



# Sleep Supervision Policy and Procedures

Name of Child Care Centre: Thorncliffe Park Day Care Centre

Date Policy and Procedures Established: January 2009

Date Policy and Procedures Updated: January, 29, 2025

## Purpose

Children's sleep and rest play an integral part in a child's well-being and development. The purpose of this policy and the procedures described within is to provide educators, 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 childcare centres.

## Policy

### General

- All children 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 to 18 months of age who receive childcare for 6 hours or more will be assigned to a crib or a cot in accordance with written instructions from the child's parents/guardians .
- Children under 18 months of age will be provided time to sleep based on their individual schedules and will be assigned to a crib.
- Only light, breathable blankets will be used for infants.
- All children 18 months and older will be provided time to sleep for a period of no more than two hours each day and will be assigned to a cot.

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

### **Placement of Children for Sleep**

- Children under 18 months of age will be placed in their assigned cribs for sleep.
- Children over 18 months of age who sleep will be placed on individual cots for sleep.
- 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/guardians of these children will be advised of the centre's obligation to place their child(ren) to sleep on their backs.

### **Consultation with Parents/guardians**

- All parents/guardians 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. This information will be available to parents/guardians in the designated classroom in which their child is enrolled.
- **The supervisor/educator** will consult with parents/guardians 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).
- All sleep arrangements will be communicated to the program educator by the supervisor/educator after meeting with the family/guardian.
- Parents/guardians will be advised by the supervising educator of any significant changes in their child's behaviours during sleep and/or sleeping patterns.
- Educators will document their observations of changes in a child's sleep behaviours in the daily written record and in the classroom communication log.
- 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 the educators by recording time of visual check on the Sleep Monitoring Chart.
- 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.
- Educator will ensure that all sleep areas have adequate lighting available to conduct the direct visual checks of sleeping children.
- Direct visual checks will be completed every 15 minutes for child under 18 months and every 30 minutes for children over 18 months, unless directed otherwise by supervisor, educator or parents/guardians.

### Additional Policy Statements

- **Educators will ensure that Sleep Monitoring charts are filled out on the date that monitoring will take place, and not prior to or after the date.**
- **Educator will actively engage with children who are participating in quiet activities during the rest period. Classroom and administrative tasks should not be completed when children are engaged in other activities.**
- **Educator will move throughout the room to ensure the health and well-being of the children.**
- **Educator must not cover the heads of the children with the blanket at anytime.**

### Procedures

Age Group	Frequency of Direct Visual Checks*
<b>Infant</b>	According to each infant's needs as identified by their family, or at least 15 minutes.
<b>Toddler</b>	Every 15 minutes, unless directed otherwise by the educator or family
<b>Preschool and/or Kindergarten (where applicable)</b>	Every 30 minutes, unless directed otherwise by educator or family

\* **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.

### Procedures for Completing Direct Visual Checks

1. Educator 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 educator 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, educator 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 sleep monitoring chart and in the child's symptoms of ill health record, where applicable.
- b) Where the child does not wake up, educator must immediately:**
- i. perform appropriate first aid and CPR, if required;
  - ii. inform other educators, 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 family;
- c) Where the child must be taken home or to the hospital, the supervisor or designate must immediately:**
- i. contact the child's family to inform them of the situation and next steps.

### Procedures for Completing Direct Visual Checks

**d) Where the child's condition has stabilized, and/or after the child has been taken home and/or to the hospital,** the educator who conducted the direct visual check and any educator 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. Educator 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 Monitoring Chart; and
- v. verbally inform other educators in the room that the check has been completed, where applicable and possible.