Introduction

Learning to relax our bodies and minds is an important life skill and vital for children’s growth and development. The quality and quantity of a child's sleep can impact on learning and behaviour. To create a healthy, safe and supportive sleep environment, educators must implement Rednose Safe Sleeping Guidelines and respond to the needs and rhythms of individual children rather than working to a strict timetable.

This procedure must be read in conjunction with the Sleep learning for early education professionals resources.

1.0 Educator responsibilities

1.1 Working in partnership with families

- Upon and throughout enrolment, discuss with parents / guardians, children's sleep, rest and relaxation routines*. Refer to this procedure and guidelines, particularly if requests are made contrary to the safety of the child. Child safety should always take priority.
- Educators will only implement sleep practices outside Rednose Safe Sleeping Guidelines if the child has a medical condition and the sleeping practice is authorised and under the written recommendation of the child’s medical practitioner. If required, undertake a risk assessment and implement risk minimisation strategies.
- Seek information regarding the timing and circumstances that may affect a child's sleep, rest and relaxation routine (e.g. illness, changes or disruptions to home routines) and consider how this information is shared with stakeholders.
- Provide parents / guardians with information regarding their child’s daily sleep, rest and relaxation routines, i.e. time and quality. A written record of sleep must be provided to parents / guardians for children under two (2) years.

*The Department of Education and Training Queensland has created two informative videos that provide parent information on children's sleep and rest routines. Centres are encouraged to share links to the videos with parents / guardians.

1.2 Working in partnership with children

- When possible, a child’s ‘key educator’ will be responsible for a child’s sleep, rest and relaxation needs. A key educator works in the same group and is well known to the child.
- Foster relationships where children feel safe, secure and protected.
- Respect each child’s rhythm and pace. Respectful practices involve slowing down, adjusting to individual needs and embedding rituals (e.g. singing, story time, meditation) that cue sleep or rest.
- Involve children in decisions regarding their sleep, rest and relaxation routines. Carefully observe, discuss and respond to children’s individual cues to determine appropriate timing and strategies. This may mean individual children sleeping, resting or relaxing at different times and in different ways.
- Model and assist children to identifying body cues that indicate the need to sleep, rest and relax.
- Talk with children about the importance of sleep, rest and relaxation for their growing bodies.
2.0 Creating a responsive and safe sleep, rest and relaxation environment

2.1 For all children
- Provide places within the indoor and outdoor environment where children can retreat from the busyness of the day.
- Devise regular, consistent and relaxing rituals. Consider and plan for transitions that prepare children for sleep, rest or relaxation.
- Create a peaceful and comfortable sleep environment (e.g. reducing light, temperature, noise and activity level).
- A sleep environment can be created outdoors. A detailed risk assessment should be completed to ensure the health, safety and wellbeing of children and educators. For example, consideration should be given to temperature extremes, sun safety, manual handling and implementing Safe sleeping guidelines.
- Be flexible and responsive to individual sleep, rest and relaxation needs. For example, older children may prefer to rest on cushions or relax by participating in quiet experiences such as puzzles or drawing.
- Supervision planning and educator placement should ensure adequate supervision of sleeping and resting children.
- Identify the level of risk for individual children when determining sleep monitoring needs. For example, consider age of child, medical conditions and / or sleep issues.
- Dress children appropriately to support sleep, rest or relaxation.
- Place cots, beds, mats and stretchers away from electrical cords and power points.
- When children are resting, ensure beds, mats or stretchers are covered by linen.
- Ensure linen, cots, beds, mats and stretchers are well maintained, cleaned 'between' use of different children and stored in a hygienic manner.
- As a team, regularly reflect upon and discuss children’s sleep, rest and relaxation routines.
- Outline this procedure and Red nose safe sleeping guidelines when inducting new permanent and casual staff.

2.2 Children under 2 years
- Display Red nose Safe Sleeping Guidelines in all baby sleep environments.
- Consistently implement the following Red nose safe sleeping guidelines:
  1. **Sleep babies on their back, not on their tummy or side**
     Place baby on their back to sleep but allow them to find their own sleeping position if they have been observed repeatedly rolling from back to front and back again on their own (usually by 5-6 months). Otherwise, re-position onto their back.
  2. **Sleep babies with their head and face uncovered**
     When a baby is placed down to sleep ensure:
     - Their feet are positioned at the bottom of the cot.
     - Linen is tucked in securely / not loose. Alternatively, a baby can be dressed in a safe baby sleeping bag.
     - All head coverings and jewellery are removed.
     - There are no doonas, loose bedding or fabric, pillows, lamb's wool, bumpers or soft toys in the cot / bed.
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- The practice of wrapping/swaddling a baby should be discontinued when a baby shows signs of rolling. Refer to Rednose Wrapping or swaddling babies.
- Never provide a baby with a bottle or drink whilst laying on a bed or as a sleep aid.
- When requested by a parent/guardian, a dummy can be offered during sleep routines. If a dummy falls out of a baby’s mouth during sleep, it should not be re-inserted.

3. **Provide a smoke free environment.**
   Refer to Policy Tobacco, Drugs and Alcohol.

4. **Provide a safe sleeping environment**
   - All cots must meet the Australian Standard for Cots (AS 2172 / AS/NZS 2195). Please note, bassinets, hammocks and prams/strollers do not carry safety codes for sleep and must not be used for settling or sleep routines.
   - Cots must be well maintained and not have any gaps a baby can get caught in.
   - Mattress must be the right size for the cot, be firm, clean, flat (not tilted or elevated) and in a good condition. Ensure there is no more than a 25mm gap between the mattress and the cot sides and ends.
   - Never use a pillow, cushion or beanbag as a mattress.
   - Place cots/beds away from hanging cords such as blinds, curtains, electrical appliances or decorative mobiles.
   - Place cots/beds away from heaters, electrical appliances and power points.
   - Ensure babies are dressed appropriately for the room temperature.
   - Ensure mattresses are covered by linen when babies are resting or sleeping.

5. **Supervise baby while sleeping**
   - Complete and document a **visual safety check** recording via Template Sleep room record every 5-10 minutes. A visual safety check will require an educator to enter sleep areas and ensure:
     - Compliance to all Red Nose safe sleeping guidelines.
     - Visual check of baby sleep status i.e. breathing and skin colour.
   - When an educator is not physically present within a sleep area, a baby monitor must be used when a baby is sleeping.

**Acknowledgements and references**
- DET Queensland, Parent’s information on children’s sleep and rest
- Queensland Government and Sleep in Early Childhood Research Group ‘Sleep Learning for Early Education Professional’ Information Sheets; QUT
- Red nose Safe sleeping
- ACECQQA Safe sleep and rest practices
- Care for Kids Successful Sleep Strategies in Child Care