Documentation of Direct Visual Checks for Children on Individual Sleep Schedules

**Full Name of Child:** Click here to enter text.

**Frequency of Direct Visual Checks:** Click here to enter text.

**Instructions:** Where any indicators of distress or unusual behaviours[[1]](#footnote-1) are observed, note the time and observations in the comments section and respond immediately as per [Insert name of Child Care Centre/Home Child Care Agency]’s Sleep Supervision Policy and other relevant policies and procedures.

| Date: Mon dd/mm/yyyy | Record Time of Check & Initial Below |
| --- | --- |
| Nap 1 start time:hh:mm AM/PM | TimeInitial |  |  |  |  |  |  |  |  | Time child woke up |
| Nap 2 start time:hh:mm AM/PM  |  |  |  |  |  |  |  |  |  | Time child woke up |
| Nap 3 start time:hh:mm AM/PM  |  |  |  |  |  |  |  |  |  | Time child woke up |
| **Comments:** |

|  |  |
| --- | --- |
| Date: Tue dd/mm/yyyy | Record Time of Check & Initial Below |
| Nap 1 start time:hh:mm AM/PM |  |  |  |  |  |  |  |  |  | Time child woke up |
| Nap 2 start time:hh:mm AM/PM  |  |  |  |  |  |  |  |  |  | Time child woke up |
| Nap 3 start time:hh:mm AM/PM  |  |  |  |  |  |  |  |  |  | Time child woke up |
| **Comments:** |

|  |  |
| --- | --- |
| Date: Wed dd/mm/yyyy | Record Time of Check & Initial Below |
| Nap 1 start time:hh:mm AM/PM  |  |  |  |  |  |  |  |  |  | Time child woke up |
| Nap 2 start time:hh:mm AM/PM  |  |  |  |  |  |  |  |  |  | Time child woke up |
| Nap 3 start time:hh:mm AM/PM  |  |  |  |  |  |  |  |  |  | Time child woke up |
| **Comments:** |

|  |  |
| --- | --- |
| Date: Thu dd/mm/yyyy | Record Time of Check & Initial Below |
| Nap 1 start time:hh:mm AM/PM |  |  |  |  |  |  |  |  |  | Time child woke up |
| Nap 2 start time:hh:mm AM/PM  |  |  |  |  |  |  |  |  |  | Time child woke up |
| Nap 3 start time:hh:mm AM/PM  |  |  |  |  |  |  |  |  |  | Time child woke up |
| **Comments:** |

|  |  |
| --- | --- |
| Date: Fri dd/mm/yyyy | Record Time of Check & Initial Below |
| Nap 1 start time:hh:mm AM/PM |  |  |  |  |  |  |  |  |  | Time child woke up |
| Nap 2 start time:hh:mm AM/PM  |  |  |  |  |  |  |  |  |  | Time child woke up |
| Nap 3 start time:hh:mm AM/PM  |  |  |  |  |  |  |  |  |  | Time child woke up |
| **Comments:** |

Documentation of Direct Visual Checks for Children on the Same Sleep Schedule

**Room (if applicable):** Click here to enter text.

**Instructions:** Where any indicators of distress or unusual behaviours are observed, note the child’s name, time and observations in the comments and respond immediately as per [Insert name of Child Care Centre/Home Child Care Agency]’s Sleep Supervision Policy and other relevant policies and procedures.

|  |
| --- |
| Date: Monday dd/mm/yyyy |
| Rest Period Start Time | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Rest Period End Time |
| hh:mm AM/PM | TimeInitial |  |  |  |  |  |  |  |  |
| **Comments:**  |

|  |
| --- |
| Date: Tuesday dd/mm/yyyy |
| Rest Period Start Time | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Rest Period End Time |
| hh:mm AM/PM |  |  |  |  |  |  |  |  |  |
| **Comments:**  |

|  |
| --- |
| Date: Wednesday dd/mm/yyyy |
| Rest Period Start Time | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Rest Period End Time |
| hh:mm AM/PM |  |  |  |  |  |  |  |  |  |
| **Comments:**  |

|  |
| --- |
| Date: Thursday dd/mm/yyyy |
| Rest Period Start Time | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Rest Period End Time |
| hh:mm AM/PM |  |  |  |  |  |  |  |  |  |
| **Comments:**  |

|  |
| --- |
| Date: Friday dd/mm/yyyy |
| Rest Period Start Time | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Time of check/ initial | Rest Period End Time |
| hh:mm AM/PM |  |  |  |  |  |  |  |  |  |
| **Comments:**  |

Regulatory Requirements: Ontario Regulation 137/15

Sleep policies and supervision

33.1 (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,

(a) 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;

(b) there is sufficient light in the sleeping area or room to conduct direct visual checks; and

(c) 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,

(i) provide that children will be assigned to individual cribs or cots in accordance with this Regulation,

(ii) 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,

(iii) provide that parents of children younger than 12 months will be advised of the licensee’s obligation under subsection (1),

(iv) 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,

(v) 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

(vi) 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.

**Disclaimer:** This document is a sample template 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 child care centre and/or home child care agency it operates and each premises where the licensee oversees the provision of home child care, as applicable.

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.

1. Note: indicators of distress or unusual behaviours may include changes in skin colour, changes in breathing, signs of overheating, and other signs of harm and injury [↑](#footnote-ref-1)