



Streaky Bay Children's Centre

REST AND SLEEP PROCEDURE

This procedure is consistent with the requirements of the:

- *Education and Care Services National Law and Regulations*
- *DECD Safe sleeping for infants and children Procedure July 2017*
- *Safe infant sleeping standards policy directive (SA Health)*
- *Red Nose*
- *Kidsafe SA safe sleeping recommendations*

Children of all ages:

- Quiet spaces will be provided for sleep, away from interactive groups.
- Quiet spaces will be provided to allow for calm play and rest.
- 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.
- Supervision and the placement of educators across our service will ensure educators are able to adequately supervise sleeping and resting children.
- Educators will closely monitor sleeping and resting children. This involves checking/inspecting sleeping children at regular intervals, and ensuring that we are always within sight and hearing distance of sleeping and resting 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.

Babies and Toddlers:

- In our Occasional Care Program, all sleeping babies and toddlers are checked at **10 minute intervals**. The sleep checks are **recorded and initialled** by supervising educators.
- 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). 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, will 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 will need to be **confirmed in writing to the Coordinator of 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 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.
- If families choose to use a dummy, the dummy must comply with the Australian mandatory standard AS 2432:1991, have no unsafe decorations and never tied around an infant's neck. If a dummy falls out of a baby's mouth during sleep, it will not be re-inserted.
- As per the **DECD Safe sleeping for infants and children procedure July 2017** Prams, pushers, bouncinettes and rockers are not used unsupervised or as a sleeping environment for children.
- As per the **DECD Safe sleeping for infants and children procedure July 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.
- 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 **DECD safe sleeping checklist for infants and young children** as a guide for reviewing our practices to maintain the highest level of safety and well being of every child who attends our service.