Children Napping with Doors Open

Rationale:
Periodically interpretations of rules are updated to ensure programs are engaging in healthy and safe child care practices. Recently, OCC updated their interpretation of the supervision rules. This is due to the large body of research around preventing SIDS, Sudden Infant Death Syndrome.

- Twenty percent of SIDS deaths occur in child care, which is a very high number.
- SIDS is the leading cause of death for infants 1 month to 1 year of age.
- The research shows that babies are much less likely to die of SIDS when the baby is placed on his or her back to sleep in a crib with a firm mattress, with no soft objects, toys, or loose bedding.

Adequate supervision also plays a role in preventing accidents and deaths. This means a caregiver is actively checking on and listening for children who are sleeping, falling asleep, and waking. It also requires that the sleeping space is well lit so that staff can see each infant’s face and the color of his or her skin. Further, it requires a caregiver to remain on the same level or floor as the sleeping child.

Practice:
OCC has recently determined that if a door is closed while children are sleeping that the provider is not in compliance with supervision rules. It is extremely difficult to be within sight or sound of children, near enough to respond, and be aware of what each child is doing if separated by a closed door. In addition, the silent activities of a child in distress (suffocation, choking) might be missed if the door is closed. Having the door open also allows for faster and safer evacuation in case of an emergency.

Sleep Environment:

- A caregiver must be on the same floor of the home as sleeping children.
- The room should have enough light that the caregiver can easily see children’s faces, color of their skin and notice any signs of distress.
- Background noise (such as music, nature sounds) should be low enough that the provider can supervise by sound.

FAQ:

1. Can a monitor be used to supervise sleeping children behind a closed door?

Though these monitors might feel like they provide adequate supervision, they do not replace a caregiver being within sight or sound of sleeping children. In addition, manufactures’ users manuals for infant monitors often state that their use does not replace adult supervision. A monitor may be used to supplement supervision, but the door must still remain open while children are sleeping.

2. Does the door need to be completely open or just ajar?

The door should be open enough that a caregiver can easily step into the room to do frequent audio or visual checks of children. The door should not obstruct direct sight into all areas of the room where children are sleeping. The door should be open wide enough so that children can remain within sight or sound.
3. If the door is not closed, won’t it be too noisy for children to sleep?

Generally, children do not need a dark and silent room for sleeping and are able to sleep in rooms that have light and sound. Infants and young children new to child care are getting used to sleeping in a new environment. Infants, in particular, will sleep when they are tired.

Applicable Rules

414-205-0075 Supervision of Children – Registered Family
The provider or a substitute provider is responsible for the children in care. At all times the provider or substitute provider must:
(1) Be within sight or sound of all children;
(2) Be aware of what each child is doing;
(3) Be near enough to children to respond when needed;
(4) Be physically present when there are children under the age of 36 months playing outside; and
(5) Be physically present when kindergarten-age or younger children are playing outside, unless the outside play area is fully fenced and hazard free.

414-350-0120(2) Caregiver/Child Ratios and Supervision- Certified Family
(2)Children shall at all times have the full attention of and be supervised by the required number of caregivers:
(a) Children shall be within sight and/or sound of a caregiver at all times;
(b) A caregiver shall be near enough to children to respond when needed. Children out of direct contact shall be monitored regularly and frequently and must be in approved activity areas;
(c) Children may not be on a floor level of the home unless a caregiver is on the same floor level, except as specified in OAR 414-350-0120(2)(d);