Sleep Supervision Policy

Purpose

Children's sleep and rest play are 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 with rules and procedures to follow to safeguard children from harm, injury or death while sleeping.

The procedures provided for placing children under 12 months of age on their own backs for sleep align with the requirement to meet the recommendations set out in Health Canada's document entitled "Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada".

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 centers.

Policy

General

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

- Parents will be consulted respecting their child's sleep arrangements at the time of enrollment and at any other appropriate time, such as at transitions between programs or rooms or upon a parent's request.

- Infants, less than 12 months of age, will always be placed on their backs to sleep and we will be advising the parents to place their child on their back to sleep. When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements, the provider must have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements. Teachers will put the infant to sleep as specified in the written instructions.

- When infants can easily turn from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but shall be allowed to adopt whatever positions they prefer for sleep.

- Caregivers and staff shall physically check on all sleeping children during intervals determined by age group, during sleep and shall remain in close proximity to the children in order to hear and see them if they have difficulty during sleep, or when they awaken.

- Equipment such as a sound machine, cell phone that may interfere with the caregiver's ability to see or hear a child who may be distressed, is prohibited.

- Steps will be taken to keep infants from overheating by regulating the room temperature, avoiding excess bedding, and not over-dressing or over-wrapping the infant. Infants should be dressed appropriately for the environment, with no more than one (1) layer more than an adult would wear to be comfortable in that environment.

- Any changes that staff observe in a child's sleep pattern or behavior while asleep will be logged in the sleeping log sheet and will be communicated to the parents verbally and in writing. It may result in adjustment to the way the child is supervised during naptime.

- The lighting in the room must allow the caregiver/teacher to see each infant's face, to view the color of the infant's skin, and to check on the infant's breathing and placement of the pacifier (if used).

- Infant programs provide a separate sleep space for children. The number of the children who are in the sleep room will be recorded on a white board outside the door, so staff can immediately identify which children are present in the room.

- At AVM, if a toddler or preschool student requires alternative sleep positions or special sleeping arrangements, at school on file written instructions, signed by the Parents, Class teacher and Supervisor, detailing the alternative sleep positions or special sleeping arrangements. Staff will put the toddler to sleep as specified in the written instructions.

Placement of Children for Sleep

- Children under 12 months of age will be placed in individual cribs/cradles for sleep.

- Children between 12-18 months of age, who receive childcare for six hours or more, will be placed in individual cribs/cradles or cots for sleep in accordance with any written instructions from the child's parent.

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

- Children 30 months or older but younger than six years old, who receive childcare for six hours or more, will be placed on a cot unless otherwise approved by a director.

- Children 24 months or older but younger than five years old and in a licensed family age group, who receive childcare for six hours or more, will be placed in a cot unless otherwise approved by a director.

- All children who are younger than 12 months of age will be placed on their 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".*

Consultation with Parents

- All parents of children who regularly sleep at Angus Valley Montessori 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 principle 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 childcare centre.
- All sleep arrangements will be communicated to program staff by the principle 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.

Direct Visual Checks

- Direct visual checks of **each** sleeping child (i.e. every child placed for sleep in a crib or cot) will be conducted to look for indicators of distress or unusual behaviours. Direct visual checks will be documented by staff.

- Direct visual checks are not required for children engaging in quiet activities, but these children will be supervised at all times.

- For infants (children under 18 months of age), direct visual checks will be completed at a frequency based on consultation with each parent and may be increased based on the observed sleeping patterns and/or medical needs of each infant.

- 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.

Procedures for Completing Direct Visual Checks
1. Staff must: i. be physically present beside the child;

Procedures for Completing Direct Visual Checks

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 daily written record 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 supervisor/designate of the situation; and
vi. contact the child's parent;

c) Where the child must be taken home or to the hospital, the supervisor or designate 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 room's sleep chart; and
v. verbally inform other staff in the room that the check has been completed, where applicable and possible.

Age Group	Frequency of Direct Visual Checks*
Infant	According to each infant's needs as identified by their parent, or at least every 15 minutes
Toddler	According to each pre casa's needs as identified by their parent, or at least every 15 minutes
Preschool and/or Kindergarten (where applicable)	According to each casa's needs as identified by their parent, or at least every 60 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 must be increased. 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.

Use of Electronic Devices

Where electronic devices are used to monitor children's sleep, staff will:

- Not use electronic sleep monitoring devices to replace direct visual checks;
- Check the monitor daily to verify that it is functioning properly (i.e. it is able to detect and monitor the sounds and, if applicable, video images of every sleeping child); and actively monitor each electronic device at all times

Glossary

Direct Visual Check: A mechanism for monitoring sleeping children whereby an individual is physically present beside a child to look for signs of distress, discomfort or unusual behaviors (e.g. change in skin color, change in breathing, signs of overheating) and react as required.

Electronic Monitoring Device: A device used to observe a sleeping child from a distance. Such devices may capture images, video, and/or sound to keep track of a child's sleeping patterns but cannot be used in place of direct visual checks.

Licensee: The individual or corporation named on the license issued by the Ministry of Education responsible for the operation and management of the child care center.

Parent: A person having lawful custody of a child or a person who has demonstrated a settled intention to treat a child as a child of his or her family (all references to parent include legal guardians but will be referred to as “parent” in the policy).

Staff (Employee): An individual employed by the licensee (e.g., program room staff).