

3.27 Child Care Centre Sleep Supervision Policy and Procedures

Name of Child Care Centre: **Growing Together Family Resource Centre**

Date Policy and Procedures Established: **December 2015**

Date Policy and Procedures Updated: **May 2016 / Sept. 2016/Oct. 24, 2016 /Oct.31 2016 / Feb 2018 / July 30, 2018**

Policy

Placement of Children for Sleep

Children under 18 months of age will be placed in individual cribs for sleep, unless specified differently in writing by the parent.

Children over 18 months of age who sleep will be placed in individual cots for sleep.

All children who are younger than 12 months of age will be placed on their own backs to sleep, 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, as set out in the "Joint Statement on Safe Sleep: Preventing Sudden Deaths in Canada".

Cots and cribs are labelled with the child's name.

Consultation with Parents

All parents of children who regularly sleep at the child care centre will be advised of the centre'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.

The 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). The child's sleep patterns and habits will be documented on the child's individual information sheet which is kept in the playroom's communication binder. Infant and toddler rooms may also post this information in the classroom. (e.g. Using window writers)

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Significant changes in a child's sleeping patterns or behaviours will be communicated to parents. Any significant changes in sleeping patterns or 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.

Direct Visual Checks

Visual checks will include and take into account:

- Consultation with a parent;
- The sleep patterns of individual children;
- The health of the child (the frequency of direct visual checks should increase if a child is showing symptoms of illness or distress); and
- The ages of children (the frequency of direct visual checks may decrease as children get older).

Potential indicators of distress can include and look like: changes in skin colour, changes in breathing, signs of overheating, and other signs of harm and injury.

Steps to follow where signs of distress or discomfort are observed during a direct visual check may include; increasing the frequency of direct visual checks, contacting emergency services, contacting parents, providing first aid)

To ensure the safety of a sleeping infant; when a child is placed into a crib in the sleep room the staff will conduct a breathing check on 15 minute intervals. The staff will visually check the child's chest or place their hand on the child's body to feel breathing. The time of check will be recorded by the staff's initials on a daily time line chart. The charts will be retained for three years on site. Sleeping children using the separate sleep room will be identified by name on the adjacent whiteboard. *The electronic sleep monitoring device is checked daily to ensure it is functioning properly although may not replace visual checks. Any malfunctions will be reported to the Supervisor immediately who will secure a replacement device.*

Toddler and preschool school children sleeping on cots will be individually checked periodically; *Defined as once during the rest time period.* This check will be noted in the daily communication book with the staff's name and time of check with their signature. When FDK or school age children are napping they will also be checked on and recorded in the same manner as the younger children.

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Rest periods will not exceed two hours in length; and children are permitted to sleep, rest or engage in quiet activities based on their individual needs. Staff will use the sleep practices outlined in the guidelines of the “Joint Safe Sleep Policy” (P &P Appendices #7)

Employees will ensure there is adequate lighting to provide the visual checks such as: nightlights, soft lamps, and open blinds where there are windows.

Employees, students and volunteers are required to annually review this policy so they are aware of their obligation to document and communicate when there is any significant change in a child’s sleep pattern or behaviour observed.

Extended hours

Bed time/ Rest routines

Instructions regarding rest for the hours the child is in care and how the child’s requirements for rest will be met, including type of bedding will be documented on the enrolment form.

Factors such as age, gender (for those over years of age), ratios of children in attendance and parental preference will be considered when planning the evening rest time.

A separate area that is less light filled and quiet and comfortable will be set up for the children needing to sleep. The children will change into their sleep wear in the washroom.

- Children will brush their teeth in the classroom sink.
- Children will wash their face and hands in the washroom using face clothes.
- Cots, sheets, pillows and blankets will be provided and laundered at the child care.

Employees will be scheduled so that children can be safely monitored according to the regulations in the CCEYA.

Regulatory Requirements: Ontario Regulation 137/15

Sleep policies and supervision

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

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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 the 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,
 1. provide that children will be assigned to individual cribs or cots in accordance with this Regulation,
 2. 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,
 3. provide that parents of children younger than 12 months will be advised of the licensee's obligation under subsection (1),
 4. 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,
 5. 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
 6. 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) In determining the matters described in clause (2) (c) (vi) in respect of children who are enrolled with a home child care agency and who receive child care at a home child care premises, the licensee shall consider parents' input, the sleep environment at the premises and the proximity of the sleeping area or room to the child care provider when the child is sleeping.
- (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.
- (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 and, if applicable, video images, of every sleeping child;
 - (b) the receiver unit of the electronic sleep monitoring device is actively monitored by employees at the child care centre or the home child care provider at all times;
 - (c) each electronic sleep monitoring device is checked daily to ensure it is functioning properly; and
 - (d) electronic sleep monitoring devices are not used as a replacement for the direct visual checks required under clause (2) (a).