Ardmore Enterprises, Inc.

AWAKE OVERNIGHT CHECKLIST

Name: _____ Month/Year: _____

Staff initials and signatures: _____

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Date		11p-12am	12a-1am	1a-2am	2a-3am	3a-4am	4a-5am	5a-6am	6a-7am	7a-8am	Staff Initials

Codes:

(SS) = sleeping soundly **(SR)** = sleeping but restless **(A)** = awake but in bed

(AA) = awake/out of bed **(SZ)** = having seizure **(WB)** = wet bed