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DATE: Sep 1, 2025

Policy & Procedure: Sleep Supervision

Date Policy and Procedures Established: September 1, 2025

Date Policy and Procedures Updated: -

Purpose

Children's sleep and rest play an integral part in a child's well-being and development. The purpose of this policy and procedures described within is to provide staff, students and volunteers with rules and procedures to follow to safeguard children from harm, injury or death while sleeping.

The procedures provided for placing children under 12 months of age on their own backs for sleep align with the requirement to meet the recommendations set out in Health Canada's document entitled "Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada".

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 child care centres.

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.
- Only light, breathable blankets will be used for toddlers.
- All children 18 months and older will be provided time to sleep for a period of no more than two hours each day and will be assigned to a cot.
- Where children are sleeping in a separate sleep room or area, their names will be listed on the 'Monitoring Procedure for Sleep Room' so that staff can immediately identify which children are present in the room/area.

Placement of Children for Sleep

- All children over 18 months of age who sleep will be placed on individual cots for sleep.



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Consultation with Parents

- All parents of children who regularly sleep at the child care centre will be advised of the centre's policies and procedures regarding sleep at the time of their child's enrolment and/or any time the policies and procedures are revised, as applicable. This information will be available to parents in the Registration Package and electronically on Lilio App
- The staff member will consult with parents about their child's sleeping arrangements at the time of enrollment and at any other appropriate time (e.g. when a child transitions to a new program or room, or at the parent's request).
- Written documentation will be kept in each child's file to reflect the sleep patterns identified by their parent, and updates to the documentation will be made whenever changes are communicated to the child care centre.
- All sleep arrangements will be communicated to program staff by the staff member doing the enrollment after meeting with the parent/guardian.
- Parents will be advised by the supervising staff of any significant changes in their child's behaviours during sleep and/or sleeping patterns.
- Staff will document their observations of changes in a child's sleep behaviours in the daily written record and Lilio App under individual profile notes.
- 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.
- The amount of sleep time will be recorded on Lilio App and is available for the parents to monitor real time and will also be provided as part of the Daily Summary which will be sent out at 6:00 p.m. every day.

Direct Visual Checks

- Direct visual checks during sleep time are performed for each child under 24 months. (i.e. every child placed for sleep cot) will be conducted to look for indicators of distress or unusual behaviours. Direct visual checks will be documented by staff by Monitoring Procedure for Sleep Room (Appendix A).
- Direct visual checks are not required for children engaging in quiet activities, but these children will be supervised at all times.
- The frequency of direct visual checks and the steps to complete them will depend on the typical sleep patterns of each child and their age, as identified in the sleep supervision procedures provided in this policy.
- Staff will ensure that all sleep areas have adequate lighting available to conduct the direct visual checks of sleeping children.

Use of Electronic Devices

- Where electronic devices are used to monitor children's sleep, staff 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 always monitor each electronic device.



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Procedures

Age Group	Frequency of Direct Visual Checks*
Toddler (under 24 months)	At least every 30 minutes
Preschool and/or Kindergarten (where applicable)	Not applicable

*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 during sleep as identified by the parent and/or the child's physician must be followed at all times.

Procedures for Completing Direct Visual Checks

1. Staff must:

- be physically present beside the child.
- check each child's general well-being by looking for signs of distress or discomfort including, at a minimum:
 - a. laboured breathing.
 - b. changes in skin temperature.
 - c. changes in lip and/or skin colour.
 - d. whimpering or crying; and
 - e. lack of response to touch or voice

Procedures for Completing Direct Visual Checks

2. Where signs of distress or discomfort are observed, the staff who conducted the direct visual check must attempt to wake the child up. Where no signs of distress or discomfort are observed, proceed to step 3.

- Where the child wakes up, staff must:
 - a. attend to the child's needs.
 - b. separate the child from other children if the child appears to be ill.
 - c. document the incident in the Monitoring Procedure for Sleep Room and in the child's symptoms of ill health record, where applicable.
- Where the child does not wake up, staff must immediately:
 - a. perform appropriate first aid and CPR, if required.
 - b. inform other staff, students and volunteers in the room of the situation.



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- c. contact emergency services or, where possible, direct another individual to contact emergency services.
- d. separate the child from other children or vice versa if the child appears to be ill.
- e. inform the supervisor/designate of the situation; and
- f. contact the child's parent.
- Where the child must be taken home or to the hospital, the supervisor or designate must immediately:
 - a. contact the child's parent to inform them of the situation and next steps.
- Where the child's condition has stabilized, and/or after the child has been taken home and/or to the hospital, the staff who conducted the direct visual check and any staff who assisted with responding to the incident must:
 - a. follow the serious occurrence policies and procedures, where applicable.
 - b. document the incident in the daily written record; and
 - c. document the child's symptoms of illness in the child's records.

3. Staff must:

- adjust blankets as needed.
- ensure the child's head is not covered.
- ensure there are no other risks of suffocation present.
- document the date, time and initial each direct visual check on the room's Monitoring Procedure for Sleep Room; and
- verbally inform other staff in the room that the check has been completed, where applicable and possible.

Additional Policies

- The employee must periodically perform a direct visual check of each child by being physically present beside the child and observing for indicators of distress or unusual behaviours
- The employee must make sure there is sufficient light in the sleeping area or room to conduct direct visual checks
- The employee must make sure to complete the sleep checklist as directed on the checklist
- The employee must communicate to parents of any observed changes in a child's sleeping patterns or behaviours
- The employee must make sure to have adequate space between children when placing the cots
- The employee must make sure that when children are on their cots, their heads should be placed in an alternating pattern of one child's head up and one child's head down
- The employee must make sure that children's cots are disinfected on a weekly basis with the exception of any bodily fluids which must be disinfected immediately
- The employee must make sure that children's blankets are sent home on a weekly basis with the exception of any bodily fluids which must be sent home immediately
- The employee must make sure that children's cot sheets are washed on a weekly basis with the exception of any bodily fluids which must be washed immediately



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Glossary

Direct Visual Check: A mechanism for monitoring sleeping children whereby an individual is physically present beside a child to look for signs of distress, discomfort or unusual behaviours (e.g. change in skin colour, change in breathing, signs of overheating) and react as required.

Electronic Monitoring Device: A device used to observe a sleeping child from a distance. Such devices may capture images, video, and/or sound to keep track of a child's sleeping patterns, but cannot be used in place of direct visual checks.

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

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).

Staff (Employee): An individual employed by the licensee (e.g. program room staff).

Annexure

Appendix A: FR-04_Sleep Log