



SLEEP AND REST

Aim

During the day, The Little Village has a dedicated period of rest or quiet time, so children are able to refocus and have a reprieve from a full day of activity.

We don't believe children should be forced to sleep, but know the benefits a dedicated rest time has on a child's energy levels. A daily nap refreshes a child so they can maintain their energy, focus and ability to learn for the rest of the day. If a child does not sleep, they will enjoy some quiet activities with our educators.

Creating a safe sleep environment is part of our ongoing commitment, working with families, educators and consulting relevant authorities to ensure a comfortable and relaxing experience for our little villagers.

National Quality Standard

This policy links to the following NQS: National Quality Standards 2.1.2

Links to other policies

- Dealing with Infectious Diseases
- Emergency and Evacuation Policy
- Enrolment and Orientation Policy
- WHS Policy

Statutory legislation and consideration

- Education and Care Services National Regulations 2011 – 81 and 168

Sources

- Red Nose
- <http://www.acecqa.gov.au/Safe-sleep-and-rest-practices>



Strategy

At TLV, we will:

- 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. Carers are to use the child's emotional cues to determine the level of comfort that may be needed. Home routines as recommended by the family may be used to help children fall asleep.
- Acknowledge children's emotions, feelings and fears. Carers may need to stay close for support.
- 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.
- During designated rest periods (after lunch), calming music will be played, lights dimmed, and curtains drawn to create an atmosphere that is relaxing for all sleeping and non-sleeping children.
- If children are not asleep within 20 minutes of laying down, they may engage in quiet activities.
- All sleep/rest activities will be reported daily on the Little Village App.

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Date for next review: March 21

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The little village
EARLY LEARNING CENTRE



Parents please note: While we the educators at TLV will try their utmost to follow the home routine set out by the parent/family during orientation, we are first and foremost committed to ensuring the comfort and safety of each child. If your preferences , or daily requirement, goes against the immediate need of the child, we will inform you of the changes made through out daily communication.

SAFE SLEEP AND REST PRACTICES

All children

- All children who are resting will be actively supervised by staff/carers.
- Students or volunteers will not be left unsupervised when settling children for a rest.
- All children who have fallen asleep in TLV will be monitored regularly with specific attention to breathing patterns
- Children should sleep and rest with their face uncovered.
- 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 TLV should ensure educators are able to adequately supervise sleeping and resting children.
- Educators should closely monitor sleeping and resting by 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.
- Factors to be considered include the age of the child, medical conditions, individual needs and history of health and/or sleep issues.
- TLV educators regularly check the rest environment for children in each family group every 10-15 minutes.
- Staff/carers observe the following:
 - the position of each child’s body in their cot/on their mattress;

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- each child's breathing rate. If a child is not breathing then the staff/carer will commence the service's first aid plan for a non-breathing child;
 - the arrangement of bed linen. If a child's face is covered, the staff/carer will immediately uncover the child's face; and
 - the environment. Staff/carers will monitor the temperature, the security of each cot (for example, are the sides of the cot up and/or locked) and environment safety (for example, location of heaters or hanging cords near cots).

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.

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- If being used, a dummy should be offered for all sleep periods. Dummy 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.
 - 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.

SAFE ENVIRONMENTS AND EQUIPMENT

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.

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.
- 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, lamb's wool, bumpers and soft toys from cots.
- Soft and/or puffy bedding in cots is not necessary and may obstruct a child's breathing.

Safe placement

- 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.
- Ensure hanging cords or strings from blinds, curtains, mobiles or electrical devices are away from cots and mattresses.
- Keep heaters and electrical appliances away from cots.
- Do not use electric blankets, hot water bottles and wheat bags in 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.
- Arrange beds/cots to give easy access to children and educators for safety and checks.