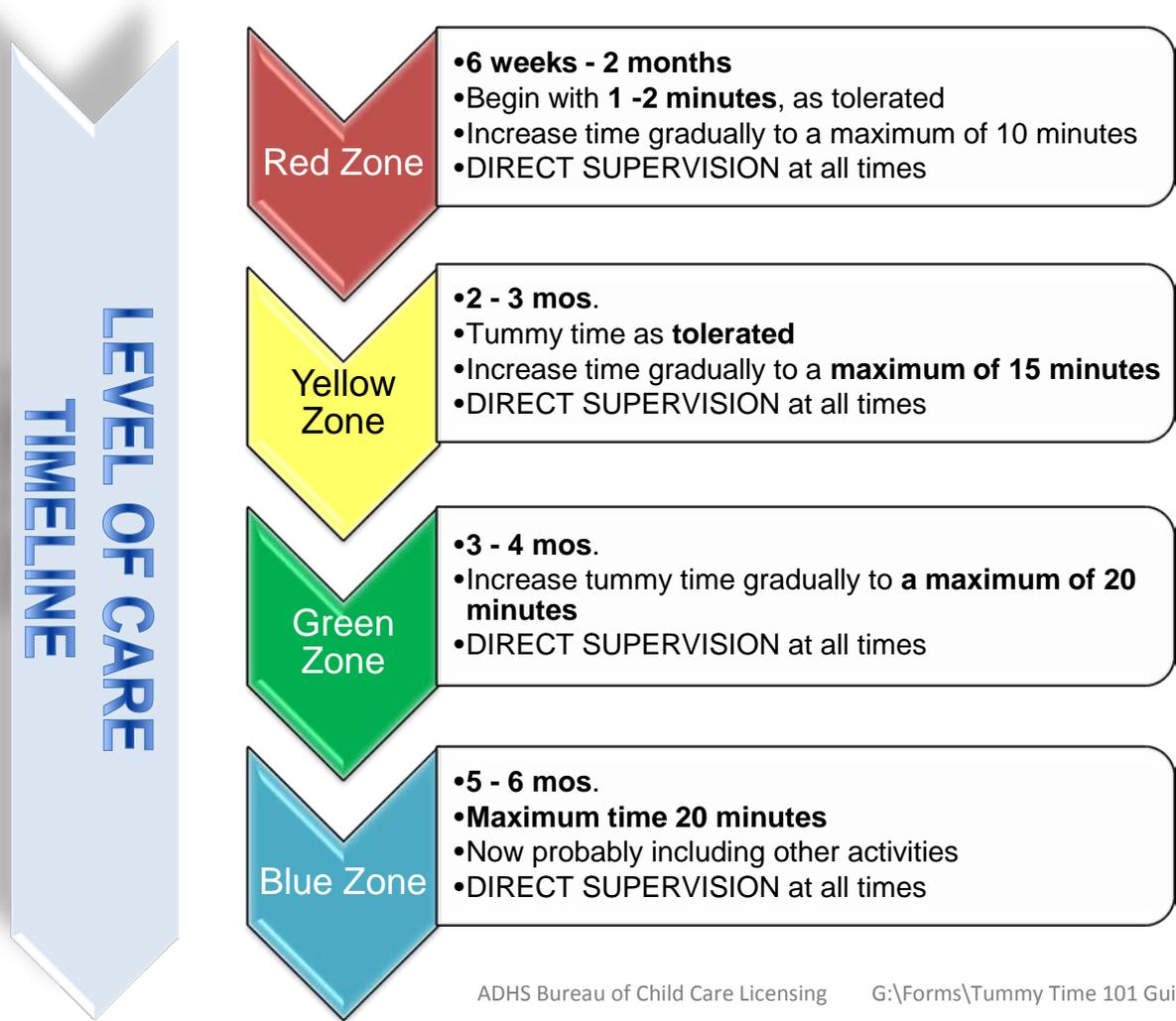# Tummy Time 101

Tummy Time allows infants to have a **change in physical space/environment**.

This exercise increases **sensory** perception, **visual** and **hearing** acuity, **social** and **emotional** interaction and **language** acquisition.

Tummy Time allows the back of the head to have a break from being flat on a surface, preventing a flattening effect on the back of the skull.

Tummy Time helps **strengthen** head, neck and upper body muscles.

During Tummy Time the infant is preparing for **future activities:** crawling, pushing up, rolling over, sittting up, standing and eventually walking.

LEVEL OF CARE TIMELINE

Red Zone
- **6 weeks - 2 months**
- Begin with **1 -2 minutes**, as tolerated
- Increase time gradually to a maximum of 10 minutes
- DIRECT SUPERVISION at all times

Yellow Zone
- **2 - 3 mos**.
- Tummy time as **tolerated**
- Increase time gradually to a **maximum of 15 minutes**
- DIRECT SUPERVISION at all times

Green Zone
- **3 - 4 mos**.
- Increase tummy time gradually to **a maximum of 20 minutes**
- DIRECT SUPERVISION at all times

Blue Zone
- **5 - 6 mos**.
- **Maximum time 20 minutes**
- Now probably including other activities
- DIRECT SUPERVISION at all times

<h1 style="text-align:center">ESSENTIAL GUIDELINES</h1>

"Tummy Time" is a shared activity of dedicated time between the caregiver and the infant.

> Tummy Time is unfamiliar at first and infants may fuss or cry until they feel comfortable.
> Remember to start **slowly** and make the experience **FUN**.
> Strive to keep it **positive** with interesting toys and your **face**!
> Increase the number of times per day, rather than insisting the infant stay for long periods.

DIRECT SUPERVISION is required at all times.

	CLEAN surface
Tummy time physical space must be SAFE	CLEAR of soft pillows or blankets
	NOT a walkway

If infant falls asleep, IMMEDIATELY place the infant in a crib on his/her back.

S.A.F.E. → STOP → ASSESS → FIRST time → EVERY time

Infant's NAME:	LEVEL of CARE:	
DATE:	Start time:	End time:

Prior to tummy time, assess the following:

Section A - ASSESS		YES	NO	Comments
Is the infant's behavior:	Normal	☐	☐	If **NO**
	Alert	☐	☐	• reschedule Tummy Time
Is the infant awake:	Ready to play	☐	☐	• use section B
Section B – if YES to any of these questions, no Tummy Time				
	Flushed?	☐	☐	
Is the infant's skin:	Pale?	☐	☐	
	Splotchy?	☐	☐	
Does the infant have nasal congestion or a cough?		☐	☐	
Is the infant on medication(s)?		☐	☐	
If the infant had a bottle recently, has	Reflux?	☐	☐	
the infant experienced:	Projectile?	☐	☐	
Is the infant's behavior:	Different?	☐	☐	

If the infant has SPECIAL NEEDS:	
What are they?	
What unique needs must be considered?	
Considerations that can affect the	Developmentally delayed?
level of care timeline:	Premature birth?