

Relaxation and Sleep Policy

Policy Statement

Uniting Early Learning is committed to:

- Children being actively involved in decision making to provide an environment that encourages them to reach their potential
- Providing a safe environment is a place where children feel comfortable and safe to play, talk, or relax
- Children's safety and wellbeing will be fostered through responsive relationships, engaging experiences and a safe and healthy environment
- Providing a positive and nurturing environment for all children attending the service.
- recognising that children have different requirements for relaxation and sleep and being responsive to those needs to ensure that children's health and wellbeing is considered, and they feel safe and secure at the service
- Consulting with parents about their child's individual relaxation and sleep requirements / practices and ensuring practices at the service are responsive to the values and cultural beliefs of each family.
- Its duty of care to all children at the service, while honouring children's rights and agency during relaxation and sleep periods
- Ensuring that adequate supervision is maintained while children are sleeping, resting or relaxing.
- Complying with all legislative requirements, standards and current best practice, including recommendations by Red Nose.

Executive Summary

Sleep/rest and relaxation needs of children should always be considered, having regard to the age of children, developmental stages, and daily rest requirements. Parents should be consulted in relation to appropriate relaxation and sleep practices for their child; parents in turn are responsible for informing the service about any specific sleep/rest requirements for their child/ren. A holistic and planned approach should be taken so that a range of active and restful experiences are offered to all children on a daily basis. However, should a parent require a sleep practice outside the guidelines, a letter from a medical practitioner is required. A risk minimisation plan for the child is also to be completed. Children's safety will be the first priority.

Sleep/rest and relaxation practices should be responsive to:

- The child as a valued citizen
- The individual needs of children at the service
- Parenting beliefs, values, practices, and requirements
- The length of time each child spends at the service
- Circumstance or events occurring at a child's home
- Consistency of practice between home and the service
- A child's general health and wellbeing
- The educator's ability to supervise sleeping and relaxing children
- Respectful engagements that support the dignity of children
- The physical environment, including room temperature, lighting, airflow, and noise levels.

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Current Environmental Context

The early years of life are a peak period for growth and development, and quality sleep is essential during this period. Early childhood educators can support parents to establish and maintain good sleep habits in children through the environment provided for sleep and rest:

- Children should sleep and rest with their face uncovered.
- Where able, provide a separate, supervised area that is reserved for sleep and rest. This supports the distinction between awake time and sleep time and helps to minimise distractions. (Refer to: *Attachment 36b*)
- Babies will be provided with cots and educators will follow safe sleep practices as recommended by Red Nose. (Refer to: *Attachment 36c*)
- Direct children who do not want to sleep into quiet, restful activities instead.
- Maintain good levels of communication with parents and other caregivers to ensure that you know of anything that might have disturbed the sleep of children in your care.
- Inform parents and caregivers about the rest that their child has had during the day. “(Sleep, Grow and Thrive, 2013)

Employers have a responsibility under the *Occupational Health and Safety Act 2004* to provide a safe and healthy working environment. This duty extends to others present in the workplace, including children and volunteers. Providing a safe environment for children at the service includes complying with current Australian/New Zealand standards in relation to equipment, such as cots and mattresses (refer to *Attachment 36b*).

Attachment 36a:- Responsibilities relating to the Relaxation and Sleep Policy

Attachment 36b:- Safe sleep environments and equipment

Attachment 36c:- Safe sleeping practices for babies

Form 36.1 - [Sleep Room Check template](#)

Form 36.2 - [Sleep letter to parent re changes](#)

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Reference/Sources

This Policy should be read in conjunction with:

Uniting Child Safety Policy – Uniting adopts the Uniting Church Australia National Child Safety Policy Framework, 2019 and the principles of this Policy Framework

This protocol is shared with the whole service community with opportunities to provide feedback/input

- Hygiene and Infectious Disease Policy
- Incident, Injury, Trauma and Illness Policy
- Interactions with Children Policy
- Workplace Health, Safety and Wellbeing Policy
- Staffing Policy
- Supervision of Children Policy
- Occupational Health and Safety Act 2004
- [ACECQA Safe sleep and rest practices](#)
- [Australian/New Zealand Standard – Cots for day nursery, hospital and institutional use – Safety Requirements \(AS/NZS 2130:1998\)](#)
- [Australian/New Zealand Standard – Cots for household use – Safety Requirements \(AS/NZS 2172:2013\)- Click here](#)
- [Current standards on the SAI Global website](#)
- [Education and Care Services National Law Act 2010: Section 167](#)
- [Education and Care Services National Regulations 2011: Regulation 81](#)
- [Children’s Services amendment Act 2019](#)
- [Children’s Services Regulations 2020](#)
- [National Quality Standard, Quality Area 2: Children’s Health and Safety](#)
- [Red Nose Safe Sleeping. Early childhood educators, e-learning.](#)
- [SLEEP – Sleep learning for early education professionals. Professional development resources.](#)
- [Tasmanian Licensing Standards for Centre Based Child Care Class 4 \(2014\) Standard 6.](#)

Authorisation

This policy was adopted by Uniting Early Learning on: 24/10/2022

Review

This policy is to be reviewed by: 24/10/2023

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Attachment 36a: - Responsibilities relating to the Relaxation and Sleep Policy

Approved Provider

- Protect children from hazards and harm and abide by safe sleeping practices recommended by Red Nose
- Ensure cots provided at the service comply with the most current Australian/New Zealand Standards
- Consult with staff in relation to OHS issues when purchasing new equipment for the service
- Ensure compliance with WorkSafe Victoria's *Children's services – occupational health and safety compliance kit*, including in relation to staff lifting children into and out of cots
- Ensure adequate supervision of children at the service at all times, including during relaxation and sleep (refer to *Form 36.1*)
- Ensure that rooms used for sleep and relaxation are well ventilated and lit to enable visual supervision
- Ensure that there is adequate resources to launder and store bedding in a hygienic and safe manner.

Responsible Person

- Ensure parents are consulted about appropriate relaxation and sleep practices for their child
- Ensure that hammocks, prams and strollers are not used to settle children to sleep
- Ensure that educators can see and /or hear children sleeping or resting at all times
- Take reasonable steps to ensure the sleep/rest needs of children at the service are met, with regard to the age of children, developmental stages, and individual needs whilst maintaining children's dignity and rights
- Protect children from hazards and harm and abide by safe sleeping practices recommended by Red Nose.
- Ensure compliance with WorkSafe Victoria's *Children's services – occupational health and safety compliance kit*, including in relation to staff lifting children into and out of cots
- Ensure Educators 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 that they can assess a child's breathing and the colour of their skin. Where a designated, separate sleeping area is provided, or where the sleep space is not directly adjacent to the playroom in use, or where visibility cannot be easily maintained, educators must ensure the *Infant sleep room record* is completed. (refer to *Form 36.1*)
- Ensure the educational program provides opportunities for each child to sleep, rest or engage in appropriate quiet play activities, as required
- Assess whether there are exceptional circumstances for alternative practices where family beliefs conflict with current recommended evidence-based guidelines for safe sleeping practices and seek written support from a professional and develop a risk management plan
- Ensure parents are aware that necklaces (amber or other) and teething bracelets, dummy chains and bibs are not worn during sleep times
- Ensure the storage of items such as bedding in a hygienic manner to prevent cross-contamination.
- Educate families and staff about evidence-based safe sleeping practices
- Review sleep practices on a regular basis to ensure compliance with the recommendations of Red Nose in relation to safe sleeping practices for children.

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Educators

- Ensure parents are aware that children over 3 months of age, will not be placed to sleep in sleeping bags unless their arms are free
- Inform the Responsible Person, as soon as practicable, of any hazards identified in the child's resting or sleeping environment and act immediately to make the area safe
- Store items such as bedding separately and in a hygienic manner to prevent cross-contamination
- Provide each child with a range of appropriate opportunities for relaxation and sleep according to their needs
- Comply with the recommendations of Red Nose in relation to safe sleeping practices for children (refer to *Attachment 36b & 36c*)
- Comply with WorkSafe Victoria's *Children's services – occupational health and safety compliance kit*, including in relation to lifting children into and out of cots
- Provide input in relation to OHS issues when new equipment is purchased for the service.
- Develop relaxation and sleep practices that are responsive to:
 - The individual needs of children at the service
 - Parenting beliefs, values, practices and requirements
 - The length of time each child spends at the service
 - Circumstance or events occurring at a child's home
 - Consistency of practice between home and the service
 - A child's general health and wellbeing
 - The physical environment, including room temperature, lighting, airflow and noise levels
- Educating families about evidence-based safe sleeping practices including eliminating soft toys and pillows out of the sleep area
- Minimise distress or discomfort for the children in their care
- Ensure that resting and sleeping practices are not used as a behavior guidance strategy (refer to *Interactions with Children Policy*)
- Conduct regular safety checks of equipment used for sleeping/resting, such as cots and mattresses.
- Ensure that any hanging cords, mobiles, curtains and blinds are inaccessible to children who are resting or sleeping
- Provide adequate supervision (see *Glossary*) of all children, including during sleep, rest and relaxation.
- Ensure babies and children are not provided/ propped with a bottle to sleep
- Ensure adequate lighting, and appropriate noise levels (including music levels) so that children can be effectively seen and heard while sleeping and relaxing
- 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 that they can assess a child's breathing and the colour of their skin. Where a designated, separate sleeping area is provided, or where the sleep space is not directly adjacent to the playroom in use, or where visibility cannot be easily maintained, educators must ensure the *Infant sleep room record* is completed. (refer to *Form 36.1*)
- Supervise children displaying symptoms of illness closely, especially when resting or sleeping (refer to *Incident, Injury, Trauma, and Illness Policy*)
- Ensure that artificial heating, such as heat bags and hot-water bottles, are not used
- Ensure that each child has their own bed linen, and that the *Hygiene and Infectious Disease Policy* and procedures are implemented for the cleaning and storage of cots, mattresses, and linen
- Document and communicate children's rest and sleep times to co-workers during shift changes.
- Provide information to families about the service's relaxation and sleep practices

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- Develop communication strategies to inform parents about their child’s rest and sleep patterns, including times and length of sleep
- Ensure that hooded jumpers and bibs are removed before a child is placed into bed
- Encourage children’s independence and assist children with dressing as needed.

Parents

- Discuss their child’s relaxation and sleep requirements and practices prior to commencing at the service, and when these requirements change.
- Provide information on the child’s enrolment form if the child requires special items while resting or sleeping e.g., a comforter or soft toy.
- Provide a written medical report if their baby/child is not to be placed on their back during sleep.
- Communicate alternative resting practices to staff.

Note: Volunteers, contractors, and students, while at the service, are responsible for following this policy and its procedures.

Attachment 36b: 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.
- 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.
- Porta cots will not be used unless being used in Family Day Care environments
- Bassinets, hammocks, bean bags, couches 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.
- Remove any plastic packaging from mattresses.
- Ensure waterproof mattress protectors are strong, not torn, and a tight fit.

Safe bedding

- Light bedding is the preferred option; it should be tucked into the mattress to prevent the child from pulling bed linen over their head.
- Remove pillows, doona’s, 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. 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](#).

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Safe placement

- Ensure a safety check of sleep and rest environments is undertaken on a regular basis.
- Always ensure supervision of sleeping and resting children.
- 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, dummy chains or bibs) 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 sleep and rest practices](#), (sighted November 2018). Australian Children's Education & Care Quality Authority

Attachment 36c:- Safe Sleeping Practices for 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. Dummy chains should not be used. 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 sleep and rest practices](#), (sighted November 2018). Australian Children's Education & Care Quality Authority

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