# Sleep Supervision Policy and Procedures

Date Policy and Procedures Established: November 25, 2019

Date Policy and Procedures Updated: January 25, 2022

Date Policy and Procedure to be reviewed/updated: annually or as required

## Purpose

Children’s sleep and rest play is an integral part in a child’s well-being and development. The purpose of this policy is to provide our RECE Home Visitor, home child care providers, students and volunteers with rules and procedures to follow to safeguard children from harm, injury or death while sleeping.

The procedures provided for placingchildren under 12 months of age on their own backs for sleep align with the requirement to meet recommendations set out in Health Canada’s document entitled [Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada](https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep/joint-statement-on-safe-sleep.html).

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 home child care agencies.

Note: definitions for terms used throughout this policy are provided in a Glossary at the end of the document.

## Policy

### General

* All children will be provided with the opportunity to sleep or engage in quiet activities based on their needs.
* Children under 18 months of age will be provided time to sleep based on their individual schedules and will be assigned to a cradle, crib or playpen.
* Only light, breathable blankets will be used for children under 18 months of age.
* All children 18 months and older will be provided time to sleep after lunch for a period of no more than two hours, and will be assigned to a cot.

**Maintenance of playpens, cribs, cots and bedding**

* playpens, cribs, cots and bedding must be in a safe condition and kept in a good state of repair at all times (NO rips, loose strings/elastics, cracks or broken parts)
* daily visual inspection of playpens, cribs, cots and bedding must be completed prior to use.
	+ any item showing damage or is otherwise in a visible state of disrepair will not be used.
* During Quarterly Home Visits the RECE Home Visitor will inspect playpens, cribs, cots, and bedding and will document compliance/non-compliance within the RECE Home Visitor Checklist p. 15 question #21, ss 6.1 (1) for 33.1(2)(c)

### Placement of Children for Sleep

* Children under 18 months of age will be placed in their assigned cradles, cribs or playpens for sleep.
* Children over 18 months of age who sleep will be placed in their assigned 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”,](https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep/joint-statement-on-safe-sleep.html) unless other instructions are provided in writing by the child’s physician. Parents of these children will be advised of the provider’s obligation to place their child(ren) to sleep on their backs.
* Children are never to be placed on a bed belonging to a person who ordinarily resides at the home child care premises.

### Consultation with Parents

* All parents of children who regularly sleep at a home child care premises will be advised of the agency’s policies and procedures regarding sleep at the time of their child’s enrolment and/or anytime the policies and procedures are revised, as applicable. This information will be available to parents via the agency's website listed with all policies and procedures on the “Learn and Grow” page. www.littlelambshdc.com/webinars
* The Home Child Care provider will consult with parents about their child’s sleeping arrangements at the time of their child’s enrolment and at any other appropriate time (e.g. when a child transitions to a new home child care premises, when a child becomes over 18 months of age, or at the parent’s request).
* Children over 18 months of age may be permitted to continue using a crib or playpen **only** if the child care provider receives written direction from the child's parents requesting their child **not** transition to a naptime cot. Children who are over 18 months and have written documentation on file to continue sleeping in a playpen, will only be permitted to do so if they do not yet exceed the playpens weight limit and are not in danger of climbing out of the crib or playpen.
* Parental approval or direction to continue using a playpen/crib when a child exceeds 18 months will be reviewed on an individual basis and will not exceed 24 months of age unless there is a developmentally necessary reason to do so. Child care providers are to consult with the RECE Home Visitor whenever written direction is received from a parent/guardian to continue using a playpen/crib past 18 months.
* Written documentation will be kept in each child’s file by the home child care provider to reflect the sleep patterns identified by their parent, alternative sleeping arrangements, and updates to the documentation will be made whenever changes are communicated to the home child care agency or the provider.
* Parents will be advised by the home child care provider of any significant changes in their child’s behaviours during sleep and/or sleeping patterns.
* The home child care provider will document their observations of changes in a child’s sleep behaviours in the daily written record via HiMama software app. If on any given day the home child care provider is unable to access HiMama due to technical issues then a physical daily record of sleep behaviours must be kept in their provider Binder or “daily written record” journal. Daily written records are suggested to be transcribed or attached as a file on the corresponding day, in the providers HiMama Calendar.
* 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.
* Parents will be shown each child’s personal rest/sleep area whenever there is a change or whenever requested by the parent.

### Direct Visual Checks

* Direct visual checks of **each** sleeping child will be conducted to look for indicators of distress or unusual behaviours. Direct visual checks will be documented by the home child care provider by utilizing the sleep notes and sleep checks section of the HiMama app. If for whatever reason there are technical difficulties and the provider is unable to access the childcare software than sleep checks will be documented in the provider's binder or “daily written record” journal.
* Direct visual checks will not be completed for children engaging in quiet activities. Notes can be added as appropriate to the child’s HiMama daily report (or daily written record/journal entry if the provider is unable to utilize the app/website on any given day.)
* The home child care provider will ensure that all sleep areas have adequate lighting available to conduct the direct visual checks of sleeping children.
* The frequency of direct visual checks and the steps to complete them will depend on the typical sleep patterns of each child, as identified in the sleep supervision procedures provided in this policy.

### Use of Electronic Devices

* Where electronic devices are used to monitor children’s sleep, the home child care provider 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.
* have posted on their documentation board an inspection form (of their own making) containing a daily check/sign off indicating electronic monitoring devices have been checked and are working properly.

### Extended/Overnight Care

The home child care provider will refer to the agency's Extended Care Policy and Procedure reviewing all sleep monitoring procedures.

Families of children who sleep at the child care premises during the extended/ overnight hours must review the bedtime/rest time routine with the home child care provided and if applicable the RECE Home Visitor.

When children sleep at the premises during extended/ overnight hours, it is understood that the provider must also acquire sufficient rest and sleep. To that end, electronic sleep monitoring devices will be used to monitor sleeping children during that period. Electronic sleep monitoring devices must be checked daily and replaced immediately if they are not functioning properly.

Any significant change in sleep patterns of behaviour experienced during the extended/ overnight hours is documented in the child’s HiMama profile and communicated directly to the parent/guardian at the earliest convenience.

### Procedures

| **Age of Children** | **Frequency of Direct Visual Checks\*** |
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| **Children under 18 months of age** | According to each infant’s needs as identified by their parent, or at least every 30 minutes. |
| **All other children in the home who sleep** | At least every 30 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 as identified by the parent and/or the child’s physician must be followed at all times.

| **Procedures for Completing Direct Visual Checks** |
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| 1. The home child care provider must:
2. be physically present beside the child;
3. 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.
1. Where signs of distress or discomfort are observed, the home child care provider must attempt to wake the child up. Where no signs of distress or discomfort are observed, proceed to step 3.
2. **Where the child wakes up, the provider must:**
3. attend to the child’s needs;
4. separate the child from other children if the child appears to be ill;
5. document the incident in the HiMama software app (or daily written record if the app is not functioning correctly) and in the child’s symptoms of ill health record, where applicable.
6. **Where the child does not wake up, the provider must immediately:**
7. perform appropriate first aid and CPR, if required;
8. inform other persons in the home of the situation, if appropriate;
9. contact emergency services or, where possible, direct another individual to contact emergency services;
10. separate the child from other children or vice versa if the child appears to be ill;
11. contact the parent; and
12. inform the home child care agency of the situation.
13. **Where the child must be taken home or to the hospital, the provider or home child care agency must immediately:**
14. contact the child’s parent to inform them of the situation and next steps.
15. **Where the child’s condition has stabilized, and/or after the child has been taken home and/or to the hospital,** the provider and the home child care agency must:
16. follow the serious occurrence policies and procedures, where applicable;
17. document the incident in the child’s HiMama app or daily written record via journal if the app is unavailable; and
18. document the child’s symptoms of illness in the child’s records.
19. The provider must:
20. adjust blankets as needed;
21. ensure the child’s head is not covered;
22. ensure there are no other risks of suffocation present; and
23. document the date and time of direct visual checks on each child’s HiMama profile or in the providers daily written record journal if the app is not accessible due to technical difficulties. .
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## Glossary

*Adequate lighting:*  means there is enough **light** to safely do usual things such as reading, walking, writing, etc. “

*Employee*: An individual employed by Little Lambs Home Daycare (e.g. home visitor).

*Home Child Care Provider:* The person in charge of the children in a premises where home child care is provided.

*Home Child Care Visitor:* An employee of the home child care agency who will provide support at and monitor each premises and will be responsible to the licensee.

*Licensee:* The individual or corporation named on the licence issued by the Ministry of Education responsible for the operation and management of the home child care agency.

*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).

*Premises:* a building, together with its land (for example, the backyard) where the home child care provider primarily resides.