



SLEEP AND REST PROCEDURE

NQS: QA 2 - CHILDREN'S HEALTH AND SAFETY Regulation 168

Mitchell Park Kindergarten will take reasonable steps to ensure that children's needs for sleep and rest are met, having regard to each child's age, development and needs.

This procedure is consistent with the following requirements:

- Education and Care Services National Regulations, Regulation 81 'Sleep and rest'
- Department for Education Safe sleeping for infants and children Procedure August 2017 [Safe Sleeping for Infants and Young Children Procedure](#)
- Safe infant sleeping standards policy directive (SA Health) [Safe Infant Sleeping Standards](#)
- Red Nose <https://rednose.org.au/section/safe-sleeping>
- Kidsafe SA safe sleeping recommendations <https://kidsafesa.com.au/safe-infant-sleeping>

Scope

- A place will be offered for rest and sleep and will also allow for a calm play experience.
- Children are to sleep and rest with their face uncovered.
- The sleep and rest environment and equipment will be safe and regularly checked for hazards. This includes all equipment complying with the Australian Standards.
- All children who are resting will be supervised by educators.
- Educators will closely monitor sleeping children. This involves checking/inspecting sleeping children at regular intervals and ensuring that we are always within sight and hearing distance of sleeping children so that we can assess a child's breathing and the colour of their skin.
- Service providers will consider the risk for each individual child, and tailor sleep and rest to reflect the levels of risk identified for children at our service. Factors considered include the age of the child, medical conditions, individual needs and history of health and/or sleep issues.

Occasional Care

- In our Occasional Care Program, all sleeping babies and toddlers are checked at **10 minute intervals**. The sleep checks are **recorded and initialled** by the rostered supervising educator.
- Babies are 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).
- If a medical condition exists that prevents a baby from being placed on their back, the alternative practice will need to be **confirmed in writing to the Director of the centre, 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 are to check that the 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, the educator **will position their feet at the bottom of the cot.**

- If a baby is wrapped when sleeping, consideration will be given to the baby's stage of development. Educators will 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). We use lightweight wraps such as cotton or muslin as per the Red Nose Safe Wrapping Information Brochure.
- As per the **Department for Education Safe sleeping for infants and children procedure August 2017** Prams, pushers, bouncinettes and rockers are not used unsupervised or as a sleeping environment for children.
- As per the **Department for Education Safe sleeping for infants and children procedure August 2017** all cots including portable will comply with the Australian Standards (AS/NZS 2172 / AS/NZS 2195).
- Cots will be kept away from hanging cords, mobiles, electrical appliances and curtains. Beds and cots must have an unobstructed gap, end-to-end and side-to-side, to enable free movement by an educator.

Safe resting/sleep practices for children who are unwell

- Children who are unwell will be given the highest priority and monitored constantly, especially if the child has a high temperature, vomited or received minor trauma to their head. PARENTS WILL BE NOTIFIED IMMEDIATELY.

Review

- This sleep and rest procedure will be reviewed on a regular basis to ensure our practices are consistent with safe sleep recommendations. We refer to the **Department for Education safe sleeping checklist for infants and young children** as a guide for reviewing our practices to maintain the highest level of safety and wellbeing of every child who attends our service.

New procedure: August 2022

Endorsed by Governing Council:

Next review August 2025