

Sleep Supervision Policy and Procedures

Name of Child Care Centre: **Kidsville Early Learning Center**

Date Policy and Procedures Established: **July 07, 2023**

Date Policy and Procedures Updated: [Click here to enter text.](#)

Purpose

Children's sleep and rest play an integral part in a child's well-being and development. The purpose of this policy and procedures described within is to provide staff, students and volunteers of Kidsville Early Learning Center with rules and procedures to follow to safeguard children from harm, injury or death while sleeping. Procedures for monitoring sleeping children reduce the risk of harm or injury so that caregivers can look for and identify signs of distress and implement immediate responses to protect the health and safety of children.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for sleep policies for child care centres.

Policy

General

- All children enrolled at Kidsville Early Learning Center will be provided with the opportunity to sleep or engage in quiet activities based on their needs.
- Children under 12 months of age will be provided time to sleep based on their individual schedules and will be assigned to a crib. Children between 12-18 months of age, who receive child care for six hours or more, will be assigned to a crib/cradle or cot in accordance with written instructions from a child's parent.
- Only light, breathable blankets and/or sleep sacks will be used for infants.
- All children who are younger than 12 months of age will be placed on their backs to sleep in accordance with the recommendations set out in Health Canada's document entitled "Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada", unless other instructions are provided in writing by the child's physician. Parents of these children will be advised of the centre's obligation to place their child(ren) to sleep on their backs.
- Children 18 months or older but younger than 30 months, who receive child care for six hours or more, will be provided time to sleep for a period of no more than two hours each day, and will be assigned to a cot.
- Children 30 months or older but younger than six years old, who receive child care for six hours or more, will be provided with a cot unless otherwise approved by a supervisor.

- Where children are sleeping in a separate sleep room or area, their names will be listed on the Sleep room log so that staff can immediately identify which children are present in the room/area.

Placement of Children for Sleep

- Children who are 18 months of age or older but younger than 30 months, who receive care for six or more hours, will be placed on individual cots for sleep.
- Children over 18 months of age who sleep will be placed on individual cots for sleep.

Consultation with Parents

- All parents of children who regularly sleep at the child care center will be advised of the center's policies and procedures regarding sleep at the time of their child's enrolment and/or any time the policies and procedures are revised, as applicable. This information will be available to parents on the website and in the Parent Handbook.
- The On-Site Supervisor and/or Assistant Supervisor will consult with parents about their child's sleeping arrangements at the time of enrolment and at any other appropriate time (e.g., when a child transitions to a new program or room, or at the parent's request).
- Written documentation will be kept in each child's file to reflect the sleep patterns identified by their parent, and updates to the documentation will be made whenever changes are communicated to the child care centre.
- All sleep arrangements will be communicated to program staff by the On-Site Supervisor and/or Assistant Supervisor after meeting with the parent/guardian.
- Parents will be advised by the supervising staff of any significant changes in their child's behaviours during sleep and/or sleeping patterns.
- Staff will document their observations of changes in a child's sleep behaviours in the daily written record.
- Any changes in sleep behaviours will result in adjustments being made to the child's supervision during sleep time, where appropriate, based on consultation with the child's parent. If an issue requires further discussion, the Lead staff member will contact a parent/guardian by phone to discuss any changes or issues.

Direct Visual Checks

- Direct visual checks of each sleeping child who is in a licensed toddler or preschool age group and is younger than 24 months will be conducted to look for indicators of distress or unusual behaviours. Direct visual checks will be documented by staff by going to each individual child within proximity of their crib/cot. Staff will remove any obstructions that may have occurred while the child is sleeping and ensure the child's safety and needs are met. .
- Direct visual checks are not required for children engaging in quiet activities, but these children will be supervised at all times.
- For Toddler and Preschool children, direct visual checks will be completed every 30 minutes and documented on the classroom daily sleep log.

- The frequency of direct visual checks and the steps to complete them will depend on the typical sleep patterns of each child and their age, as identified in the sleep supervision procedures provided in this policy.
- Staff will ensure that all sleep areas have adequate lighting available to conduct the direct visual checks of sleeping children.

Additional Policy Statements

- Each child will have their own labelled cot.
- Each sleep room will have the appropriate amount of staff needed to follow ratios.
- Each child will be allowed to find their own sleep positions.
- Quiet experiences will be available to children who do not sleep
- Under no circumstances will a child's face be covered by a blanket when they are sleeping.
- Under no circumstances will a student/volunteer be left unsupervised or counted as ratio during this time.
- Each cot will be disinfected at the end of each week and as needed, and the bedding will be washed at the centre weekly and as needed.

Procedures

Age Group	Frequency of Direct Visual Checks*
Toddler	Every 30 minutes
Preschool	Every 30 minutes

* **This is the minimum frequency of direct visual checks.** Should a child have symptoms of illness (e.g. a cold) or if there are other issues or concerns related to the child's health, safety and well-being during sleep, the frequency of direct visual checks will be increased accordingly. The individual needs of each child during sleep as identified by the parent and/or the child's physician must be followed at all times.

Procedures for Completing Direct Visual Checks

1. Staff must:
 - i. be physically present beside the child;
 - ii. check each child's general well-being by looking for signs of distress or discomfort including, at a minimum:
 - laboured breathing;
 - changes in skin temperature;
 - changes in lip and/or skin colour;
 - whimpering or crying; and
 - lack of response to touch or voice.

2. Where signs of distress or discomfort are observed, the staff who conducted the direct visual check must attempt to wake the child up. Where no signs of distress or discomfort are observed, proceed to step 3.

a) Where the child wakes up, staff must:

- i. attend to the child's needs;
- ii. separate the child from other children if the child appears to be ill;
- iii. document the incident in the child's sleep log form and/or classroom communication book and in the child's symptoms of ill health record, where applicable.

b) Where the child does not wake up, staff must immediately:

- i. perform appropriate first aid and CPR, if required;
- ii. inform other staff, students and volunteers in the room of the situation;
- iii. contact emergency services or, where possible, direct another individual to contact emergency services;
- iv. separate the child from other children or vice versa if the child appears to be ill;
- v. inform the On-Site Supervisor and/or Assistant Supervisor of the situation; and
- vi. contact the child's parent;

c) Where the child must be taken home or to the hospital, the On-Site Supervisor and/or Assistant Supervisor must immediately:

- i. contact the child's parent to inform them of the situation and next steps.

d) Where the child's condition has stabilized, and/or after the child has been taken home and/or to the hospital, the staff who conducted the direct visual check and any staff who assisted with responding to the incident must:

- i. follow the serious occurrence policies and procedures, where applicable;
- ii. document the incident in the daily written record; and
- iii. document the child's symptoms of illness in the child's records.

3. Staff must:

- i. adjust blankets as needed;
- ii. ensure the child's head is not covered;
- iii. ensure there are no other risks of suffocation present;
- iv. document the date, time and initial each direct visual check on the classroom communication log book and
- v. verbally inform other staff in the room that the check has been completed, where applicable and possible.