
Dawson Street Child Care Co- operative Policy Manual

Rest and Sleep Policy

1. Authorisation

This policy was reviewed and adopted by the Dawson Street Child Care Co-operative Management Committee on 28 August 2019.

2. Review date

This policy will be reviewed in four years' time, in August 2023 or earlier if needed.

3. Policy statement

Values

DSCCC is committed to providing a safe and calm environment for children.

Scope

This policy applies to all children, families and staff at DSCCC.

Principles

- Effective sleep and rest strategies are important factors in ensuring a child feels secure and is safe at a service.
- Approved providers, nominated supervisors and educators have a duty of care to ensure children are provided with a high level of safety when sleeping and resting and every reasonable precaution is taken to protect them from harm and hazard.
- Approved providers are responsible for ensuring sleep and rest policies and procedures are in place.
- Policies and procedures should be based on current research and recommended evidence-based principles and guidelines. Red Nose (formerly SIDS and Kids) is considered the recognised national authority on safe sleeping practices for infants and children.
- Nominated supervisors and educators should receive information and training to fulfil their roles effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time.
- 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.
- If a family's beliefs and requests are in conflict with current recommended evidence-based 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 minimisation plans for the baby.
- In other circumstances, nominated supervisors and educators would not be expected to endorse practices requested by a family, if they differ with Red Nose recommendations. For example, a parent may request the service wrap or swaddle their baby while they are sleeping. However, according to Red Nose recommendations, this practice should be discontinued when a baby starts showing signs that they can begin to roll (usually around four to six months of age, but sometimes earlier). Nominated supervisors and educators should be confident to refer to the service's Sleep and Rest Policies and Procedures if parents make requests that are contrary to the safety of the child. Child safety should always be the first priority.
- Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns, which nominated supervisors and educators need to consider within the service. As per Standard 2.1 (element 2.1.2) of the National Quality Standard, each child's

Dawson Street Child Care Co-operative Policy Manual

comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs.

4. Background and legislation

- DSCCC has a duty of care to ensure that all children are safe when resting or sleeping while in care.
- It is understood by all carers, children and families that there is a shared responsibility between the service and other stakeholders that the DSCCC Rest and Sleep Policy and procedures are accepted as a high priority.
- In meeting the Centre's duty of care, it is a requirement that management and staff implement and adhere to the DSCCC Rest and Sleep Policy.
- Quality Area 2 of the National Quality Framework provides that: Each child's wellbeing and comfort is provided for [at a childcare centre], including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
- Regulation 81 of the Education and Services National Regulations (the Regulations) provides that a childcare centre must 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.
- Regulation 168 of the Regulations provides that a childcare centre must have policies and procedures with respect to sleep and rest for children.

5. Definitions

Rest is defined as a period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep.

6. Procedures

The primary safe resting and sleeping practices for children in care at DSCCC are as follows:

Children of all ages

- Children should sleep and rest with their face uncovered.
- 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 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

Dawson Street Child Care Co-operative Policy Manual

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.

- Carers monitor the temperature of the rest environment and address children's clothing needs.
- Children resting in jumpers with hoods and cords are at higher risk of choking and should not wear these garments when resting.

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.
- 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 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.
- 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 four to six 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 for children under one.
- For older children, the use of dummies should be informed by parental choices.
- 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 and 3 ½ years of age, but could be as early as 18 months. Download the brochure – [Cot to bed safety: When to move your child out of a cot](#) – for more information.

Safe environments and equipment

Hazard identification

- Ensure a safety check of sleep and rest environments is undertaken on a regular basis. If hazards are identified, lodge a report as instructed in the service's policies and procedures for the maintenance of a child safe environment.
- Every three months DSCCC will conduct a safety check of the resting environments, equipment and/or aids. Mattresses will be checked daily. If staff identify any hazards they will lodge a report as per the DSCCC Occupational Health and Safety Policy.
- Hanging cords or strings from blinds, curtains, mobiles or electrical appliances must be tied away from cots or mattresses to prevent a child from choking or hanging.

Dawson Street Child Care Co-operative Policy Manual

- DSCCC does not permit the use of hot water bottles, electric blankets or heated wheat bags in children's cots or on mattresses. These items present a risk of children either being scalded or developing hyperthermia (overheating).
- Carers will look for the following hazard signs:
 - loose or broken parts;
 - missing or loose knobs, screws or sharp catches;
 - peeling, cracking paint or splintered wood; and
 - any design flaw that reduces the safety of the cot. For example, missing or broken safety latches to sides.
- Keep heaters and electrical appliances away from cots.
- Do not place anything (e.g. amber teething necklaces) around the neck of a sleeping child. The use of teething bracelets (e.g. amber teething bracelets) is also not recommended while a child sleeps.

Safe cots

All cots sold in Australia must meet the current mandatory Australian Standard for Cots (AS/NZS 2172), and should carry a label to indicate this. All portable cots sold in Australia must meet the current mandatory Australian Standard for children's portable folding cots, AS/NZS 2195, and should carry a label to indicate this. Cots used at a service should meet current standards. Download the guide to infant and nursery products publication – [Keeping Baby Safe](#) – for more information from the Australian Competition and Consumer Commission's website.

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.

Safe cot mattresses

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 the new AS/NZS Voluntary Standard (AS/NZS 8811.1:2013 Methods of testing infant products – Sleep surfaces – Test for firmness) should be used.

Mattresses should not be elevated or tilted. Testing by hand is not recommended as accurate in assessing compliance with the AS/NZ Standard. For information on testing adequate mattress firmness, watch this [video](#) or refer to [written instructions](#). Remove any plastic packaging from mattresses.

Ensure waterproof mattress protectors are strong, not torn, and a tight fit. In portable cots, use the firm, clean and well-fitting mattress that is supplied with the portable cot. Do not add any additional padding under or over the mattress or an additional mattress.

Safe bedding

Light bedding is the preferred option; it should be tucked in to the mattress to prevent the child from pulling bed linen over their head. Remove pillows, doonas, loose bedding or fabric, lambs wool, bumpers and soft toys from cots. Soft and/or puffy bedding in cots is not necessary and may obstruct a child's breathing. Download the information statements – [Pillow Use](#), [Soft Toys in the Cot](#) and [Bedding Amount Recommended for Safe Sleep](#) – for more information on the Red Nose website.

Protective behaviours and practices

Supervision of resting children

- All children who are resting will be supervised by carers.
- Students or volunteers will not be left unsupervised when settling children for a rest.

Dawson Street Child Care Co-operative Policy Manual

- All children who have fallen asleep in the service will be monitored regularly with specific attention to breathing patterns.
- Adults will not rest or sleep in the same environment as a child or group of children. If a child's face is covered, the staff/carer will immediately uncover the child's face. Staff/carers will monitor the temperature, the security of each cot (for example, whether the sides of the cot are up and/or locked) and environment safety (for example, location of heaters or hanging cords near cots).
- If a child is unwell, the Director or senior staff member will consider the age of the child, the nature of the illness or injury and the availability of staff/carers and will treat the unwell child in accordance with the DSCCC Illness, Infectious Disease and Emergency Care Policy.

Settling children for rest

- 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).
- 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.
- Ensure that children are in comfortable clothing, that nappies are clean and dry and/or that children have been to the toilet.
- Offer comfort items and soothing music.
- Sit and be with children to assist them to sleep if needed.

Carers, students and volunteers as role models

- Children learn through example and role modelling is an important strategy in child care to maintain quality standards.
- Carers, students and volunteers must comply with the Rest and Sleep Policy.

Hygiene practices

- Babies' cots are cleaned weekly with bench and table spray using paper towel to wipe the surface.

Dawson Street Child Care Co-operative Policy Manual

- Children's resting mattresses are cleaned weekly with bench and table spray using paper towel to wipe the surface.
- Each child has their own bed linen.
- Children's bed linen is washed weekly by the centre, and immediately if soiled.
- Other resting materials or aids, such as cushions, are to be cleaned every week by the families.

Communicating with different stakeholders

Children

- The children are notified that rest time will be happening with a warning before the period starts.
- All children are encouraged to be an active participant where possible to assist in the sleep/rest routine eg. getting undressed and getting comfort items/ cushions from their lockers

Families

- Rest strategies and practices are outlined in the Family Handbook, enrolment forms, newsletters and excursion permission forms.
- Information regarding safe sleeping practices are displayed on the noticeboard in the Lavender sleep room and information is available from the pamphlet shelf outside the office
- Children's sleep/rest information is available on routine whiteboards in the children's playrooms

Staff/Carers

- Staff are to read and know each room's routine and implement it when assisting children during sleep/rest time. Young babies will have individual routines so staff in the Lavender room will need to familiarise themselves with these as well.
- Carers receive regular first aid training in resuscitation as defined by licensing regulations/best practice standards.

Management/Coordination unit staff

- Management/coordination unit staff receive regular first aid training in resuscitation as defined by licensing regulations/best practice standard
- The Director will ensure staff are regularly updated on safe sleeping practices.

7. Related documents

DSCCC Policies

- Occupational Health and Safety Policy
- Illness, Infectious Disease and Emergency Care Policy

Dawson Street Child Care Co-operative Policy Manual

External References

- <https://www.acecqa.gov.au/resources/information-sheets/safe-sleep-and-rest-practices>

8. Evaluation

- Families are encouraged to collaborate with DSCCC to review the policy and procedures.
- Staff/carers are essential stakeholders in the policy review process and will be encouraged to be actively involved.
- DSCCC consults with families about their child's individual needs and staff/carers are aware of the different values and parenting beliefs, cultural or otherwise that impact on sleeping practices.
- If a family's beliefs and practices are in conflict with safe sleep guidelines, DSCCC will not endorse an alternative practice, unless the Centre is provided with written advice from a medical practitioner.

Date Reviewed	Details of Changes (if any)	Date of Next Review
August 2019	Policy rewrite to reflect National Quality Framework and best practice relating to SIDS	August 2023
April 2014	Minor updates	April 2018
June 2012	Updates to internal and external references	March 2014
April 2010	No changes	February 2012
February 2008	Initial DSCCC policy based on National Childcare Accreditation Policy.	February 2010