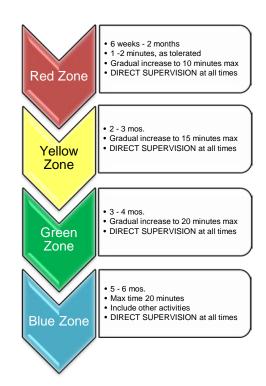
## TUMMY TIME QUICK LIST



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

NAME:					
LEVEL of CARE:	Red	Yellow	Green	Blue	

Section A – ASSESS If NO, reschedule		YES	NO	
Is the infant's behavior:	Normal			
Is the infant excelver	Alert			
Is the infant awake:	Ready to play			
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,	Reflux?			
has the infant experienced:	Projectile?			
Is the infant's behavior:	Different?			



## TUMMY TIME QUICK LIST

BUREAU OF CHILD CARE LICENSING

S.A.F.E. STOP ASSESS FIRST time	EVERY time
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NAME:

LEVEL of CARE: Red Yellow Green Blue

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