



# MILESTONE MONTESSORI

Unit 20 & 21, 279 Kingston Road East  
Ajax, Ontario  
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(905) 426-4367

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[www.milestonemontessori.ca](http://www.milestonemontessori.ca)

## SLEEP SUPERVISION POLICY

As per regulation to the Child Care and Early Years Act (CCEYA), all children at Milestone Montessori are mandated have a rest period of 2 hours in length. Children who do not sleep will be given a quiet activity after 1 hour of quiet rest time. Infants age 0-18 months will rest on an as needed basis.

### SLEEP ARRANGEMENTS

Each child, who regularly sleeps at school, will have their own cot/crib assigned to them which will be labelled with their name. When a child transitions to the next age group they will have a new cot assigned to them that will be theirs for the duration of their stay in that room and so fourth. With regards to individual sleeping arrangements, parents will be required to fill out our “*Sleep Preferences, Accomodations and Percautions*” form upon enrollment. A new form will be filled out as the child transitions from room to room. This form will be reviewed and signed by the child’s classroom teachers upon entry into their room. Once reviewed this form will be placed in the classroom emergency binder for easy access when needed.

### CHILDREN 12 MONTHS AND UNDER

For children 12 months and under, parents are to be aware that Milestone Montessori is obligated to follow recommendations set out in *Joint Statement On Safe Sleep: Preventing Sudden Infant Deaths in Canada*. This statement reccomends that children up to their first birthday be placed on their backs for sleep. This has been Health Canada’s recommendation since 1993, as a means to reduce the risk of Sudden Infant Death Syndrome (SIDS). This requirement for infant sleep position can only be excused with a written note from a doctor/ physician reccomending differently.

### CHANGE IN SLEEP PATTERN

Staff are obligated to communicate any significant changes to your child’s sleep pattern or sleep behaviour such as night terrors or a substantial change in amount of sleep. This communication allows us to ensure that parents are always aware of changes that are occuring with their child. These changes to sleep pattern or sleep behaviour will be communicated through the child’s written daily report or verbally upon pick up or drop off.

### VISUAL CHECKS

Direct visual checks will be preformed on the child during rest time to ensure that there are no signs of distress. Visual checks for infants will be recorded on a white board in the child’s classroom and visual checks for all other age groups will be documented in a sleep log in the child’s classroom. The frequency of these visual checks is based on the child’s age and can be found in the chart below

Age Group	Frequency	Method of Documentation
Infant (0-18 months)	Every 30 minutes	White Board in Classroom
Toddler (18 months-2.5 years)	Every 30 minutes	Sleep Log
Pre Casa (2.5-3.5 years)	Every hour	Sleep Log
Casa (3.5-6 years)	Every Hour	Sleep Log

These visual checks will be conducted by the classroom teacher being physically present beside the child long enough to ensure that they are not under distress. During these visual checks staff will be looking for breathing rate, sweating, colour change, wheeezing, and nose flaring. If the child is showing any signs of distress the staff will act accordingly.



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## SLEEP PREFERENCES, ACCOMODATIONS, AND PRECAUTIONS

At Milestone Montessori we want your child to feel as comfortable as possible throughout their stay at our center. We want to ensure your child is able to feel fully rested during our rest periods so that they can be recharged for the rest of their fun filled day. Please fill out this form with any special preferences (ie. likes to sleep in the dark, ) accomodations (ie. Needs a pacifier, sleeps with a teddy bear etc) and percautions (ie. Has night terrors, tends to get overheated at night etc) that you may have for your child.

\*Please note that any items, besides a pillow and blanket, not listed on this page will not be allowed with your child as they sleep.\*

Child's Name: \_\_\_\_\_

Sleep Preference(s):

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Sleep Accomodation(s):

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Sleep Percaution(s):

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## COT SLEEPING PERMISSION FORM

I, \_\_\_\_\_ parent or guardian of my child, \_\_\_\_\_, give permission for said child to sleep on a sleeping cot that is provided by Milestone Montessori during rest time. I understand that this cot will be individually assigned and only used by my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date