



SLEEP SUPERVISION Policy and Procedures

Effective Date: August 29, 2016 (*Ministry of Education*)

Revised Date: September 2019

Attachments: *Log Check Forms: All Programs*

Purpose

Faith Infant and Early Education Centre has developed a Sleep Supervision Policy as directed by the CCEYA (Sub-section 4.13). The purpose of this policy and procedures therein described is to provide staff, placement students and volunteers with rules and procedures to follow to safeguard children from harm, injury or death while sleeping. It also helps to ensure that any infant or child asleep in a crib or on a cot at the Centre is accounted for at all times.

This policy supports that children's sleep and rest play an integral part in a child's well-being and development. Sleep habits and rituals are a collaboration between the parents and childcare staff, understanding what works best for their child's individual needs regarding sleep or rest time. The information that parents share regarding their child's needs is valuable to the staff.

As part of the enrolment process, parents have numerous opportunities to communicate 'sleep time tips' for their child through:

1. An infant profile,
2. The yellow immunization and health form,
3. Verbally, or
4. Documented through a note/letter.

As these sleep time tips may change from time to time, good communication skills are a necessity for both the parent and the staff.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for Sleep Policies for childcare centres.

Identification of Cribs and Cots

Each child in the infant room is assigned to their crib or cot, depending upon their sleeping habit at the time of enrolment. Most infants will generally begin in a crib and move to a cot when they

are beginning to transition to toddlerhood. Transition begins at approximately 15 months. The teachers will ask for signed permission from the parent before placing their child onto a cot. Cribs are identified for staff, parents and other individuals by a photo and name label located on the crib as well as a hanging label directly above each crib.

All cribs used in the infant program meet the new Cribs, Cradles and Bassinets Regulations (CCBR) under the Canada Consumer Product Safety Act (CCPSA). Regulations pertaining specifically to the cribs state that:

- There must not be a child restraint system in place unless it meets the standards outlined;
- Every coil spring of a crib that is located above the mattress support must be covered or manufactured to prevent injury to the child;
- A mattress must be no more than 150 mm thick; does not leave a gap of more than 30 mm between the mattress and any part of any other side and must be stitched using lock-stitching;
- A crib must not exhibit any damage, and its latching or locking mechanisms must not disengage;
- Every side of a crib must be 230 mm higher than the upper surface of the mattress support, and
- A crib must not have a horizontal slat, rail, projection or ledge that is capable of being used as a toehold by the child.

Children in our toddler, pre-k and kindergarten programs each have an individually assigned cot for the duration of their stay in each program. As they graduate from the program to program, they will have a new, individually assigned cot. Each child must sleep with their shoes on for safety reasons; therefore, their cot is marked where the child should lay their head and their feet. Children are laid head to foot, and cots are approximately 18 inches apart. All cribs and cots are labelled with the child's name at a minimum.

Each child is encouraged to bring a small blanket that can be used at naptime to aid in sleeping comfort. Pillows are not used for any child sleeping at the Centre.

Assignment of Cribs and Cots

All cribs and cots are assigned based on the child's sleeping needs or where they sleep best to meet their need. Crib and cot assignments will change from time to time as new children become enrolled and other sleeping needs and arrangements change.

Bed Plan for Cribs and Cots

All programs using cots maintain an up-to-date magnetic bed plan in which they will relocate those children who are absent, or they can easily rearrange the beds for better sleeping arrangements. When a child is absent, their name magnet will be relocated on the board to the absent section so all staff are aware of who is not in attendance that day.

In the infant naproom, any infant that is sleeping will have their magnet moved into the space on the magnetic board where their crib would be located. When an infant is transitioning into toddlerhood, they will then be assigned a cot in the same naproom. Blankets supplied for infants should be small, light, and breathable.

Under 12 Months: Sleep Safe

All infants under 12 months of age will be provided time to sleep based on their schedules and will be assigned a crib. All infants are placed to sleep in a manner that is consistent with the recommendations set out in the “*Joint Statement of Safe Sleep: Preventing Sudden Infant Deaths in Canada*” unless a written waiver is given to the Centre by the child’s physician stating that they prefer their child to sleep in another position. The current recommendation is to place infants on their backs to sleep.

It is important to note that the Joint Statement sets out that once infants can roll from their backs to their stomachs or sides, it is not necessary to reposition them onto their backs.

This important information regarding the ‘Sleep Safe Policy’ under the Joint Statement on Safe Sleep is communicated to parents during their initial tour of the Centre and again upon enrolment, so they are very aware of the Centre’s obligation under this regulation.

For further information on the ‘Sleep Safe Policy,’ please refer to the Infant Policy package. This information is also communicated to the parents upon enrolment when enrolling an infant under 12 months of age.

Direct Visual Checks

During nap or rest time, the Centre staff will perform direct visual checks of the sleeping infants and children by checking for indicators of breathing, distress, unusual behaviours and signs of life. Children engaging in quiet activities will not require a direct visual check. The staff will ensure that as the child is asleep, nothing is covering their face that would inhibit their breathing.

As a best practice, staff will observe children on a set schedule and position themselves to be physically present beside each child.

- *Infants* are checked every 15 minutes;
- *Older children* are checked once every 30 minutes;
- *Exception:* If a child appears to be exhibiting unusual patterns of sleep, indicators of distress, coughing, restlessness or unusual behaviours, the frequency of their checks will be increased.

Procedure for Direct Visual Checks

1. Staff are to look for signs of distress or discomfort, which could be:
 - laboured breathing,
 - changes in skin temperature,
 - changes in lip colour,
 - whimpering or crying, and
 - lack of response to touch or voice.
2. Where signs of distress or discomfort are observed, the staff must attempt to wake up the child. If there are no signs of distress, document them in the sleep log and continue to monitor the children.
 - a. *Where the child wakes up, staff must:*
 - i. Attend to the child's needs;
 - ii. Separate the child if they appear to be ill;
 - iii. Document the incident in the daily journal and the child's ill health record.
 - b. *Where the child does not wake up, staff must immediately:*
 - i. Perform appropriate first aid and CPR, as required;
 - ii. Inform the other staff, placement students and volunteers in the program;
 - iii. Contact emergency services;
 - iv. Separate the child from the other children is able;
 - v. Contact the Management Team and
 - vi. Call the child's parents.
 - c. *Where the child must be taken home or to the hospital, the Management Team must immediately:*
 - i. Contact the child's parents to inform them of the situation and next steps;
 - ii. Take the child's file and ride to the hospital via the ambulance;
 - iii. Wait for the parent's arrival and communicate the information to them, and
 - iv. Request updates to the child's situation.
 - d. *Where the child's condition has stabilized or after the child has been taken home or to the hospital, the staff involved must:*
 - i. Report the incident to the Administrator;
 - ii. If it is deemed a Serious Occurrence, the Administrator will report it;
 - iii. All the information will be documented in the daily journal, and
 - iv. The ill health symptoms will be documented in the child's ill health record.

3. Where no signs of distress or discomfort are observed, staff must:
 - a. Adjust blankets as needed;
 - b. Ensure the child's head is not covered;
 - c. Ensure there are no other risks of suffocation present;
 - d. Document every check in the sleep log with the date and initials, and
 - e. Verbally inform other staff that the checks have been completed.

Should a child be experiencing difficulty and there is cause for concern, the staff must attempt to wake up the child. Contact will be made immediately with the Management Team and the parent. If a child has changed their sleeping pattern or habits, the teachers will communicate with the parents at the end of the day. All direct visual checks are documented on a sleep monitoring log and kept on file in each program.

Sleeping Arrangements & Sleep Time Tips

All children will be provided with the opportunity to sleep or engage in quiet activities based on their individual needs.

Upon enrolment, during the transition from program to program and at any other appropriate time, parents will work in consultation with the program staff to discuss and collaborate on their child's sleep preferences, required accommodations, precautions, etc.

Each child will have their sleeping preferences or '*Sleep Time Tips*' posted above their crib, on the side of their cots or somewhere in the program to ensure that each staff member, placement student or volunteer is aware of their current need. These sleep time tips will be communicated through the infant or child profile at the time of enrolment, in the application package and verbally at other times as needed.

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 parents. All sleep time tips will be updated to reflect the child's current preferences as communicated by the parents. Should the child's sleep behaviours change, that too will be communicated to the parents, and it will be written in the daily journal.

Children are not permitted to be placed to sleep in a stroller, a swing, a bouncer or a car seat. Should an infant fall asleep somewhere other than their crib, they should be moved as soon as possible or as soon as the destination is reached, to their crib or cot as required under the CCEYA 2014.

Daily Observances

During nap time, the teachers will ensure that there is sufficient light to conduct the physical checks on each child. Any substantial change in a child's sleeping pattern or behaviour during sleep will be documented in the program's daily logbook and communicated to the parents.

Documenting a child's change in sleep or sleep time behaviour could result in an adjustment to how the child is supervised during sleep and change the frequency of the direct visual checks that are being performed.

Each child's direct visual check will be documented in a log check form that will be maintained in the program room.

Teachers are looking for:

- Changes in skin colour,
- Change in breathing,
- Signs of overheating,
- Distress,
- Restlessness,
- Change in sleeping pattern,
- Change in behaviour or
- Anything that would be a cause for concern.

Parents are greatly encouraged to communicate with the teachers about changes at home in their child's sleeping patterns or behaviour. Information sharing should be a two-way communication that may need to be initiated by the staff member should a substantial change in sleep habits be observed.

Log Check Form

Each day, each program where children sleep will document their direct visual checks in a log check form. Infants are checked every 15 minutes, and all other children are checked once every 30 minutes. Staff are required to place their initials beside the child's name once the child has been observed and documents signs of distress or other concerns.

Should a child be experiencing significant changes in their sleeping pattern or behaviour, the staff will take extra time to monitor them during sleep time and shorten their duration of observation, i.e. A toddler experiencing difficulty sleeping due to coughing may be monitored every 10 – 15 minutes instead of 30 minutes.

Documentation regarding any significant changes in a child's sleep patterns or behaviour is to be documented in the program's daily logbook and communicated to the parent. Communicating with the parent can take place in person or by phone, depending upon the concern that has arisen.

Should a staff member notice any sign of distress or something of concern, they are to inform the Management Team and contact the parents.

Sleep and Rest Period

At Faith Infant and Early Education Centre, each group of children, including those up to and

including full-day kindergarten, have a sleep/rest period directly the following lunch each day. Those in the infant program sleep according to their schedules until they are ready to transition into toddlerhood, where they will sleep for up to 2 hours, as do our pre-kindergarten group. Our full-day kindergarten children take a 1-hour rest period following lunch. A rest period allows them to take some quiet time after a busy morning and helps to prepare them for an afternoon full of activities; however, some of the younger children may utilize the entire 2-hour period.

Children can sometimes take varying amounts of time to settle into the sleep/rest time. The teachers will provide each child with what they need during this time to assist them in meeting their needs. If a child is unable to sleep/rest during this period, the teachers will engage them in quiet activities on their beds or at the table, depending upon the climate of the room.

Subsection 4.14 - Sleep Policies and Supervision

Ontario Regulation 137/15

- 33.1 (1) Every licensee shall ensure that a child who is younger than 12 months who receives child care at a child care centre it operates or at a premises where it oversees the provision of home child care is placed for sleep in a manner consistent with the recommendations set out in the document entitled "Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada", published by the Public Health Agency of Canada, as amended from time to time, unless the child's physician recommends otherwise in writing.
- (2) Every licensee shall ensure that, if child care is provided for a child who regularly sleeps at a child care centre the licensee operates or at a premises where it oversees the provision of home child care,
- (a) an employee or home child care provider periodically performs a direct visual check of each sleeping child by being physically present beside the child while the child is sleeping and looking for indicators of distress or unusual behaviours;
 - (b) there is sufficient light in the sleeping area or room to conduct direct visual checks; and
 - (c) there are written policies and procedures at the child care centre or home child care premises with respect to sleep, and the policies and procedures,
 - (i) provide that children will be assigned to individual cribs or cots in accordance with this Regulation,
 - (ii) provide that parents will be consulted respecting a child's sleeping arrangements at the time the child is enrolled and at any other appropriate time, such as at transitions between programs or rooms or upon a parent's request,
 - (iii) provide that parents of children younger than 12 months will be advised of the licensee's obligation under subsection (1),
 - (iv) provide that parents of children who regularly sleep at the child care centre or home child care premises will be advised of the centre's or agency's policies and procedures regarding children's sleep,
 - (v) provide that the observance of any significant changes in a child's sleeping patterns or behaviours during sleep will be communicated to parents and will result in adjustments to the manner in which the child is supervised during sleep, and
 - (vi) include details regarding the performance of direct visual checks, including how frequently direct visual checks will be performed and how direct visual checks will be documented.
- (3) Omitted
- (4) Every licensee shall ensure that in each child care centre it operates that has a separate area or room for sleeping, there is a system in place to immediately identify which children are present in the area or room.