

Sleep and Rest Procedure

Procedure

We will:

Create a sleep/rest time environment which achieves a calm and relaxing atmosphere, conducive to young children’s sleep/rest needs. Rest/relaxation areas can be located in both indoor and outdoor areas and established in a manner that allows active supervision and monitoring of children.

Staff members will remain with children whilst they sleep/rest, and will monitor and supervise all sleeping/resting children within their care. It is a department requirement that sleeping children are diligently supervised by the Educators in that space during sleep time at all times.

- Provide a mattress/cot/linen for each child to sleep on (all cots meet the Australian Standard and there will be no more than 25mm gap between the sides and ends of the cot and mattress). The safest place to sleep a baby is in their own safe sleeping place in the same room as an adult care-giver (rednose.com.au)
- Wash individual children’s bed linen weekly, between children’s use and when soiled
- Encourage each child to rest, if not sleep, for at least a short time
- If children have reached a stage where sleeping during the day is not part of their routine, parents are encouraged to discuss this with Educators. Children that do not sleep will be provided with appropriate activities during the rest time period
- Comfort those children who need it when they first wake up, wherever possible
- Allow children to remain on their beds for as long as they need to, once awake
- Spray and clean mattresses with warm soapy water on a weekly basis or when mattresses are shared between children

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- Replace mattresses when damaged and/or manufacturer's recommendation.

The centre follows the recommendation for safe sleeping for babies from Red Nose which includes:

- Lying young babies on their side or back for sleep unless the parents' doctor has advised them otherwise. Young babies' feet are placed at the end of the cot. Older babies, who can turn and move around the cot, will be placed in the cot on their backs, and then allowed to find their own comfortable sleeping position
- Make sure the babies do not get too hot, remove excess clothing and blankets
- Doonas and cot bumpers, wheat-bags and hot water bottles will not be used
- Cots are placed away from hanging cords, heaters and electrical appliances.

All children

- Children should sleep and rest with their face uncovered
- Children's sleep and rest environments should be free from cigarette or tobacco smoke
- Sleep and rest environments and equipment should be safe and free from hazards
- Supervision planning and the placement of Educators across a service should ensure Educators are able to adequately supervise sleeping and resting children
- Educators should closely monitor sleeping and resting children and the sleep and rest environments. This involves checking/inspecting sleeping children at regular intervals, and ensuring they are always within sight and hearing distance of sleeping and resting children so that they can assess a child's breathing and the colour of their skin. Service providers should consider the risk for each individual child, and tailor Sleep and Rest Policies and Procedures (including the frequency of checks/inspections of children) to reflect the levels of risk identified for children at the service. Factors to be considered include the age of the child, medical conditions, individual needs and history of health and/or sleep issues.

Babies and toddlers

- Babies should be placed on their back to sleep when first being settled. Once a baby has been observed to repeatedly roll from back to front and back again on their own, they can be left to find their own preferred sleep or rest position (this is usually around 5-6 months of age). Babies aged younger than 5-6 months, and who have not been observed to repeatedly roll from back to front and back again on their own, should be re-positioned onto their back when they roll onto their front or side

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- If a medical condition exists that prevents a baby from being placed on their back, the alternative practice should be confirmed in writing with the service, by the child’s medical practitioner
- Babies over 4 months of age can generally turn over in a cot. When a baby is placed to sleep, educators should check that any bedding is tucked in secure and is not loose. Babies of this age may be placed in a safe baby sleeping bag (i.e. with fitted neck and arm holes, but no hood). At no time should a baby’s face or head be covered (i.e. with linen). To prevent a baby from wriggling down under bed linen, they should be positioned with their feet at the bottom of the cot
- If a baby is wrapped when sleeping, consider the baby’s stage of development. Leave their arms free once the startle reflex disappears at around three months of age, and discontinue the use of a wrap when the baby can roll from back to tummy to back again (usually 4-6 months of age). Use only lightweight wraps such as cotton or muslin. Visit the [Red Nose website](#) to download an information statement - Wrapping Babies - and the brochure - [Safe Wrapping](#) - for more information
- If being used, a dummy should be offered for all sleep periods. Dummy use should be phased out by the end of the first year of a baby’s life. If a dummy falls out of a baby’s mouth during sleep, it should not be re-inserted
- Babies or young children should not be moved out of a cot into a bed too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot. This usually occurs when a toddler is between 2-3 ½ years of age, but could be as early as 18 months.

Individual children

- Ensure that children who do not wish to sleep are provided with alternative quiet activities and experiences, while those children who do wish to sleep are allowed to do so, without being disrupted. If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest (if required). It is important that opportunities for rest and relaxation, as well as sleep, are provided
- Consider that there are a range of strategies that can be used to meet children’s individual sleep and rest needs
- Look for and respond to children’s cues for sleep (e.g. yawning, rubbing eyes, disengagement from activities, crying, decreased ability to regulate behaviour and seeking comfort from adults)

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- Avoid using settling and rest practices as a behaviour guidance strategy because children can begin to relate the sleep and rest environment, which should be calm and secure, as a disciplinary setting
- Minimise any distress or discomfort
- Acknowledge children's emotions, feelings and fears
- Understand that younger children (especially those aged 0-3 years) settle confidently when they have formed bonds with familiar carers
- Ensure that the physical environment is safe and conducive to sleep. This means providing quiet, well-ventilated and comfortable sleeping spaces. Wherever viewing windows are used, all children should be visible to supervising Educators.

Sources and further Reading

- Education and Care Services National Regulations 2011 Reg - 81
- Red Nose rednose.com.au

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