

ARMIDALE & DISTRICT FAMILY DAY CARE

Children's Sleep and Rest Policy

Related documentation Policy/policies:	Authorisations and Refusals, Child Protection, Promoting children's wellbeing and resilience & Dealing with Medical Conditions.
Regulation/s/ Standards:	National Regulation 81 Sleep and Rest, Part 1, 2 & 3 National Regulation 103 Physical environment, Part 1. National Quality Standard 2.1 Elements 2.1.1, 2.2, 2.2.1 Standard 3.1 Elements 3.1.1, 3.1.2
Related procedures:	Management of records, Safe sleeping, Supervision & Workplace health and safety for Educators.
References:	ACECQA, Red nose Foundation, National Law & regulations
Date effective	August 2021
Date for review	August 2023
Purpose	The purpose of the Sleep and Rest for Children Policy is to ensure the safety, health and wellbeing of babies and children attending Armidale & Districts family day care service's. AFDC Educators and Coordination unit ensures appropriate opportunities are provided to meet each child's need for sleep, rest and relaxation.
Responsibility	AFDC Board of Directors, Nominated Supervisor, Coordinators, Educators, Relief Educators, Families and Children.

Key information:

To ensure all babies and young children's needs for sleep, rest and relaxation are met, whilst in care with Armidale and District Family Day Care. Educators, AFDC Coordination unit and management have a shared 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.

Meeting children's sleep, rest and relaxation needs:

AFDC Educators are to consult with families on individual children's sleep and rest routines upon enrolment and on daily drop off's, to ensure consistency of routine and the needs of the child are met whilst in care.

AFDC Educators 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. *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.*

Safe sleep and rest practices:

- Children must sleep and rest with their face uncovered.
- A quiet place must be designated for rest and sleep, 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.
- Family Day Care Educators must ensure supervision of sleeping babies and children at all times, planning sleep and rest areas to ensure maximum supervision.
- Educators must closely monitor sleeping and resting children and the sleep and rest environments. ***This involves physically checking/inspecting sleeping children at regular intervals (no more than every 10 minutes) and record physical sleep checks on a sleep monitor chart.***
- Educators are to ensure 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.
- **Educators and Coordination unit must consider the risk for each individual child, and tailor Sleep and Rest Procedures for each individual service** (including the frequency of checks/inspections of children) to reflect the levels of risk identified for children at the FDC service. *Factors to be considered include the age of the child, medical conditions, individual needs and history of health and/or sleep issues (see below).*

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.
- 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 securely 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).*
- To prevent a baby from wriggling down under bed linen, they must 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. 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, *(find safe wrapping red nose brochure on AFDC website under forms or rednose.org.au)*
- 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. *(Find cot to bed safety red nose on AFDC website under forms or rednose.org.au)*
- Babies and toddlers must not be placed to sleep with a bottle or feeding themselves. If a baby or toddler falls asleep feeding Educator must burp baby before placing in cot.

Safe physical environment and equipment:

- Ensure a safety check of sleep and rest environments is undertaken on a regular basis *(cots and beds assessed annually upon re-registration, sleep areas are to be checked and cleared of any hazards before placing children to sleep every day).*
- Ensure hanging cords or strings from blinds, curtains, mobiles or electrical devices are away from cots and beds.
- Keep heaters and electrical appliances away from cots and beds
- Do not use loose bedding, electric blankets, hot water bottles and wheat bags in cots.
- Do not place anything (e.g. amber teething necklaces, bibs, jumpers, hoodies and toys) around the neck of a sleeping child. The use of teething bracelets (e.g. amber teething bracelets) is not permitted while a child sleeps.
- 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.

In the event that a child stops breathing:

- **Apply CPR.**
- **Call an ambulance.**
- **Refer to the Emergency Evacuation Policy.**

Safe sleep procedures and risk assessments for individual services:

Family Day care services are now required by law to develop and maintain an individualized safe sleep procedure catering to their specific service and children in their care.

Considerations for your individualized procedure, do the children in your care meet any of the following?

- **Critical development period** (0-6 months).
- **Vulnerable infant** (premature, maternal/family smoke, low birth weight, additional needs).
- **Exogenous stressors** (external factors like compromised health, infections, complex family relations, anxious parents, unsafe sleeping environment e.g co-sleepers, pram sleepers etc).

Red nose studies have shown these elements as major contributing factors to children and families experiencing SUDI (*Sudden Unexpected Death of an Infant*).

**PRAMS, CAPSULES AND CAR SEATS ARE PURPOSEFUL FOR TRANSPORT NOT SLEEP.
ENSURE YOU USE MATERIALS FOR THEIR PURPOSE AND INTENT.**

Considerations for overnight care:

Educators are to create a risk assessment or procedure detailing how they will adequately implement over-night care. This document must be signed by both the guardian and educator. Educators are to provide a copy of the risk assessment/procedure to the office prior to overnight care commencing.

Risks to consider are:

- Educators are to ensure the sleep area is free of hazards.
- The home continues to be smoke and alcohol free whilst children are in care.
- A plan to supervise and check child/children overnight.
- Access other people may have to the child's sleeping environment.
- Access the child has to other areas of the home during the night.