Supervision of Sleeping Children

Each infant has their own crib that is labeled with their name. Infants should not be using a crib other than their own unless the crib has been sanitized (sheets have been changed or laundered and the mattress has been sanitized). Cribs are only used when children are in need of sleep. When an infant is placed in their crib, they are placed to sleep on their back only. Any other sleeping position or use of a sleep device (wedge, positioner) would require a doctor's note with a statement about why it would be medically necessary. Blankets, pillows, quilts and soft toys are not allowed in cribs for infants younger than 12 months.

Once the infant is in the crib, the sides of the crib must be up and locked. Staff must position themselves so that they are able to visually see and hear all sleeping infants/toddlers. If an infant arrives to the program asleep in their car seat or falls asleep in a bouncy seat, swing or any other equipment not designed for infant sleep, the infant must be moved to their crib.

Teaching staff should check on sleeping children by standing near the children and visually viewing each child at least 3 times each hour. The frequency of checks should reflect knowledge of an individual child's characteristics (for example, a child with reflux may need more frequent checks.) Teaching staff should use natural transitions to check on sleeping children, for example, when placing another child down for a nap, responding to a waking child, or at the end of an activity with a child or children who are awake. Checking on sleeping children should not disrupt that child's sleep or interrupt the teaching staff member's interactions with children who are awake.