

Sleep and Rest Policy

Rationale: Bright Babes Early Learning Centre believes that all children attending our centre have the right to either rest or sleep. We believe this experience should be a pleasant and peaceful time for children and staff, and will always be done in consultation with parents/whanau to ensure the best interest of the child is met through routine and familiarity.

Purpose: To ensure the health and wellbeing of children who sleep and/or rest whilst at Bright Babes Early Learning Centre through regular monitoring in safe conditions. We will implement guidelines on adequate sleep space and facilities including sleeping monitoring procedures. It will ensure that children get undisturbed rest in a secure and familiar environment. Information on a child's sleep is recorded and therefore is available to all staff to communicate with the child's parents or caregivers who may ask.

Licensing Criteria 2008:

Premises and Facilities, Sleep

- PF29: Furniture and items intended for children to sleep on will include cots, beds, stretchers, or mattresses (will be referred to as 'beds' in this policy) and will be of a size that allows children using them to lie flat, and are of a design to ensure their safety.
- PF30: Beds that will be used by more than one child over time are securely covered with or made of a non-porous material that:
 - Protects them from becoming soiled;
 - Allows for easy cleaning (or is disposable); and
 - Does not present a suffocation hazard to children.
- PF31: Clean individual bedding such as blankets, sheets, sleeping bags, and pillowslips is provided for sleeping or resting children that is sufficient to keep them warm.
- PF33: Space is available for children aged 2 years and older to sleep or rest for a reasonable period of time each day. If the space used for sleeping or resting is part of the activity space, there are alternative activity spaces for children not sleeping or resting as necessary.
- PF34: Beds are available for the sleep or rest of children aged 2 years and older.
- PF37: A designated space is available to support the provision of restful sleep for children under the age of two at any time they are attending. This space is located and designed to:
 - Minimise fluctuations in temperature, noise, and lighting levels;
 - Allow adequate supervision; and
 - Accommodate at least the requirements of criterion PF38, when arranged in accordance with criterion HS10.
- PF38: Beds are provided at a ratio of at least one to every 2 children under the age of two.

Health and Safety, sleep documentation required

- HS9: (i) A procedure for monitoring children's sleep. The procedure ensures that children:
 - Do not have access to food or liquids while in bed; and
 - Are checked for warmth, breathing, and general well-being at least every 5-10 minutes, or more frequently according to individual needs
- (ii) A record of the time each child left in the care of the service sleeps, and checks made by adults during that time.
- HS10: Further sleep criteria includes adults having access to at least one side of the child's bed (cot, stretcher or mattress); area surrounding each child allows sufficient air movement to minimise the risk of spreading illness; and children who are able to sit or stand can do so safely as they wake.
- HS11: If not set up permanently beds and bedding are hygienically stored when not in use.

General:

We provide sleep spaces/furniture that meet ECE licensing criteria safety standards.

We inform families about this policy, monitor safe sleep practices, and document any and all exceptions.

At our centre we ensure there is a teacher present in the sleeping space at all times.

Sleeping areas are checked for warmth, breathing, and general well-being at least every 5-10 minutes, or more frequently according to individual needs.

Children's sleep times are recorded and are available to parents.

Children will generally sleep in the designated sleeping place. However, there may be exceptional circumstances arise that mean it is more appropriate for a child to sleep elsewhere. This will be recorded on the sleep chart.

Children will have no access to food or liquids while in bed. If a child requires a bottle before bed this will be done so with a teacher and before they go into their bed.

To comply with some cultural practices, children may not stand or sit on pillows and do not sleep with heads facing another child's feet.

Parents who wish to know their child's sleep pattern can ask their child's room teachers for this information.

Teachers will never wake a sleeping baby or child, we believe that children waking naturally will play more peacefully and are generally much more relaxed, however there are two exceptions; in case of emergency such as a fire evacuation or drill or when assisting a parent at pick up time. Only under extreme circumstances and a discussion with staff and management would the 'waking of a child' be considered.

All sleeping areas will be bleached and/or disinfected weekly, bedding will be laundered weekly unless bedding is from a child who has been sick or soiled and bedding needs changed earlier.

All children under 3 years old will either sleep or have a rest, children who rest will do so for a period of time then will be allowed to participate in quiet activities on the deck outside. Sleeping and resting children will be placed so teachers have full view of their heads, we aim for their beds to be in a familiar place with a named bag on it. Staff will sit beside toddlers who may need assistance, reassurance will be given in the form of gentle pat's on back, or rubbing the child's back. No coercion or force will be used. Sleep time should be a relaxed and pleasant process. Calm music and a warm environment will help soothe the children to sleep.

Over three-year old's generally do not require regular sleeping times but may require a period of rest. Staff will always be in consultation with families concerning their child and resting. Children who show signs of tiredness at any time will be offered the option of a rest in a quiet area with a cushion or on a child sized bed. If a child sleeps the sleep episode will be recorded on the daily sign in sheet.

Non-Mobile Infants:

At our centre, we follow best practice guidelines as follows:

- **Place babies on their backs for sleep**

We will sleep all non-mobile babies in the back position as it makes it easier for young babies to breath. At a time in their development when they rely on reflexes to reset breathing, and when they also have a heavy head, loose jaw, short neck, large tongue and only breathe through their noses, the back position ensures sufficient extension of the neck to maintain an open airway.

Babies need to lie flat, on a level surface, with no propping of baby, tilting of the bed, pillows under the head, or use of any product or practice that may cause babies to slump and assume a 'chin-to-chest' position of the neck.

By the time babies are able to change position on their own and explore their sleep space, it is still best practice to place them on the back. However, other considerations will also be needed to ensure a safe sleep environment for the older, more mobile baby.

We will require permission in writing from parents if a position other than back is requested.

- **Be sure babies' airways stay clear throughout sleep episodes**

Babies under one year are more vulnerable to accidental suffocation. Lying on the back protects babies who cannot yet roll. When babies become more mobile they can get into dangerous situations such as becoming tangled in loose bedding, or trapped face down into something soft. This is why every sleep episode requires a safety check of the sleep environment and any potential hazards spotted and removed. A hazard is anything that has the potential for a covered face, pinched nose, chin-to chest position of the neck or pressure on, or against, a baby's chest. Hazards could be in the form of pillows, loose covers, gaps between mattress and side of the bed, soft items in the bed, toys, 'comforters', bibs,

necklaces, curtain cords hanging near the cot, posts on the cot, or gaps of more than 6 cm between rails of the cot.

- **Support babies to settle for sleep**

Babies need help from adults to regulate themselves and this includes help with falling to sleep. Supportive conditions that help babies settle for sleep, assuming they are not hungry, include; firm wrapping/tucking across the shoulders (feeling held), proximity to staff (feeling close) and repetitive, soothing, familiar actions (feeling rhythm). We also provide a warm environment and with soothing sleep sounds. We communicate frequently with parents and/or families for all current routines for baby.

Conclusion:

Position: place babies flat, level and on their backs

Face: make sure a baby’s face stay clear throughout the sleep episode

Beds: place babies in infant beds that meet safety standards

Environment: keep the sleep space bare of all non-essential items (pillows, toys, ‘comforters’, positioning aids, soft items of any kind, bibs, necklaces etc....)

Bedding and clothing: mattress a snug fit, 1-3 light blanket layers firmly tucked, or sleep bags and no covers and 1-3 layers, no hat inside, beware of over bundling.

Location: have babies sleeping close to carer’s (in same room) and monitored frequently checking breathing and temperature.

Policy Review Schedule

Review every three years or when there is a significant change in the area of the policy topic.

Introduction Date:	April 2017			
Next review date:	April 2020			
Comment:	Updated			
Consultation Undertaken:	Staff Management Parents and families.			