
 FAMILY DAY	POLICY	CATEGORY
	Sleep Supervision Policy – Child Care Centres	Operations
	AUTHORIZATION	
		Joan Arruda Chief Executive Officer

POLICY

At Family Day we understand that effective sleep and rest routines are essential in ensuring the development, growth, social and emotional well-being of each child in our care. Our sleep and rest practices are based upon the research, findings and recommendations of the Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada.

Family Day Care Services will ensure that all children have appropriate opportunities to sleep rest and relax in accordance with their individual needs.

Purpose

All children have individual sleep and rest requirements. Children need a comfortable and relaxing environment to enable their bodies to rest. This environment must be safe and well supervised to ensure the children are safe, healthy and secure in their environment. Combined with Family Day's Family Centred Child Care Policy, expectations and roles of all stakeholders, and alignment is consistent with government legislation.

Scope

This policy applies to all Family Day staff, students, and volunteers that work directly with children.

Procedures

Educators will:

1. Consult with families using the About Your Child form regarding children's sleep and rest needs at the time of enrolment and at any other appropriate time, such as transitions between programs or rooms or upon a parent's request. Educators will be sensitive to each child's needs so that sleep and rest times are a positive experience.
2. Advise parents of children under 12 months of recommendations on "Joint Statement on Safe Sleep: preventing Sudden Infant Deaths in Canada".
3. Ensure infants under 12 months are always placed on their **backs to sleep** unless an alternate sleep position waiver (Appendix B) is submitted. This information is posted in the sleep area and is kept in the child's file.
4. Ensure a waiver from a medical doctor is submitted and kept in the child's file if an alternate sleep position has been requested by the parent.
5. Ensure the alternate sleep position waiver notice is posted at the infant's crib.
6. Allow children to find their own comfortable sleeping position during sleep or rest while ensuring that such position does not present a danger to the child.
7. Ensure each child has their own individual crib or cot.
8. Ensure all cribs, mattresses and cots are clean and in good repair and meet the Canada Consumer Product Safety Act (CCPSA).

9. Ensure all infants are placed to sleep on a firm mattress that fits tightly in a crib that meets the Canada Consumer Product Safety Act (CCPSA).
10. Ensure all bed linen is clean and in good repair; and fits the mattress or cot snugly. Bed linen is for use by an individual child and will be washed before use by another child.
11. Ensure there are no toys, stuffed animals, pillows, crib bumpers, positioning devices (unless ordered by a medical doctor) or extra bedding in the child's crib.
12. Ensure all children's heads remain uncovered when they are asleep.
13. Ensure infants do not wriggle down under bed linen by placing them with their feet closest to the bottom end of the crib.
14. Ensure infants, who require additional warmth, are in fitted one-piece sleepwear if available.
15. Ensure the risk of overheating is reduced by maintaining room temperature that is comfortable for a lightly clothed adult; avoid excessive blankets and bedding; not over-dressing or over-wrapping the infants when they sleep.
16. Ensure the sleeping environment is well ventilated and contains sufficient natural lighting as to meet licensing regulations.
17. Ensure cribs are arranged for easy access to staff & emergency evacuation cribs are located at the entrance of the sleep room/area.
18. Ensure sleeping infants are visually checked daily every 15 minutes and sleeping Toddlers and Preschool children are visually checked daily every 30 minutes. The sleep information will be recorded on the sleep monitoring chart (Appendix B & C). Sleeping children will be checked for:
 - a) Normal skin colour
 - b) Normal breathing by watching the rise and fall of the chest
 - c) Child's level of sleep
 - d) Signs of overheating: flushed skin colour, increase in body temperature (touch the skin); and restlessness
19. Ensure the observance of any significant changes to the child's sleeping patterns or changes are communicated to parents and supervision is adjusted accordingly.
20. Ensure infants have supervised "tummy time" several times a day to counteract any effects of regular back sleeping on muscle development to allow for the development of strong back and neck muscles or the chance of developing plagiocephaly, commonly referred to as *flat head*.
21. Will not use Electronic sleep monitoring devices.

All records, reports or other documents will be maintained in a secure location for at least three years from the date they are made as per section 82 of the Regulation.

Policy Review

The Sleep Supervision Policy will be reviewed annually by the agency. All employees will review and sign off on this policy at the start of their employment with the agency and annually thereafter.

Signature

I have read, reviewed and understand my responsibilities outlined in the Sleep Supervision Policy.

_____	_____	_____
Staff Signature	Supervisor/Manager Signature	Date
_____	_____	_____
Staff Signature	Supervisor/Manager Signature	Date
_____	_____	_____
Staff Signature	Supervisor/Manager Signature	Date

Distribution

Parents of children who rest in child care and the centre supervisor will review the policy at registration. One signed copy by parent(s)/guardian(s) will be given to parent(s)/guardian(s) and one signed copy will be kept in child's file.

I, the undersigned parent or guardian of _____
(child's full name)

do hereby state that I have read and received a copy of the Family Day's Sleep Supervision Policy and that the centre supervisor (or other designated staff member) has discussed Family Day's Sleep Supervision Policy with me.

Date of Enrollment: _____

Parent /Guardian Signature: _____ Date: _____

Centre Supervisor Signature: _____ Date: _____

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- APPENDIX A: Alternate Sleep Position Waiver
 - APPENDIX B: Monitoring Procedures for the Toddler/Preschool Sleep Room
 - APPENDIX C: Monitoring Procedures for the Infant Sleep Room



**Alternative Sleep Position Waiver
Physician's Recommendation**

Parent/guardian completes this section.

Child's name _____ Date of birth _____ Age in months _____
Parent/guardian name _____
Address _____
City _____ Province _____ Postal Code _____
Home phone _____ Work phone _____ Cell phone _____
Email _____

Child's Physician completes this section.

Physician's name _____
Name of practice _____
Address _____
City _____ Province _____ Postal Code _____
Phone _____ Cell or Pager _____ Fax number _____
Email _____

The Child Care Early Years Act, requires all child care centres to ensure children aged 0-12 months are placed for sleep in a manner consistent with the recommendations set out in the most current version of the The Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada, a document endorsed by Health Canada. At the advice of the infant's primary health care professional, the parent/guardian may authorize the child care centre to place their infant in an alternative sleep position for medical reasons. The child care center shall retain the waiver in the child's record as long as the child is enrolled at the center.

The recommended sleep position for this infant is _____

Effective Dates of Waiver: **from** / / **to** / /
mm dd yy mm dd yy

Physician's Signature _____ **Date** _____

Parent/guardian signs this statement.

I, as the parent or guardian of the above mentioned child, do hereby release and hold harmless the child care facility listed below, its officers, directors, and employees, from any and all liability whatsoever associated with harm to my child due to Sudden Infant Death Syndrome (SIDS). I affirm and acknowledge that the child care facility named above gave me information about SIDS. I authorize this child care facility and its employees to place my child in the alternative sleep position described above at the recommendation of my child's Physician.

Parent/guardian signature _____ **Date** _____

An authorized facility representative of the child care facility completes this section.

Child Care Agency: **Family Day Care Services** Child Care Centre Name: _____

Child Care Centre Representative's Signature _____ **Date** _____

Monitoring Procedure for the Toddler/Preschool Sleep Room

1. Children are NOT to share cots; each child has an assigned cot with their name on it.
2. Please complete the following chart below while the toddlers are in the sleep room. You must view the children before completing the form below, to ensure they are monitored correctly. Indicate on checklist “how” the toddlers are physically checked:
 - A. Normal skin colour
 - B. Normal breathing by watching the rise and fall of the chest
 - C. Toddler’s level of sleep
 - D. Signs of overheating: flushed skin colour, increase in body temperature (touch the skin); and restlessness
3. If all children are awake, indicate on chart with NA in corresponding time slot.

Transition / Roll Call	Day of the week:		
Monitoring Time	# of children	How Toddler/Preschool Child/ren are Physically Checked	Staff Signature
11:30			
12:00			
12:30			
1:00			
1:30			
2:00			
2:30			

Monitoring Procedure for the Toddler/Preschool Sleep Room

1. Children are NOT to share cots; each child has an assigned cot with their name on it.
2. Please complete the following chart below while the toddlers are in the sleep room. You must view the children before completing the form below, to ensure they are monitored correctly. Indicate on checklist “how” the toddlers are physically checked:
 - A. Normal skin colour
 - B. Normal breathing by watching the rise and fall of the chest
 - C. Toddler’s level of sleep
 - D. Signs of overheating: flushed skin colour, increase in body temperature (touch the skin); and restlessness
3. If all children are awake, indicate on chart with NA in corresponding time slot.

Transition / Roll Call	Day of the week:		
Monitoring Time	# of children	How Toddler/Preschool Child/ren are Physically Checked	Staff Signature
11:30			
12:00			
12:30			
1:00			
1:30			
2:00			
2:30			



Monitoring Procedure for the Infant Sleep Room

1. Please review and follow sleep instructions for each child before placing them in their crib. The individual child's sleep instructions are posted on the outside of the child's crib.
2. Ensure that no toys, pillows, bottles or soothers are left in the crib.
3. Children are NOT to share beds; each child has an assigned crib with their name on it.
4. Please complete the following chart below while the infants are in the sleep room. You must go into the sleep room and view the children before completing the form below, to ensure they are monitored correctly. Indicate on checklist "how" the infants are physically checked:
 - A. Normal skin colour
 - B. Normal breathing by watching the rise and fall of the chest
 - C. Infant's level of sleep
 - D. Signs of overheating: flushed skin colour, increase in body temperature (touch the skin); and restlessness
5. If all children are awake, indicate on chart with NA in corresponding time slot.

Transition / Roll Call	Day of the week:		
Monitoring Time	# of children	How Infant(s) are Physically Checked	Staff Signature
8:15			
8:30			
8:45			
9:00			
9:15			
9:30			
9:45			
10:00			
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