

Sleep Supervision Policy and Procedures

Infant Room

Children younger than 12 months of age **MUST** be placed for sleep in a manner consistent with the recommendations set out in the Joint Statement of Safe Sleep (i.e. placed on their backs), unless otherwise recommended in writing by the child's physician. As infants get older they will begin to turn over onto their tummies by themselves, often around 5 months. When this happens, it is not necessary to reposition the infant onto his or her back to sleep.

For infants age 0-12 months of age, the Joint Statement on Safe Sleep sets out the following additional principles of safe sleep:

- Infants are safest when placed to sleep in fitted one-piece sleepwear that is comfortable at room temperature to reduce the risk of overheating and minimize the use of blankets. If a blanket is used, only a thin blanket made of breathable fabric should be used.
- Parents are advised of our obligation in this regard through our Program Statement.
- Parents will be consulted in regards to their child's sleeping arrangements upon enrolment and at any other appropriate time, such as transitions to a new room or upon a parent's request. A copy of any written recommendation referred to in subsection 33.1 (1) from a child's physician regarding the placement of a child for sleep is required if the child is not to be put to sleep on their back.
- There are a variety of different methods for "sleep training," parents must be on board with this practise being conducted, it is most effective when parents are willing to keep things consistent with what happens at school, and what happens at home.
- Any significant change in the child's sleeping pattern or behaviour is documented on the sleep record form and communicated to the supervisor or designate right away and a decision of when to alert the parent/guardian will be made: either immediately or at the end of the day depending on the changes.
- Each Infant will be assigned to an individual crib and their crib will be identified with their name on the crib. Cribs will be washed and sanitized on a weekly basis, or in the case of part-time children sharing a crib, each time the assigned child changes. Sheets and blankets are laundered on a minimum of a weekly basis, or upon the assigned child changing. Crib sheets and blankets will also be laundered immediately after soiling, or a child being absent due to illness.
- As each child is placed into the sleep room, their name will be written down outside of the door allowing staff to be able to quickly identify which children are in the sleep room.
- Lighting in the sleep room must allow for easy visual monitoring and emergency evacuation, staff must be able to see children clearly.
- Evacuation cribs must be clearly identified and adjacent to the exit door.

Infant Sleep Room Supervision

- Staff will conduct regular direct visual checks of sleeping infants, at a minimum of every 15 minutes, by being physically present beside the child, checking for signs of distress or unusual behaviours, for example: child is restless, child is having dreams or nightmares, child is coughing. the check will be documented on the Sleep Supervision Checklist.
- If there are any unusual circumstances for example, infant seems unwell, has not been their usual self-etc. then 10 minute checks are required. A note should be made to this effect on the Sleep Supervision Checklist and communicated to parents.
- Staff should make note on the infant's Sleep Supervision Checklist of any information pertaining to the infant's sleep patterns. For example: A parent has advised that the child had a restless night and may require a longer nap or earlier nap.

During direct visual checks each infant will be observed to verify that:

- a. Their skin colour is normal
- b. Their body temperature is normal
- c. They are breathing: their chest is rising and falling as they breathe. Staff should be aware that young infants are also "belly breathers" and should account for this in their observation.
- d. Blankets are not covering an infant's face.
- e. Staff should make note of any additional observations.

Staff will ensure that they communicate to parents any unusual patterns or behaviours in regards to the child's sleep through HiMama or verbally depending on the nature of the issue.

Subsection 4.14– Electronic Monitoring Devices

Ontario Regulation 137/15

33.1(5) Every licensee shall ensure that if electronic sleep monitoring devices are used at a child care centre it operates or at a premises where it oversees the provision of home child care:

- a. Each electronic sleep monitoring device is able to detect and monitor the sounds of every sleeping child.
- b. The receiver unit of the electronic sleep monitoring device is actively monitored by the staff at all times.
- c. Each electronic sleeping devices checked and turned on daily by the opening teacher to ensure it is functioning properly;
- d. Electronic sleep monitoring devices are not used as a replacement for the direct visual checks that are required under clause (2) (a).

Toddler and Casa Sleep Supervision

- Parents will be consulted in regards to their child's sleeping arrangements upon enrolment and at any other appropriate time, such as transitions to a new room or upon a parent's request.
- Staff will review the child's enrolment forms to ensure they are aware of their sleep preferences and information pertaining to an individual child's needs will be posted in the classroom.
- Each child in our Toddler and Casa class is provided with an individual cot for their rest period of up to two hours in length and they are permitted to sleep, rest or engage in quiet activities based on their individual needs, while ensuring that sleep patterns at home are not disrupted.
- Each cot will have the child's name on it or a number assigned and a list will be posted outlining which child is assigned to which bed.
- Lighting in the classroom must allow for easy visual monitoring and emergency evacuation, staff must be able to see children clearly.

Staff will conduct regular direct visual checks of sleeping children, every 30 minutes, by being physically present beside the child, checking for signs of distress or unusual behaviours, for example: child is restless, child is having dreams or nightmares, child is coughing.

The child will be observed to verify that:

- a. Their skin colour is normal
- b. Their body temperature is normal
- c. They are breathing: their chest is rising and falling as they breathe
- d. Blankets are not covering their face.
- e. They appear comfortable.

The sleep checks will be documented on the Sleep Supervision Checklist with the time of the check and any details pertaining to the check.

Any significant change in the child's sleeping pattern or behaviour is then documented on HiMama and communicated to Supervisor right away and a decision of when to alert the parent/guardian will be made: either immediately or at the end of the day depending on the changes.

Those children that do not require a nap, will be allowed to rest or engage in quiet activities.

This Policy must be reviewed with staff, volunteers and students, prior to commencing employment and on a minimum of an annual basis or when any changes take place. It must be implemented and monitored for compliance and contraventions.