

Background

The quality and quantity of sleep impacts a child's health, wellbeing, learning and behaviour. The importance of supporting early sleep routines is highlighted in the [National Quality Standard](#), "Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation" (Quality Area 2, Element 2.1.1).

At C&K, sleep and rest routines and practices are responsive to the needs and rhythms of individual children **AND** consistent with current/evidence based health and safety guidelines of [Rednose Australia](#) and the [Sleep Learning for Early Childhood Professionals](#) (University of Queensland - Research Fellow Dr Sally Staton) and the [Education and Care Services National Regulations \(84A, 84B, 84C\)](#). Implementing regulatory requirements and current health and safety guidelines support healthy sleep routines and reduce the risk of Sudden and Unexpected Death in Infancy, Sudden Infant Death Syndrome and other sleep injuries and incidents.

Note: This procedure relates to **children's sleep and rest routines, not relaxation**. For purpose of this procedure, a sleep and rest routine is a period of time a child, a small group or a whole group of children (ren) sleeps and/or rests on sleep mats or stretcher beds.

It is recognised that kindergarten programs may not provide a traditional sleep and rest routine on sleep mats/stretcher beds, but rather meet individual needs for rest through relaxation activities or exercises. Relaxation activities or exercises are not in scope of this procedure.

Responsive routines, rituals and practices

Teachers and educators will:

- At and throughout a child's enrolment, establish and maintain open and regular communication and genuine partnerships with parents/guardians to create sleep and rest routines or rituals that are familiar to those practised at home.
- At and throughout a child's enrolment, outline this procedure and the centre's [Child Sleep and Rest Routine Risk Assessment](#) with parents/guardians. Respectfully explain:
 - The health and safety guidelines detailed in the procedure and risk assessment must be consistently implemented.
 - That any parent/guardian request that contradicts health and safety guidelines detailed in the procedure **must not** be implemented **UNLESS** a child has a diagnosed medical condition **AND** the child's registered medical practitioner has provided written authorisation (including their name, signature and date). When this circumstance occurs, additional control measures must be documented and implemented via the centre's [Child Sleep and Rest Routine Risk Assessment](#).
- Throughout a child's enrolment, share and discuss with parents/guardians changes to their child's sleep and rest needs, routines and rituals, including any health care need that may impact their child's sleep and rest. When relevant and required, share relevant details of details with the centre Director/Nominated Supervisor and assist in the review of the centre's [Child Sleep and Rest Routine Risk Assessment](#).
- Be responsive to the sleep and rest needs, routines and rituals of individual children. In practice this means:
 - Reviewing and responding to information provided by parents/guardians in [Enrolment Booklets/Online Forms](#) about their child's sleep and rest needs.
 - Understanding that some children may not need to sleep or rest whilst attending the centre.
 - Providing opportunities for children to participate in quiet/less active play while other children need or wish to sleep/rest.
 - Kindergarten programs may not facilitate a traditional rest and sleep routine.
 - Recognising individual sleep and rest needs, routines and rituals vary from child to child changing over time and across developmental stages. Understand, consider and respond to sleep health and development for children [0 to 3 years](#) and children [3 to 5 years](#).
 - Establishing flexible routines that enable individual children to sleep and relax at different times of the day.
 - Being respectful of parent/guardian requests and preferences regarding their child's sleep and rest needs; including consideration of cultural preferences.
- Embed rituals and transitions that prepare children's minds and bodies for sleep and rest through relaxation e.g. particular songs, music, stories etc.
- Create calm, secure, peaceful and comfortable sleep and rest environments by reducing light, temperature, noise and activity levels.
- In both the indoor and outdoor learning environments provide places where children have the opportunity and means to retreat from the busyness of the day.
- Talk with children about the importance of sleep and rest for their health, wellbeing and growing bodies.

- Provide parents/guardians with a written record of their child's daily sleep and rest by completing a *Child Sleep and Rest Record* or alternate *Child Sleep and Rest Record 2* (Regulation 84A (e)(ii)). A written record of children engaging in relaxation exercises is not required.
- Carefully observe, monitor and respond to children's individual cues and behaviour that may indicate the need for sleep or rest e.g. yawning, eye rubbing, irritability, crying, disengagement, seeking comfort from adults, decreased ability to regulate emotions.
- When appropriate, assist children to identify sleep and rest body cues by using 'Invite,' 'Suggest' and 'Engage.' For example:



- Respectfully provide advice and guidance to support colleagues' understanding of and compliance with this procedure and the centre's *Child Sleep and Rest Routine Risk Assessment*.
- Individually and as a team, regularly discuss and reflect upon the sleep and rest needs, routines and rituals of individual children and the group.

Health and Safety Guidelines

Teachers and educators will **consistently**:

Provide a safe sleep and rest environment



Do

- Position sleep mats/stretchers more than an arm's length of a child from:
 - electrical cords
 - other sleep mats/stretchers
 - a soft object that may cause suffocation if rolled upon during sleep.
 - Out of direct sunlight through windows or doors
- Provide well-ventilated sleep and rest spaces.
- Manage identified risks by implementing the centre's *Child Sleep and Rest Routine Risk Assessment*.



Do not

- Allow more than one child to sleep or rest on a sleep mat/stretcher bed.
- Provide a bottle or drink to a child whilst laying down for sleep.
- Place a child's sleep mat/stretcher bed less than an arm's length of a child from electrical cords, another child's sleep mat/stretcher bed or soft object that may cause suffocation if rolled upon during sleep.

Provide safe sleep and rest surfaces



Do

- Use sleep mats/stretchers as per product instructions. Use the right size sleep mat/stretcher bed for child's height. File and refer to product instructions when required.
- Undertake regular checks to ensure sleep mats/stretchers are in good repair.
- If a child falls asleep in a pram (on the way to the centre), hammock or pod swing, promptly move them to a sleep mat/stretcher bed.
- If a child falls asleep on a cushion or lounge, assess risk and consider their individual needs to determine if the child must be moved to a sleep mat/stretcher bed OR can be left to sleep on a cushion or lounge. Refer to the centre's *Child Sleep and Rest Routine Risk Assessment*. If it is deemed safe for the child to remain asleep on a cushion or lounge:
 - Complete a health, safety and wellbeing 'physical check' of the child every 20 minutes.
 - Reposition child's body if they have positioned their face against the lounge.
 - Place safety mats in front of the lounge, to protect the child if they roll.
 - Move child to a sleep mat/stretcher bed if circumstances change and the child is no longer safe.



Do not

- Tilt or elevate a sleep mat/stretcher bed
- Use a broken stretcher bed.

- Use a stretcher bed with loose parts or sharp edges.
- Use a sleep mat with tears and splits.
- Leave a sleeping child in a pram, hammock or pod swing.
- Place a child in a cot if they have the capacity to climb out of a cot.

Provide safe clothing, linen and coverings for sleep and rest



Do

- Before sleep and rest routines, ask and support children to:
 - Consider the temperature of room and adjust accordingly to be comfortable for the child.
 - Remove excess clothing; dress in clothing appropriate for the temperature of the sleep and rest space i.e. neither too hot nor too cold.
 - (Children 2 years and younger/or older children that frequently place items in their mouths) Remove hats, beanies, hair ribbons and clips, head bands, bibs, jewellery including amber necklaces and bracelets).
- When sleeping and resting:
 - Encourage children to keep linen and blankets under their chin.
 - Instruct children **not** to cover their head or face with clothing, linen and blankets.
- Only provide a child a dummy if directed by their parent/ guardian.
- Wash linen and clean/sanitize sleep mats/stretcher beds surfaces 'between' children or weekly. When parents/guardians provide bed linen, send home weekly to be washed.
- Store linen appropriately to prevent cross contamination.



Do not

- Allow children to cover their face and head with clothing, linen or blankets.
- Use a weighted blanket unless prescribed and instructed (in writing) by a qualified health professional AND directed by the child's parent/guardian.
- Use sleeping bags, a wrap or swaddle.
- Use electric blankets, wheat bags or hot water bottles.
- Tie or secure a dummy to clothing or bedding.

Supervise and monitor children when sleeping and resting



Do

- Supervise* and monitor children during sleep and rest routines. Always be in sight and hearing. Minimise the need to complete tasks that reduce the ability to provide adequate supervision. When possible and required, request the assistance of a colleague to supervision children when a task must be completed e.g. nappy change or toileting.
- As per Regulation 84B, complete periodic physical checks** of children during sleep and rest routines:
 - At the beginning of the sleep and rest period, complete an environmental safety check of the sleep and rest space e.g. comfortable temperature, adequate ventilation etc.
 - Complete a health and wellbeing check of each child every 20 minutes e.g. breathing and skin colour.
 - When needed, make required adjustments e.g. adjust temperature and ventilation, support children to remove clothing, linen or blankets if too hot, help reposition linen and blankets etc.
 - Document checks via *Child Sleep and Rest Record* or alternate *Child Sleep and Rest Record 2*
- Adjust lighting to provide adequate light to supervise and monitor children.
- Position and arrange sleep mats/stretcher beds in a manner that maximises supervision and allows unobstructed access for teachers/educators to complete physical checks.

Provide a smoke free environment



Do

- Consistently follow responsibilities as outlined in the *Tobacco, Drugs and Alcohol Policy*.
- After smoking, wash hands when entering a centre and take appropriate action to minimise the risk of second-hand smoke i.e. breath and clothing odour.



Do not

- Smoke or vape within 5 metres of the boundary of the centre, at any time (required by law).

*Current Rednose health and safety guidelines recognises continuous supervision represents best practice i.e. a teacher/ educator is in sight and hearing of sleeping children at all times. There may be exceptional or extenuating circumstances where continuous supervision is not achievable at all times. A centre's *Child Sleep and Rest Routine Risk Assessment* must assess and mitigate risks to address such circumstances to ensure children are adequately supervised at all times.

**Health, safety and wellbeing physical checks (as described above) are not required when a child(ren) is engaged in relaxation.

Centre Director/Nominated Supervisor (or approved delegate) Responsibilities

The centre Director/Nominated Supervisor will:

Risk Assessment

- Lead the development, implementation and evaluation of the centre's *Child Sleep and Rest Routine Risk Assessment*. Inform C&K via email (policyfeedback@candk.asn.au), if changes to this procedure are required after updating the risk assessment. (Regulation 84C)
- Develop and evaluate your centre's *Child Sleep and Rest Routine Risk Assessment* every 12 months or as soon as practicable after becoming aware of any circumstance (including a health care need) that affect the safety, health or wellbeing of a child during sleep and rest. Update the risk assessment with additional controls (i.e. more frequent physical checks) when a child:
 - Has a diagnosed heart condition.
 - Is experiencing chronic Asthma.
 - Has been prescribed a temporary wheeze plan and medication.
 - Has Epilepsy.

Partnerships and communication with parents/guardians

- At orientation and throughout a child's enrolment, outline this procedure and the centre's *Child Sleep and Rest Routine Risk Assessment* with parents/guardians. Explain:
 - The health and safety guidelines detailed in this procedure and risk assessment must be consistently implemented.
 - That any parent/guardian request that contradict health and safety guidelines detailed in this procedure cannot be implemented **UNLESS** a child has a diagnosed medical condition **AND** the child's registered medical practitioner has provided written authorisation (including their name, signature and date). When this circumstance occurs, additional control measures must be documented and implemented via the centre's *Child Sleep and Rest Routine Risk Assessment*.
- Promote and share information with families regarding current health and safety guidelines for children's sleep and rest.

Teacher/educator induction and training

- Ensures staff rosters (throughout the day, including during sleep and rest routines) meet regulatory educator to child ratios and qualification requirements.
- Include this procedure and the centre's *Child Sleep and Rest Routine Risk Assessment* in the induction of new teachers/educators (permanent and casual).
- Direct all teachers/educators (permanent and casual) to read the centre's *Child Sleep and Rest Routine Risk Assessment* and sign the acknowledgement table during their induction AND promptly after the risk assessment has been reviewed.
- Regularly observe and monitor teacher/educator practice and compliance to this procedure and the centre's *Child Sleep and Rest Routine Risk Assessment*. When needed provide one on one training and mentoring to improve teacher/educator understanding and compliance.
- Promote and share information with teachers/educators regarding current health and safety guidelines for children's sleep and rest.
- Utilise the *Sleep Learning Resources for Early Childhood Professionals* to facilitate teacher/educator discussion, evaluation and reflection. Ongoing planning and reflection, supports high-quality practice and the ability to achieve the right balance between the rights of children, respecting parent/guardian requests and consistently following current/evidence-based health and safety guidelines.
- When professional development budget provisions allow; support teacher/educator requests to complete sleep and rest training from reputable organisations/peek bodies. Refer to training information and links on the following page.

Committee/Early Childhood Education Managers/Pedagogy Advisors (or approved delegate)

- When required and appropriate, utilise the [Sleep Learning Resources for Early Childhood Professionals](#) to facilitate to teacher/educator discussion, evaluation and reflection of their practice and centre routines relating to children's sleep and rest.
- When undertaking centre visits, observe and monitor teacher/educator practice and compliance to this procedure and the centre's [Child Sleep and Rest Routine Risk Assessment](#). When needed provide the centre Director, teachers and educators with training and mentoring to improve practice and compliance.
- Instruct the centre Director/Nominated Supervisor to prioritise identified non-compliance, action immediately and email evidence of action taken to address non-compliance by a specified date.
- When professional development budget provisions allow; support centre Director/Nominated Supervisor requests to complete sleep and rest training from reputable organisations/bodies. Refer to training information and links on the following page.

Procedure Definitions

- **Infant:** A non-ambulant child (cannot walk or crawl) and/or a child that sleeps in a cot.
- **Child:** A child that does not sleep or rest in a cot.
- **Sleep and rest routine:** A period of time a child, a small group or a whole group of children (ren) sleeps and/or rests on sleep mats or stretcher beds.
- **Relaxation:** An activity or exercise facilitated by a teacher/educator for the purpose of calming a child's mind or body.
- **Sudden and Unexpected Death in Infancy:** The sudden and unexpected death of an infant under 1 year of age after they were placed to sleep. It includes explained and unexplained deaths.
- **Sudden Infant Death Syndrome:** The unexplained death without warning of an apparent healthy infant, usually during sleep

Sleep and Rest Training

- [Rednose Australia](#)
- [Institute for Social Science Research \(University of Queensland\)](#)
- Safe Sleep Space: [Sleep Smart](#)

Acknowledgements and references

- Early Childhood Education and Care Department of Education. [Sleep Learning for early childhood professionals](#) [sourced September 2023]
- [Home | Red Nose Australia](#) [sourced September 2023]
- ACECQA. [Sleep and Rest Requirements](#) [sourced September 2023]
- [Australian Competition and Consumer Commission \(ACCC\)](#) [sourced September 2023]
- [Kidsafe](#) [sourced September 2023]