Procedure  Sleep and rest requirements

4.09.36

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<tr>
<th>Directorate</th>
<th>Community, Environment &amp; Planning</th>
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<tbody>
<tr>
<td>Responsible Officer</td>
<td>Manager</td>
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Introduction

All children have individual sleep and rest requirements that need to be met. Children of the same age can have different sleep patterns, which Nominated Supervisors and Educators need to consider within their service. As per Standard 2.1 (element 2.1.2) of the National Quality Standard, each child’s comfort should be provided for and there should be appropriate opportunities to meet each child’s sleep, rest and relaxation needs. Children’s Services have a duty of care to provide children with a high level of safety when sleeping and resting and that every reasonable precaution is taken to protect them from harm and hazard.

‘Rest’ is a period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep. It is important for children to participate in a quiet/rest period during the day in order to rest, relax and recharge their body during their busy and energetic days. Effective rest strategies are important factors in helping children to feel secure and safe in an early childhood environment.

Bega Valley Shire Council’s (BVSC) Children’s Services will ensure all children have appropriate opportunities to sleep rest and relax in accordance with their individual needs. Children’s Services will consult with families about their child’s individual needs, being aware of the different values and parenting beliefs, cultural or opinions associated with sleep requirements. The services will provide a comfortable and relaxing environment that is safe and well supervised to ensure children are safe, healthy and secure while resting.

The risk of Sudden Infant Death Syndrome (SIDS) will be minimised by following current evidence-based research practices and guidelines on the Red Nose website. Red Nose (formerly SIDS and Kids) is considered the recognised national authority on safe sleeping practices for infants and children.

If a family’s beliefs and requests are in conflict with current recommended evidence-based guidelines, the Nominated Supervisor will determine if there are exceptional circumstances that allow for alternate practices. Children’s Services will only approve an alternative practice if provided with written advice from a registered medical practitioner accompanied by a risk assessment and risk minimisation plan for the individual child.

National Quality Standard (NQS)

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<tr>
<th>Standard/Element</th>
<th>Concept</th>
<th>Children’s Health and Safety</th>
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</thead>
<tbody>
<tr>
<td>2.1.1</td>
<td>Wellbeing and comfort</td>
<td>Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s needs for sleep, rest and relaxation</td>
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<tr>
<td>2.1.2</td>
<td>Health Practices and procedures</td>
<td>Effective illness and injury management and hygiene practices are promoted and implemented</td>
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<tr>
<td>2.2.1</td>
<td>Supervision</td>
<td>At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard</td>
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<thead>
<tr>
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<tbody>
<tr>
<td>3.1</td>
<td>Design</td>
<td>The design of the facilities is appropriate for the operation of a service</td>
</tr>
<tr>
<td>3.1.2</td>
<td>Upkeep</td>
<td>Premises, furniture and equipment are safe, clean and well maintained</td>
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### Quality Area 6: Collaborative Partnerships with Families and Communities

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<th>Concept</th>
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<tbody>
<tr>
<td>6.1.1</td>
<td>Engagement with the service</td>
<td>Families are supported from enrolment to be involved in the service and contribute to service decisions</td>
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<tr>
<td>6.1.3</td>
<td>Families are supported</td>
<td>Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.</td>
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### Quality Area 7: Governance and Leadership

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<th>Concept</th>
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<td>7.2.1</td>
<td>Continuous improvement</td>
<td>There is an effective self-assessment and quality improvement process in place</td>
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<td>7.2.2</td>
<td>Educational Leadership</td>
<td>The Educational Leader is supported and leads the development and implementation of the educational program, assessment and planning cycle</td>
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### Education and Care Services National Regulations

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<td>82 Tobacco, drug and alcohol free environment</td>
<td>Premises, furniture and equipment to be safe, clean and in good repair</td>
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<tr>
<td>103 Premises, furniture and equipment to be safe, clean and in good repair</td>
<td>Furniture, materials and equipment</td>
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<tr>
<td>110 Ventilation and natural light</td>
<td>Premises designed to facilitate supervision</td>
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<td>115 Premises designed to facilitate supervision</td>
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### Strategies

#### Upon enrolment

All families will:

- Complete an Enrolment Questionnaire that includes providing information about their child’s sleep and rest needs, routines, and unique requirements.

If the family’s beliefs and requests are in conflict with current recommended evidence-based guidelines, the Nominated Supervisor will:

- Require that the family gain written advice from a registered medical practitioner accompanied by a risk assessment and risk minimisation plan for the individual child.
Once information and appropriate authorisation has been gained, the Nominated Supervisor will:

- Communicate sleep and rest information to Educators in the room prior to the child’s first day.

**Service Leadership**

The Nominated Supervisor will:

- Take reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for by the service are met, having regard to the ages, development stages and individual needs of the children.
- Provide an adequate number of cots and bedding for children that meet Australian Standards (Australian Standard for Cots: AS/NZS 2172)
- Maintain up to date knowledge regarding safe sleeping practice
- Provide consistent safe sleeping information is displayed throughout the services, and given to parents, family members and all Educators within the service
- Document sleep practices and schedules and share this information with families.
- If required, provide support to Educators to negotiate sleep and rest routines and practices with families to reach agreement on how these occur for each child at the service.
- Support all Educators within the service to receive information and training to fulfil their role effectively, including being made aware of the sleep and rest procedures, their responsibilities in implementing these, and any changes that are made over time.

**Daily Practice**

The Nominated Supervisor/Responsible Person will:

- Ensure the child’s safety is always the first priority
- Ensure that sleep and rest environments are safe and free from hazards, are well ventilated and have natural lighting
- Ensure that supervision windows are kept clear to ensure safe supervision of sleeping children.
- Ensure the sleep and rest environment is free from cigarette or tobacco smoke.

Educators will:

- Consult with families about children’s sleep and rest needs
- Be sensitive to each child’s needs so that sleep and rest times are a positive experience
- Ensure that beds/mattresses and bed linen are clean and in good repair
- Ensure beds and mattresses are wiped over with warm water and neutral detergent or vinegar between each use
- Ensure bed linen is used by an individual child and will be washed before use by another child
- Arrange children’s beds and cots to allow easy access for children and staff
- Create a relaxing environment for sleeping children by playing relaxation music, reading stories, cultural reflection; turning off lights and ensuring children are comfortably clothed.
- Provide an environment is tranquil and calm for both Educators and children
- Sit near children encouraging them to relax. By providing a quiet, tranquil environment, children will choose to sleep if their body needs it.
- Maintain adequate supervision and maintain Educator ratios throughout the sleep period
- Ensure that sleeping infants are closely monitored and that all sleeping children are within hearing range and observed. 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.

- Make sure that supervision windows are kept clear to ensure safe supervision of sleeping children
- Ensure children who are sleeping or resting have their face completely uncovered
- Assess each child’s circumstances and current health to determine whether higher supervision levels and checks may be required
- Communicate with families about their child’s sleeping or rest times. Sleep and rest patterns will be recorded daily for families.
- Respect family preferences regarding sleep and rest and consider these daily while ensuring children feel safe and secure in the environment. Conversations with families may be necessary to remind families that children will neither be forced to sleep nor prevented from sleeping.
- Encourage children to dress appropriately for the room temperature when resting or sleeping. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing.
- Ensure children rest/sleep head to toe to minimise the risk of cross infection
- Monitor the room temperature to ensure maximum comfort for the children
- Ensure there are appropriate opportunities to meet each child’s need for sleep, rest and relaxation
- 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 a vast range of strategies to meet children’s individual sleep and rest needs
- Respond to children’s individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc.)
- Acknowledge children’s emotions, feelings and fears
- Develop positive relationships with children to assist in settling children confidently when sleeping and resting.

**In relation to babies in cots**

Educators will:

- Ensure that babies are 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. If a medical condition exists that prevents a baby from being placed on their back, the alternative practice must be confirmed in writing to the service by the child’s medical practitioner.
- Be aware that babies over four 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.
- Consider the baby’s stage of development if the child is to be wrapped. 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 four to six months of age). Use only lightweight wraps such as cotton or muslin.

- If being used offer a dummy for all sleep periods. Dummies 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.
- Ensure children are not being put in cots or in beds with bottles.
- Ensure that cot rooms and sleep rooms have operational baby monitors on at all times.
- Observe children at 10-minute intervals while they sleep in these rooms. Educators must go into the rooms and physically see babies breathing. The Educator will then officially record this on a Sleep Check chart.
- Encourage the use of sleeping bags for babies. If the sleeping bags have fitted neck and armholes there is no risk for the child’s face being covered.
- Securely lock cots sides into place to ensure children’s safety.
- Cot rooms are maintained at an appropriate temperature.
- Be aware of manual handling practices when lifting babies in and out of cots.
- Participate in staff development about safe sleeping practices.
- Understand that bassinets, hammocks and prams/strollers do not carry safety codes for sleep. Babies should not be left in a bassinet, hammock or pram/stroller to sleep, as these are not safe substitutes for a cot.
- Ensure mattresses are kept in good condition; they should be clean, firm and flat, and fit the cot base with not more than a 20mm gap between the mattress sides and ends.
- Not elevate or tilt mattresses.
- Remove any plastic packaging from mattresses.
- Ensure that there are no pillows, doonas, loose bedding, lamb’s wool, bumpers and soft toys in cots.

Moving children from cots to beds

Babies or young children should not be moved out of a cot into a bed too early or 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 and 3 ½ years of age, but could be as early as 18 months.

Legislative requirements

- Education and Care Services National Law and the Education and Care Services National Regulations 2015.

References and Further Reading