

SLEEP AND REST FOR CHILDREN

POLICY

Effective rest and sleep strategies are important factors in ensuring a child feels secure and safe in the care environment. Building Futures Care endorses recommendations from the recognised national authority Red Nose.

Individual children's needs for sleep and rest must be met and respected in a safe and appropriate environment and provided with the appropriate bedding and furniture, considering cultural and religious requirements as well as ages, development stages and individual routines.

PROCEDURE

Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns, which must be taken into consideration. Each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs.

The family day care educator will consult with parents of children in care as to their sleep/rest requirements and encourage children to sleep in order to meet their development and at the time that best suits their needs.

Educators are to provide the beds and cots for children and will communicate to parents who will be responsible for providing the child's bed linen.

Children must be provided with a high level of safety when sleeping and resting and every reasonable precaution must be taken to protect them from harm and hazard. This includes practices such as not putting children to bed with bottles or drinks.

Children should always sleep and rest with their face uncovered.

No child will be forced to sleep during rest times. A quiet place should be designated for rest and sleep, away from interactive groups. If designated for rest, the space should allow for a calm play experience.

Children's sleep and rest environments must be free from cigarette or tobacco smoke; sleep and rest environments and equipment must be safe and free from hazards.

Educators must be able to adequately supervise and monitor sleeping and resting children and the sleep and rest environments. This involves checking/inspecting sleeping children at regular intervals (at least every 10 minutes), 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. A sleep check form must be filled in every 10 minutes when a baby under the age of 12 months is sleeping.

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.

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 may be placed in a safe baby sleeping bag (i.e. with fitted neck and arm holes, but no hood). To prevent a baby from wriggling down under bed linen, they should be positioned with their feet at the bottom of the cot.

Services should consult with families about their child's individual needs and be sensitive to different values and parenting beliefs, cultural or otherwise, associated with sleep and rest. A baby/child's age and development must also be taken into consideration when deciding on best sleep and rest practices.

If a family's beliefs and requests conflict with current recommended guidelines, the service will need to determine if there are exceptional circumstances that allow for alternate practices. For example, with some rare medical conditions, it may be necessary for a baby to sleep on his or her stomach or side, which is contrary to Red Nose recommendations. It is expected that in this scenario the service would only endorse the practice, with the written support of the baby's medical practitioner. The service may also consider undertaking a risk assessment and implementing risk minimization plans for the baby. The Educator should consult with the Coordination Unit to determine the best course of action.

In other circumstances, the service will not endorse practices requested by a family if they differ with Red Nose recommendations and/or could pose a risk to the child. Child safety is always the first priority.

The indoor spaces used by children at the service must be well ventilated; and are maintained at a temperature that ensures the safety and wellbeing of children.

Five tips for setting up a safe sleeping environment

1. Location, location, location. Babies/children should sleep in a dedicated room separate, but accessible from the main activity room where possible. The room should have adequate light and ventilation so that you can keep a close eye on each child during sleep.
2. Remove any unnecessary furniture from the sleeping space that could cause accidental injury or become a trip or falls hazard. Likewise, any access to stairs should be completely blocked off.

3. Look up, look down, look all around. Are there any hanging cords, blinds, clocks or wall hangings such as bunting, pictures or canopies or that could pose a danger to a baby/child?
4. Zoom in on the sleep surface. Babies should sleep in a safe cot that meets mandatory Australian Standards. Babies should not be placed to sleep in a pram, bouncer, car seat, capsule or any other inclined device, which are not designed as dedicated sleep spaces. Importantly: the cot should be clear of pillows, bumpers, lambswool or thick loose bedding, even if the child is older than twelve months of age. These pose a significant suffocation risk.
5. For older children, floor mattresses are the safest place for sleep, reducing the risk of injury if they fall. Educators should ensure adequate space is maintained between each mattress to allow staff to check on each child safely. A note on pillow use: In line with Government recommendations, the safest time to introduce a pillow is over the age of two

Children will be provided with individual beds and bedding which will be stored individually and maintained in a hygienic manner.

Children shall never be humiliated or shown negativity through voice or actions when soiling or wetting their bed. Nor shall they be forced to wear nappies to bed for the ease of others.

All cots must meet the current mandatory Australian Standard for Cots (AS/NZS 2172), and should carry a label to indicate this. All portable cots must meet the current mandatory Australian Standard for children's portable folding cots (AS/NZS 2195), and should carry a label to indicate this.

Bassinets, hammocks and prams/strollers do not carry safety codes for sleep. Babies should not be left in a hammock or pram/stroller to sleep, as these are not safe substitutes for a cot. Bassinets are not allowed to be used at all.

Mattresses should be 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. A firm sleep surface that is compliant with current standards should be used. Mattresses should not be elevated or tilted, should be in good, clean condition, and all plastic packaging must be removed from mattresses.

In portable cots, the firm, clean and well-fitting mattress that is supplied with the portable cot should be used. Do not add any additional padding under or over the mattress or an additional mattress.

Light bedding is the preferred option; it should be tucked into the mattress to prevent the child from pulling bed linen over their head. Soft and/or puffy bedding in cots is not necessary and may obstruct a child's breathing.

All Educators will have a Sleep and Rest risk assessment that will be reviewed annually or when updates are required through out the year.

Evening / Overnight Care

The provision of overnight care is a component of flexible delivery in Family Day Care. It is vital that educators offering overnight care maintain a comfortable, safe environment that meets individual needs of each child. Educators are to carefully consider the provision of overnight care to a child, and any risks that the overnight care at the family day care residence or approved venue may pose to the safety, health or wellbeing of child.

If an Educator has a child/ren in evening / overnight care they must:

- Complete a risk assessment for children in overnight care;
- Advise the coordinator of any booking of overnight care arrangements prior to care taking place;
- Discuss an emergency evacuation plan for night-time, including in case of fire or an intruder;
- Babies up to 12 months of age must sleep in the same room as educator and remain within sight and hearing;
- Not consume alcohol or other substances that adversely affect an educator's ability to care for children;
- Provide a separate, comfortable bed and respect the child's need for privacy, while maintaining hearing distance during the night;
- Consider how to monitor access of other people to the child's sleeping environment overnight,
- Consider access of the child to other areas of the house during the night.

RELEVANT LAWS, SOURCES AND OTHER PROVISIONS

Education and Care Services National Law Act 2011

Education and Care Services National Regulations 2011

National Quality Framework

National Quality Standard

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