



CHURCHILL CHUMS CHILDCARE CENTRE
188 CHURCHILL AVENUE, TORONTO, ONTARIO M2N 1Z5
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SLEEP SUPERVISION POLICY

At the time of enrolment and at any other appropriate time such as during tours of the centre, transitions into a program or upon a parent's request, parents will be advised of Churchill Chums Child Care Centre policies and procedures regarding children's sleep. Parents will be required to read the Sleep Supervision Policy as outlined below and in Churchill Chums Parent Handbook and sign off indicating they are aware of the procedures that Churchill Chums staff will abide by.

- Staff will consult with parents to receive information on the child's sleep preferences, required accommodations and precautions. This information will be shared with all staff, students and volunteers and will also be indicated in the following areas:
 - For infants In a display pocket located in the infant sleep room above each crib with each child's photo and description of sleep/resting patterns, arrangements and precautions and in the Sleep Binder.
 - For Toddlers and Preschoolers on the Daily Sleep/Rest Time Monitoring Chart which is located in the classroom and kept in the Sleep Binder and on the Toddler Individual Schedule Form.
- All children will be assigned to individual cribs/cots which is identified with their name located directly on the crib/cot itself.
- A staff person is physically present beside the child conducting direct physical checks every 15 minutes in the Infant sleep room and hourly for Toddler and Preschool Children as set out in the Sleep Supervision Practices while looking for indicators of distress or unusual behaviour.
- Staff are able to visually monitor sleeping children and conduct direct physical checks regularly to monitor breathing, body temperature and sleep environment.
- Staff complete documentation of direct visual checks being conducted for infants. Monitoring is indicated on the Daily Infant Sleep Monitoring Chart. For Toddlers and Preschool children, direct visual checks are conducted, monitoring is indicated on the Daily Sleep/Rest Time Monitoring Chart.
- Any change in a child's sleep pattern or behaviour will be documented on the Daily Infant Sleep Monitoring Chart and will be revised on the Infant child's Sleep Preference Form. Staff will also verbally inform parents of this change at the time of pick up.

- If there is significant change in child's sleep pattern where a child experiences distress or unusual behaviour, staff will call parent immediately to inform them of this concern.
- Signs of distress or unusual behaviour include:
 - Change in skin colour
 - Change in breathing
 - Signs of overheating
- Any adjustments to the manner in which a child is supervised during sleep time will be in consultation with the parents. Staff will accommodate parent recommendations to the best of their abilities in conjunction with the established Sleep Supervision policies and procedures.
- Lighting in the sleep room must allow for easy visual monitoring. Lights will be dimmed, but staff must be able to see sleeping children clearly. Nature sounds or lullabies will be played softly to create a soothing sleep environment.
- A system is in place to immediately identify which children are in the sleep room. This is indicated on a Velcro board by moving name tags from "Children in Classroom" to "Sleeping Children".
- All staff review the document: **Joint Statement on Safe Sleep** and sign off annually that they will abide by the recommendations contained within.
- The Executive Director or Designate will ensure that the Sleep Supervision policy is reviewed with staff, volunteers and students at the start of employment or placement and annually thereafter. This policy will be monitored for compliance and contraventions in accordance with the Child Care Early Years Act (CCEYA).

FOR INFANTS UNDER 12 MONTHS OF AGE:

Churchill Chums Staff will ensure that infants will be supervised at all time periods when children are sleeping in a separate infant sleep room/area. Staff are responsible for documenting supervision practices for the infant sleep room that include the following:

When **three or more infants are in the sleep room**, a staff person is physically present beside the child conducting physical checks as set out in the Sleep Supervision Practices as well as looking for indicators of distress or unusual behaviour.

When **less than three infants are in the sleep room**, staff are able to visually monitor the sleeping children and conduct physical checks regularly to monitor breathing and body temperature. Staff are not required to remain physically in the room, but must provide consistent checks (every 15 minutes) as noted in the Sleep Supervision Practices.

- Physical checks must be documented on the Daily Infant Sleep Monitoring Chart and signing their initials to ensure that monitoring was completed at the required intervals for each child.

- ***Churchill Chums staff is legally obligated to follow the recommendations set forth in the Joint Statement on Safe Sleep to place infants on their backs for sleep.***
Parents will be reminded of this at the time of enrolment and again during the transitional period into the infant program.
- Staff ensure that children under the age of 12 months old are 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.
- Where children under 12 months are placed in a position other than their back, there is a written recommendation from the child’s physician regarding an alternate sleep position.
- Each child is assigned their own crib which is identified with their name located directly on the crib itself.
- Ensure that there is sufficient light in the sleeping area or room to conduct direct visual checks.
- Each child’s crib is indicated on a posted crib plan and the child’s crib is placed strategically around the room to allow for optimal supervision.
- Revisions to the crib plan are made when new children are assigned to a crib. Parents are made aware of all assigned crib changes by staff verbally informing the parents.
- Once infants are able to roll from their backs to their stomachs or sides, it is not necessary to reposition them onto their backs.
- In order to reduce the risk of suffocation, other than a firm mattress and a fitted sheet, extra items such as pillows, duvets and bumper pads in the crib is not permitted.
- Staff will encourage parents to provide 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 of breathable fabric is permitted.
- Staff will ensure that infants are not placed in strollers, swings, bouncers, or car seats for sleep. An infant’s head when sleeping in a seated position can fall forward and cause their airway to become constricted. Once the infant falls asleep, the child should be moved as soon as possible or as soon as the destination is reached to the crib and staff are to follow through with placing the child in the required sleep position.
- If an infant falls asleep in the stroller during outdoor time, staff will ensure that the seat is adjusted from an upright to a reclined position. Staff will ensure that visual sleep monitoring is conducted when children have fallen asleep in the stroller during daily walks.

FOR INFANTS OVER 12 MONTHS OF AGE:

- Each child is assigned their own crib which is identified with their name located directly on the crib itself.
- Infant children do not have set rest/sleep schedules and will need to rest/sleep based on each child's individual needs.
- A system to quickly identify who is in the sleeping room/area is implemented. This is identified through the use of Velcro name tags that can be attached to door frame.
- Glass panels or windows which permit the observation of all parts of the sleeping area from the play area allow for a physical divider between the spaces, but also provide acoustic separation between the rooms.
- Staff are able to visually monitor the sleeping children and conduct physical checks regularly to monitor breathing, body temperature and crib environment.
- Ensure that there is sufficient light in the sleeping area or room to conduct direct visual checks.
- Staff who work in the infant room are able to articulate the procedures in place for monitoring and supervising infants during sleep times.
- Each child's crib is indicated on a posted crib plan and the child's crib is placed strategically around the room to allow for optimal supervision.
- Revisions to the crib plan are made when new children are assigned to a crib. Parents are made aware of all assigned crib changes by staff verbally informing the parents.

FOR CHILDREN OVER 18 MONTHS AGE (TODDLERS & PRESCHOOL):

- Each child is assigned their own cot which is identified with their name located directly on the cot itself.
- Each child's cot is indicated on a posted cot plan and the child's cot is placed strategically around the room to allow for optimal supervision.
- Ensure that there is sufficient light in the sleeping area or room to conduct direct visual checks.
- Revisions to the cot plan are made when new children are assigned to a cot. Parents are made aware of all assigned cot changes by staff verbally informing the parents.
- Children sleeping adjacent to one another will be positioned head to toe in order to deter face to face.

- Children who do not fall asleep within 60 minutes are permitted to get off of their bed and engage in quiet activities. Staff will monitor child for signs of tiredness and encourage him/her to lie down again in an attempt to sleep.
- Children who wake up and are permitted to get off of their beds are engage in quiet activities.
- Staff will document how long each child slept or if they did not sleep at all. This will be recorded on the Daily Sleep/Rest Time Monitoring Chart.
- Staff will abide by each child's sleep preference and will accommodate accordingly (rubbing child's forehead, patting child's back etc.)

Consultation with parents with respect to your child's sleeping arrangements

- Staff will consult with parents to receive information on the child's sleep preferences, required accommodations and precautions. This information will be shared with all staff, students and volunteers and will also be indicated in the following areas:
 - For infants In a display pocket located in the infant sleep room above each crib with each child's photo and description of sleep/resting patterns, arrangements and precautions and in the Sleep Binder.
 - For Toddlers and Preschoolers on the Daily Sleep/Rest Time Monitoring Chart which is located in the classroom and kept in the Sleep Binder and on the Toddler Individual Schedule Form.
- Revisions to the crib/cot plan are made when new children are assigned to a crib or cot. Parents are made aware of all assigned crib or cot changes by staff verbally informing the parents.
- Staff complete documentation of direct visual checks being conducted for infants. Monitoring is indicated on the Daily Infant Sleep Monitoring Chart. For toddlers and Preschool children, direct visual checks are conducted, monitoring is indicated on the Daily Sleep/Rest Time Monitoring Chart.
- Any change in a child's sleep pattern or behaviour will be documented on the Daily Infant Sleep Monitoring Chart and will be revised on the Infant child's Sleep Preference Form. Staff will also verbally inform parents of this change at the time of pick up.
- If there is significant change in child's sleep pattern where a child experiences distress or unusual behaviour, staff will call parent immediately to inform them of this concern.
- Signs of distress or unusual behaviour include:
 - Change in skin colour
 - Change in breathing
 - Signs of overheating

Sleep Supervision Practices

While supervising children during sleep periods, a staff person is physically present in the sleep room conducting regular **visual checks every 15 minutes for Infant children and 60 minutes for Toddler and Preschool Children** to ensure that:

- Child is breathing
- Child's temperature is normal (visual check – child is not red, flushed or sweating. Child looks comfortable)
- Crib environment is safe: no crib padding, toys, stuffed animals or books in the crib
- Young infants are placed on their back to sleep
- Infant's limbs are inside crib
- Blanket is not covering child's face or head
- Toddler and preschool sleep toys are soft in texture
- Toddlers/Preschool children sleeping adjacent to one another are positioned head to toe

Electronic Monitoring Devices

When an infant is sleeping in the sleep room, the electronic monitoring device will be turned on in the sleep room as well as in the playroom so that staff can audibly monitor sleeping children.

- The sleep monitoring device will be checked daily by the **opening staff** each day to ensure that it is functioning properly and able to detect and the sounds of every sleeping child.
- The receiver unit of the electronic sleep monitoring device is actively monitored by employees at all times.
- Staff must document that checks have been completed by signing their name and time that the check was completed using the chart for Daily Checks for Electronic Monitoring Device.
- Electronic Monitoring Devices are to be used in conjunction with direct visual checks and must not be used as a replacement.

Steps to take when Electronic Monitoring Device is not functioning:

- A backup Electronic Monitoring Device will be kept in storage to replace the one that is not functioning.
- If a backup Electronic Monitoring Device is not available, a staff will remain in the sleep room for the duration of the infant's sleep period, conducting visual checks at the required intervals.