# Home Child Care Agency Sleep Supervision Policy and Procedures

Name of Home Child Care Agency: Click here to enter text.

Date Policy and Procedures Established: Click here to enter text.

Date Policy and Procedures Updated: Click here to enter text.

## Purpose

Children’s sleep and rest play an integral part in a child’s well-being and development. The purpose of this policy is to provide home child care agency home visitors, 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 or bed.

### 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 or beds 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.
* [insert additional requirements for placement of children for sleep]

### 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 in the [insert location of information] .
* The [insert role] 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).
* Written documentation will be kept in each child’s file by the [home child care provider and/or home child care agency] 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.
* Where the home child care provider does not receive instructions directly from the parent of a child regarding sleep arrangements, these will be communicated to home child care provider by the [insert position] after consulting with the parent.
* 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 and [insert other method of documentation, if applicable] .
* 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.
* [insert additional requirements for consultation with parents]

### 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 [insert method of documentation].
* Direct visual checks will not be completed for children engaging in quiet activities.
* 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.
* [insert additional requirements for direct visual checks]

### 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.
* [insert additional requirements for the use of electronic devices]

### Additional Policy Statements

Consider adding additional policy statements, where applicable, e.g. What other recommendations from the Joint Statement on Safe Sleep: Preventing Sudden Deaths in Canada that will be followed, how to monitor children who do not sleep or who engage in quiet activities, how to use reduced ratios during sleep and maintain ratios when children are awake or active, how checks of electronic devices will be documented, other recommendations as per the Joint Statement on Safe Sleep, etc.

Click here to enter text.

### Procedures

| **Age of Children** | **Frequency of Direct Visual Checks\*** |
| --- | --- |
| **Children under 18 months of age** | According to each infant’s needs as identified by their parent, or at least [insert minimum frequency of direct visual checks]. |
| **All other children in the home who sleep** | [insert minimum frequency of direct visual checks] |

\* **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** |
| --- |
| 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.

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. 1. **Where the child wakes up, the provider must:**
2. attend to the child’s needs;
3. separate the child from other children if the child appears to be ill;
4. document the incident in the [insert method of documentation] and in the child’s symptoms of ill health record, where applicable.
5. **Where the child does not wake up, the provider must immediately:**
6. perform appropriate first aid and CPR, if required;
7. inform other persons in the home of the situation, if appropriate;
8. contact emergency services or, where possible, direct another individual to contact emergency services;
9. separate the child from other children or vice versa if the child appears to be ill;
10. contact the parent; and
11. inform the home child care agency of the situation.
12. **Where the child must be taken home or to the hospital, the provider or home child care agency must immediately:**
13. contact the child’s parent to inform them of the situation and next steps.
14. **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:
15. follow the serious occurrence policies and procedures, where applicable;
16. document the incident in the daily written record; and
17. document the child’s symptoms of illness in the child’s records.

The provider must:1. adjust blankets as needed;
2. ensure the child’s head is not covered;
3. ensure there are no other risks of suffocation present; and
4. document the date, time and initial each direct visual check on the room’s [insert form of documentation].
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**Additional Sleep Supervision Procedures**

Consider including additional procedures, where applicable, e.g. procedures to remove any pillows or stuffed toys from a crib once a child falls asleep, the frequency of direct visual checks for children who sleep intermittently, how to ensure there is sufficient lighting for direct visual checks, procedures for overnight care, what to do with children who do not regularly sleep, etc.

Click here to enter text.

## Glossary

*Adequate lighting:* [insert definition]

*Employee*: An individual employed by the licensee (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.

[insert additional definitions here (e.g. sleep).]

Regulatory Requirements: Ontario Regulation 137/15

Sleep policies and supervision

33.1

1. Every licensee shall ensure that a child who is younger than 12 months who receives child care at a child care centre it operates or at a premises where it oversees the provision of home child care is 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”, published by the Public Health Agency of Canada, as amended from time to time, unless the child’s physician recommends otherwise in writing.
2. Every licensee shall ensure that, if child care is provided for a child who regularly sleeps at a child care centre the licensee operates or at a premises where it oversees the provision of home child care,
3. an employee or the home child care provider periodically performs 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;
4. there is sufficient light in the sleeping area or room to conduct direct visual checks; and
5. there are written policies and procedures at the child care centre or home child care premises with respect to sleep, and the policies and procedures,
6. provide that children will be assigned to individual cribs or cots in accordance with this Regulation,
7. provide that parents will be consulted respecting a child’s sleeping arrangements at the time the child is enrolled and at any other appropriate time, such as at transitions between programs or rooms or upon a parent’s request,
8. provide that parents of children younger than 12 months will be advised of the licensee’s obligation under subsection (1),
9. provide that parents of children who regularly sleep at the child care centre or home child care premises will be advised of the centre’s or agency’s policies and procedures regarding children’s sleep,
10. provide 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, and
11. include details regarding the performance of direct visual checks, including how frequently direct visual checks will be performed and how direct visual checks will be documented.
12. In determining the matters described in clause (2) (c) (vi) in respect of children who are enrolled with a home child care agency and who receive child care at a home child care premises, the licensee shall consider 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.
13. Every licensee shall ensure that in each child care centre it operates that has a separate area or room for sleeping, there is a system in place to immediately identify which children are present in the area or room.
14. Every licensee shall ensure that if electronic sleep monitoring devices are used at a child care centre it operates or at a premises where it oversees the provision of home child care,
15. each electronic sleep monitoring device is able to detect and monitor the sounds and, if applicable, video images, of every sleeping child;
16. the receiver unit of the electronic sleep monitoring device is actively monitored by employees at the child care centre or the home child care provider at all times;
17. each electronic sleep monitoring device is checked daily to ensure it is functioning properly; and
18. electronic sleep monitoring devices are not used as a replacement for the direct visual checks required under clause (2) (a).

**Disclaimer:** This document is a sample of a policy and procedure that has been prepared to assist licensees in understanding their obligations under the CCEYA and O. Reg. 137/15.  It is the responsibility of the licensee to ensure that the information included in this document is appropriately modified to reflect the individual circumstances and needs of each home child care agency it operates and each premises where the licensee oversees the provision of home child care.

Please be advised that this document does not constitute legal advice and should not be relied on as such. The information provided in this document does not impact the Ministry’s authority to enforce the CCEYA and its regulations. Ministry staff will continue to enforce such legislation based on the facts as they may find them at the time of any inspection or investigation.

It is the responsibility of the licensee to ensure compliance with all applicable legislation. If the licensee requires assistance with respect to the interpretation of the legislation and its application, the licensee may wish to consult legal counsel.