

Sleep and Rest

Policy Statement

All children have individual sleep and rest requirements. Our objective is to meet each child's need for sleep, rest and relaxation by providing a comfortable, relaxing and safe space to enable their bodies to rest. This environment will also be well supervised ensuring all children feel secure and safe at our service.

Policy Purpose

The *Education and Care Services National Regulations* requires approved providers and nominated supervisors to ensure their services have policies and procedures in place for children's sleep and rest having regard to the ages, developmental stages and individual needs of the children. Our *Sleep and Rest Policy* will assist workers to ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs whilst attending the service.

Meerilinga will ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs. The risk of Sudden Infant Death Syndrome (SIDS) will be minimised by following practices and guidelines set out by the national authority on safe sleeping practice for infants and children- Red Nose (formerly SIDS and Kids).

Our policy sets out quality practice and is informed by recognised and evidence-based principles. Safe Sleep practices are informed by Red Nose and guidance from ACEQCA.

We 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. In meeting the service's duty of care, it is a requirement that all Educators implement and adhere to this policy and associated procedures to ensure we respect and cater for each child's individual needs and ensure risks are appropriately addressed at all times.

Scope

This policy applies to the Board of Governors, Executive, all workers, volunteers, students and those employed on a fee for service or contract basis while conducting Meerilinga business.

Exclusions

Policy Review

Biannually or from time to time the organisation may make changes to this policy to improve the effectiveness of its operations.

Policy Reviewed	13 June 2023	By	Advisor Policy & Compliance
Approved By	CEO		
Previous Review	4 April 2022		

Implementation

Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns, which Responsible persons and educators need to consider within the Service. As per Standard 2.1 (Element 2.1.1) of the National Quality Standard, each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs. (ACECQA)

We define 'rest' as a period of inactivity, solitude, calmness or tranquility, and can include a child being in a state of sleep. Considering the busy and energetic nature of children's day, we feel that it is important for children to participate in a quiet/rest period during the day in order to rest, relax and recharge their body. Effective rest strategies are important factors in ensuring a child feels secure and safe in an early childhood environment.

Families are consulted about their child's individual needs, ensuring they are aware of the different values, cultural and parenting beliefs and practices, or opinions associated with sleep requirements.

Sleep and Rest Specific Risk Assessment

The Nominated Supervisor, in conjunction with Educators of the service, will conduct a comprehensive risk assessment in order to identify any potential risk/s or hazards and ensure the safety of all children during sleep and rest.

The risk assessment will be reviewed at least annually or after being aware of an incident or circumstance where the health, safety or wellbeing of children may be compromised during sleep or rest. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our service. If a risk concerning a child's safety during sleep and rest is identified during the risk assessment, the approved provider must update the Sleep and Rest Policy and procedure as soon as possible. The risk assessment must be stored safely and securely and kept for a period of 3 years.

Our risk assessment will consider and include the following information:

- The number, age, developmental stages and individual needs of children
- The sleep and rest needs of individual children being educated and cared for (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest)
- The suitability of staffing arrangements to adequately supervise and monitor children during sleep and rest periods

- The level of knowledge and training of staff supervising children during sleep and rest periods
- The location of sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas
- The safety and suitability of any cots, beds and bedding equipment, having regard to the ages and developmental stages of the children who will use the cots, bed and bedding equipment
- Any potential hazards:
 - In sleep and rest areas
 - On a child during sleep and rest periods (such as jewelry, clothing)
- The physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation)

Approved Provider, Nominated Supervisor, Responsible Persons will ensure:

- A sleep and rest specific risk assessment is conducted at least annually to ensure all potential hazards are controlled in sleep or rest areas in line with Red Nose and ACECQA guidelines
- Every reasonable precaution has been taken to protect children from harm and from hazards likely to cause injury. Hazards posing a risk of suffocation, choking, crushing or strangulation risk to children must be removed from the sleep and rest environment.
- Reasonable steps are taken 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, developmental stages and individual needs of each child
 - All educators and new employees are provided with a copy of this policy as part of their induction program process
 - Up to date knowledge regarding safe sleeping practices is maintained and information communicated to educators and families
 - Training is provided on safe sleep practices for all educators and keep a record of all such training
 - Opportunities are provided for educators to participate in Red Nose professional training
 - To provide appropriate opportunities to meet each child's need for sleep, rest and relaxation including providing children with comfortable spaces away from the main activity area for relaxation and quiet activities
 - To provide children with safe sleeping equipment and environment, including adequate ventilation and adequate lighting to enable effective supervision
 - They receive information and training to fulfil their role effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time
 - The child's safety is always the first priority
 - Children who are sleeping or resting have their face uncovered at all times
 - To provide information to parents and families about Safe Sleep practices (see [Red Nose](#))

- Educators, staff and volunteers follow the policy and procedures
- All equipment and furniture used are safe, clean and in good repair
- Educators follow the *Administration of First Aid Policy* if the child's face/body appears blue and the child is not breathing, initiate first aid immediately including calling an ambulance and beginning resuscitation
- The Nominated Supervisor will ensure an *Incident, Injury, Trauma and Illness Record* is completed in its entirety
- The Nominated Supervisor will ensure the parent and the regulatory authority are notified as soon as possible and within 24 hours of a serious incident
- Sleep surfaces are checked for firmness in accordance with Australian Standard AS/NZS 8811:1:2013
- A safe indoor environment is provided for children that is well ventilated, has adequate natural light and can be maintained at a temperature that ensures children's safety and wellbeing
- Sleep and rest environments will be safe and free from all hazards including cigarette and tobacco smoke
- Safe sleep practices are documented and shared with families
- To negotiate sleep and rest routines and practices with families to reach agreement on how these occur for each child at the Service
- Nominated Supervisors and educators are not expected to endorse practices requested by a family if they differ from [Red Nose](#) safe (formerly SIDS and Kids) sleeping recommendations.
- If any requirements differ from Red Nose sleeping recommendations, written authorisation from a medical practitioner will be required and shared with educators

Educators will ensure:

- They have a thorough understanding of the Service's policy and practices and embed practices to support safe sleep into everyday practice
- Children's safety is paramount
- Families are consulted about children's sleep and rest needs
- They are sensitive to each child's needs so that sleep and rest times are a positive experience
- There are appropriate opportunities to meet each child's need for sleep, rest and relaxation
- That each child's comfort is provided for
- Beds/mattresses and bed linen are provided to children
- That beds/mattresses are clean, in good repair and are used for the correct purpose of sleep and rest only

- Beds/mattresses are wiped over with detergent and water between each use and stored safely (*Refer to Health, Hygiene and Infection Control Policy and Processes*)
- Bed linen is clean and in good repair
- Bed linen is used by an individual child and is washed before use by another child
- Children's beds are arranged to allow easy access for children and staff
- Children rest/sleep with their beds/mattresses head to toe to minimise the risk of cross infection.
- To create a relaxing environment for sleeping children by playing relaxation music, reading stories, cultural reflection, turning off lights, and ensuring children are comfortably clothed
- There are no loose aspects of clothing that could entangle the child during sleep/rest.
- To sit near children who are resting and encourage them to relax and/or listen to music.
 - Remember that children do not need to be "patted" to sleep. By providing a quiet, tranquil environment, children will choose to sleep if their body needs it.
- Adequate supervision and educator ratios are maintained throughout the sleep and rest period
- Supervision is active, effective and frequent, in accordance with the services Active Supervision Plan.
- They are not engaged in other duties (e.g., administrative duties) that will take their attention away from actively supervising sleeping and resting children
- Physically check that the child is breathing by checking the rise and fall of the child's chest and the child's lip and skin colour.
 - Consider the circumstances and any risk factors that may mean physical checks need to be more frequent for some children (e.g.; children with colds, chronic lung disorders or specific health care needs that may require higher level of supervision)
- If the child's face/body appears blue and the child is not breathing, initiate first aid immediately including calling an ambulance and beginning resuscitation
- An *Incident, Injury, Trauma and Illness Record* is completed in its entirety following an incident
- Sleeping spaces are not dark- there needs to be sufficient light to allow supervision and to physically check children
- Communicate with families about their child's sleeping or rest times and the Service policy regarding sleep and rest times
- Respect for family preferences regarding sleep and rest and consider these daily while ensuring children feel safe and secure in the environment. [Any sleep requirements that differ from Red Nose recommendations must be supported by a medical certificate]. 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.
- Monitor the room temperature to ensure maximum comfort for the children
- Ensure that children who **do not** wish to sleep are provided with alternative quiet activities and experiences, whilst 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 will be a comfortable, safe area available for them to rest. 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- consider inclusion of all children and adjustments that may need to be implemented
- Respond to children's individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc).
- Acknowledge and support children's agency, emotions, feelings and fears in regard to sleep/rest time
- Develop positive relationships with children to assist in settling children confidently when sleeping and resting
- To provide information to parents/families on their child's sleep and rest activity each day.

When caring for toddlers, Educators will ensure:

- Children are not on beds with bottles.
- They participate in staff development about safe sleeping practices
- Ensure mattresses are kept in good condition; they should be clean, firm and flat.
- Not to elevate or tilt mattresses

Parents will be:

- Informed during orientation of our *Sleep and Rest Policy* and procedure
- Informed that if any requirements for sleep for their child differs from Red Nose sleeping recommendations, written authorisation from a medical practitioner will be required
- Requested to provide educators with regular updates on their child's sleeping routines and patterns, especially for toddlers

Definitions

Term	Definition
ACECQA- Australian Children's Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.
Adequate supervision	Adequate supervision means: <ul style="list-style-type: none"> • That an educator can respond immediately, particularly when a child is distressed or in a hazardous situation; knowing where children are at all times and monitoring their activities actively and diligently
Continuous supervision	Ensure an educator is in sight and hearing of a sleeping child at all times – representing best practice (Red Nose)
Rest	A period of inactivity solitude, calmness or tranquility and can include a child being in a state of sleep.
Relaxation	Relaxation or other activity for bringing about a feeling of calm in your body and mind.
Red Nose	Red Nose is Australia's leading authority on safe sleep and safe pregnancy advice.
Sudden and Unexpected Death in Infancy (SUDI)	A broad term used to describe the sudden and unexpected death of a baby for which the cause is not immediately obvious- (SIDS or Fatal sleeping accident)
Sudden Infant Death Syndrome (SIDS)	The sudden and unexpected death of an infant under one year of age with an onset of a fatal episode occurring during sleep, that remains unexplained after a thorough investigation including performance of a complete autopsy and review of the circumstances of death and the clinical history.

Associated Documents

Meerilinga Policy and Processes Manual

- Preface - Section 1 - Strategic and Business Planning
 - *Promoting Positive Childhoods*
 - *Meerilinga's Commitment to Child Safety*
 - *Code of Conduct*
 - *Code of Ethics*
 - *Compliance*
 - *Customer Service, Confidentiality and Privacy*
- Section 2 - Human Resources
- Section 3 - Finance and Administration Services
- Section 4 - Branding, Image and Reputation
- Section 6 - Children's Program
 - *Child Illness and Exclusion – Child Immunisation*
 - *Staffing*
 - *Enrolment and Orientation*
 - *Relationships and Interactions with Children*

<ul style="list-style-type: none"> - Relationships and Partnerships with Families - Communication Plan - Complaint, Concern, Grievance - Supervision - Health, Hygiene and Infection Control - Medical Conditions - Medications • Section 7 - Workplace Health and Safety Policies <ul style="list-style-type: none"> - Reporting Accidents and Incidents - Workplace Health and Safety • Section 8 - Guidelines

Records Management

Title	Location	Responsible Officer	Minimum Retention Period
Sleep and Rest Risk Assessment Plan	CCS	CEO / Co-ordinator / Nominated Supervisor	3 years
Enrolment Form Child Profile	CCS	Co-ordinator / Nominated Supervisor / Advisor Enrolment & Inclusion	3 years from exit
Inclusion Support Plan	CCS	Co-ordinator / Nominated Supervisor / Advisor Enrolment & Inclusion	3 years
Children's Individual Developmental Records	CCS	Co-ordinator / Nominated Supervisor / Educators	3 years from exit
WHS Daily Schedule CCS	CCS	Co-ordinator / Nominated Supervisor	6 months
Medical Management Plan	CCS	Co-ordinator / Nominated Supervisor	3 years from exit
Risk Minimisation and Communication Plan	CCS	Co-ordinator / Nominated Supervisor	3 years from exit
Children's Health and Wellbeing Register	CCS	Co-ordinator / Nominated Supervisor	3 years
Medication Authorisation Form	CCS	Co-ordinator / Nominated Supervisor	3 years from exit
Worker Employment Records - Qualification, WWC, NPC, First Aid, Declaration - Induction, Mandatory Training and Development	Personnel	Worker / Personnel Administration Officer / Direct Reports / Nominated Supervisor	7 years after ceasing employment
Child Incident Report	CCS	Co-ordinator / Nominated Supervisor	Until the child is 25 years old
Quarterly Incident Report	CCS	Co-ordinator / Nominated Supervisor	3 years
Notifications to Regulatory Authority	CCS	CEO / Co-ordinator / Nominated Supervisor	3 years

Reference

- Education and Care Services National Law Act (WA) 2012
- Education and Care Services National Regulations (WA) 2012
- ACECQA - National Quality Standards
- ACECQA - Belonging, Being & Becoming - Early Years Learning Framework
- Early Childhood Australia Code of Ethics 2016
- United Nations Convention on the Rights of the Child
- Code of Conduct - Meerilinga
- Children and Community Services Act 2004
- Working with Children (Criminal Record Checking) Amendment Act 2022
- Public Health Act 2016 (WA)
- Public Health Regulations 2017
- Privacy Act 1988, Privacy Principles
- Work Health and Safety Act 2020 (WA)
- Work Health and Safety (General) Regulations 2022 (WA)
- Red Nose Safe Sleeping Child Care Kit 2022.
<https://rednose.com.au/section/safe-practices>
- ACECQA. (n.d.). Safe sleep and rest practices:
<https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices>
- ACECQA. (2023). *Sleep and Rest for Children. Policy Guidelines.*
- Red Nose: Cot to bed safety https://rednose.org.au/downloads/RN3356_Cot_Bed_DL_Oct2018_Online.pdf
- Australian Competition and Consumer Commission (ACCC). (2013). Find out more: [Keeping baby safe](#)

Mapping Policy and Processes

National Quality Standards Early Childhood 2020	QA1 - 1.1.3, 1.2.1, 1.2.2, 1.3.3 QA2 - 2.1.1, 2.1.2, 2.1.3, 2.2.1, 2.2.2, 2.2.3. QA3 - 3.1.1, 3.1.2, 3.2.1. QA4 - 4.1.1, 4.2.1, 4.2.2. QA5 - 5.1.1, 5.1.2, 5.2.1. QA6 - 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2. QA7 - 7.1.1, 7.1.2, 7.1.3, 7.2.1, 7.2.2, 7.2.3.
Education and Care Services National Law (WA) Act 2012	Section: 56, 56A, 161, 161A, 162, 162A, 165, 165A, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175.
Education and Care Services National Regulations (WA) 2012	Regulation: 12, 13, 16, 29, 31, 35, 73, 74, 75, 76, 77, 78, 81, 82, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 97, 98, 99, 100, 103, 104, 105, 106, 107, 109, 110, 112, 113, 115, 117ABC, 118, 120, 122, 123, 126, 136, 137, 145, 146, 147, 148, 149,

	150, 151, 152, 155, 156, 157, 158, 160, 161, 162, 168(1)(2)(a)(v), 170, 171, 172, 173, 174, 175, 176, 177, 180, 181, 183, 185.
Standards for Registered Training Organisations 2015	S1, S7
National Standards for Volunteering Involvement 2015	S1, S5, S6, S8
Standards for Community Services 2007	S1, S4, S6, S10, S11
Standards to Family Support 2012	S1, S2, S3, S4, S9, S12, S13, S14