



**Instructions and Tips for Creating Compliant Policies and Procedures:  
Sleep Supervision Policies and Procedures  
(O. Reg. 137/15, ss. 33.1(1)(c))**

**Mandatory Information**

Where child care is provided for a child who regularly sleeps at a home child care premises, licensees are required to develop sleep supervision policies and procedures. The following information **must be included** in your home child care agency's sleep supervision policies and procedures to demonstrate compliance with requirements under the *Child Care and Early Years Act, 2014* and O. Reg. 137/15:

- That children will be assigned to cribs or cots as outlined in O. Reg. 137/15
- That parents will be consulted about a child's sleeping arrangements at the time the child is enrolled and at any other appropriate time, such as upon a parent's request
- That parents of children younger than 12 months will be advised of the licensee's obligation to place a child for sleep in a manner consistent with the recommendations set out in the document called "Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada", published by the Public Health Agency of Canada, unless the child's physician recommends otherwise in writing
- That parents of children who regularly sleep at a home child care premises will be advised of the agency's policies and procedures regarding children's sleep
- 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
- Details about the performance of direct visual checks, including how frequently direct visual checks will be performed and how they will be documented

**Other Considerations**

The following are some tips and other considerations for developing your anaphylactic policies and procedures. These are not mandatory, but they will support the development of more comprehensive and high-quality policies and procedures:

**General**

- Provide definitions for ambiguous terms used throughout your document.
- Include a space to put the date that the policy was last developed and/or updated.
- Break down your procedures into a step-by-step process that is easy to understand and follow and that includes clear roles and responsibilities.
- Link this policy to other policies and procedures that have been established and implemented (e.g. individualized plans for children with medical needs, serious occurrences policy, sanitary practices policy, drug and medication administration policy, etc.).

- Determine and set out whether and how the policies and procedures will apply to children who are privately-placed at a home child care premises and their families.
- Be clear about the intent of your policy and what you are trying to achieve through its implementation.

### **Consultation and Resources**

- Consult resources about all the best practices that could support children's health, safety and well-being during sleep and include them in your policy and procedures (e.g. the Home Child Care Agency Licensing Manual, Health Canada's Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada", etc.).

### **Processes and Expectations to Include**

- Reflect other regulatory requirements in your policy and procedures, such as:
  - considering 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;
  - home child care providers periodically performing 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;
  - ensuring there is sufficient light in the sleeping area or room to conduct direct visual checks;
  - ensuring that if electronic sleep monitoring devices are used at a home child care premises,
    - each electronic sleep monitoring device is able to detect and monitor the sounds and, if applicable, video images, of every sleeping child;
    - the receiver unit of the electronic sleep monitoring device is actively monitored by the home child care provider at all times;
    - each electronic sleep monitoring device is checked daily to ensure it is functioning properly; and
    - electronic sleep monitoring devices are not used as a replacement for the required direct visual checks;
  - toddler or preschool children receiving child care for six hours or more in a day having a rest period not exceeding two hours in length; and
  - toddler, preschool or kindergarten children being permitted to sleep, rest or engage in quiet activities based on their individual needs.
- Describe what kind of bedding will be used (e.g. only light, breathable blankets for infants) with consideration to how safety can be ensured for children who sleep with pillows, toys and blankets or sleep sacks according to their age.
- Include the expectations for home child care providers to document daily checks of electronic monitoring devices.

- Provide expectations for how to monitor an electronic device at all times (e.g. active listening) and how providers are to respond where it is discovered that a device is not properly working during active monitoring.
- Provide steps for home child care providers to follow if an electronic monitoring device does not work.
- Be clear about what 'supervision at all times' means in home premises where some children may be sleeping in one space and others are engaging in activities in another area.

**When developing requirements for the assignment of cots and cribs to children:**

- Describe how the licensee or home child care provider will assign the cribs and cots to each child.
- Clarify how home child care providers, parents and other individuals will know which crib or cot belongs to which child.
- Explain how home child care providers, parents and other individuals will be made aware when there is a change to the assignment of cribs and cots.

**When developing requirements for consultation with parents with respect to a child's sleeping arrangements:**

- Include how the licensee and provider will consult with parents to receive information on the child's sleep preferences, required accommodations, precautions etc.
- Set out a process for advising home child care visitors and providers, students and volunteers on each child's sleep preferences and requirements.
- Describe where a child's sleep requirements and preferences will be documented.
- Provide a process for how each child's sleep requirements and preferences will be implemented.
- Set out how often parents will be consulted with respect to their child's sleeping arrangements.

**When developing procedures to communicate significant changes in a child's sleeping patterns:**

- Set out the process for advising home child care visitors and providers, students and volunteers of the requirement that they document and communicate when there is any significant change in a child's sleep pattern or behaviour
- Describe how the licensee, or home child care visitor and/or provider will advise parents when there is any significant change in a child's sleep pattern or behaviour observed.
- Explain how the licensee, home child care visitor and/or provider will make adjustments to the manner in which a child is supervised during sleep when significant changes in a child's sleeping patterns or behaviours have been observed.

**When developing details about the performance of direct visual checks, including how frequently direct visual checks will be performed and how they will be documented:**

- Outline the steps to follow to complete direct visual checks.
- Set out the minimum frequency of direct visual checks based on:
  - 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); and
  - The ages of children (the frequency of direct visual checks may decrease as children get older).
- Describe what potential indicators of distress can include and look like.
- Set out clear steps to follow where signs of distress or discomfort are observed during a direct visual check (e.g. increasing the frequency of direct visual checks, contacting emergency services, contacting parents, providing first aid, etc.).
- Provide that direct visual checks will be increased based on medical needs and observed changes in sleep behaviours, indicators of distress and other concerns about the child's health, safety and well-being.
- Provide a definition of adequate lighting and give examples of how providers can ensure there is adequate lighting to perform direct visual checks, such as nightlights, soft lamps, and open blinds where there are windows.
- Clarify the procedures for children who do not regularly sleep.
- Outline procedures for direct visual checks during overnight care, where applicable.
- Provide a template to track and document children's sleep times and needs (e.g. stuffed toys), and the performance of direct visual checks.