

Lake Macquarie Family Day Care  
 A Quality Education and Care Option for Our Community  
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## SAFE SLEEP PLAN

- Educators must conduct a sleep and rest risk assessment (Safe sleep plan) at least once every 12 months AND as soon as practicable after becoming aware of any circumstance that may affect the safety, health or wellbeing of children during sleep and rest (Regulation 84C).
- Educators must submit to the office, to be kept by the LMFDC (Regulation 84C).
- LMFDC must make any updates to the Sleep and Rest Procedure as soon as practicable as necessary according to risk assessment (Regulation 84C).

Educator  Date:

Address

ITEM	PROVISIONS / MANAGEMENT (describe)
Awareness of safe sleep practices – induction, training and knowledge	<ul style="list-style-type: none"> <li>▪ Educator has completed Red Nose Safe Sleep training (date) _____</li> <li>▪ Lake Macquarie FDC has a Sleep and Rest Procedure - guidance information and advice is also available at:  <u>Safe sleep practices in family day care settings</u>  <u>Red Nose resources and factsheets</u>  <u>Regulatory guidance: Children's safe sleep and rest -NSW Department of Education</u></li> </ul>
Suitable safe sleep and rest environment – location and arrangement of sleep and rest areas	<ul style="list-style-type: none"> <li>▪ Space is provided allowing children to sleep undisturbed, or rest quietly as needed (where – also mark on FDC premises map) _____</li> <li>▪ Appropriate heating and cooling are available and sleep environments are maintained at a safe and comfortable temperature (describe) _____</li> <li>▪ Adequate ventilation is maintained - window openings are secured to less than 10cm so children can't climb out.</li> <li>▪ A smoke-free sleep environment is provided.</li> <li>▪ There is enough light to be able to physically observe children readily.</li> <li>▪ Adequate number of cots/beds/sleep mats are supplied to allow all children to have a rest as needed (list): _____</li> <li>▪ Cots / beds/sleep mats are arranged to minimise risk of cross infection (describe how) _____</li> <li>▪ Stretchers/sleep mats are positioned away from walls to prevent child becoming trapped between mattress and wall.</li> <li>▪ Area around beds/sleep mats is kept clear to prevent child rolling onto objects, or soft objects moulding around a child's face.</li> <li>▪ Cots/beds/sleep mats are positioned to prevent access to any dangerous items (cords, electrical items, medications etc).</li> <li>▪ Child particular Medical / Health Care Need Plan is considered when determining safe sleep location</li> </ul>
Appropriate equipment / furniture – suitability and	<ul style="list-style-type: none"> <li>▪ Bassinets are prohibited from being on the FDC premises at any time children are being educated and cared for</li> <li>▪ Furniture and equipment is safe, clean and in good repair - Cots/beds meet Australian standards for Household cots AS/NZS 2172:2003 and/or Portable or Folding cots AS/NZS 2195 (Product</li> </ul>

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safety of cots, bedding and equipment	<p><u>Safety Australia</u></p> <p><input type="checkbox"/> evidence available and kept _____ <input type="checkbox"/> check documented (date) _____</p> <ul style="list-style-type: none"> <li>▪ Cots are set-up in accordance with manufacturer's instructions which are kept _____</li> <li>▪ Maintenance checks / cot checklist are conducted and documented regularly (how often – depending on how frequently is used, whether it is left in-situ or stored away and re-assembled etc) _____</li> <li>▪ Equipment is visually checked daily before using with children.</li> <li>▪ Equipment is used only in the way originally intended (eg, prams/car restraints not used for sleeping).</li> <li>▪ <input type="checkbox"/> Bunk beds are not used    <input type="checkbox"/> Access to bunk beds is prevented _____</li> <li>▪ Rails are installed on low beds to protect children from falling out.</li> <li>▪ Mattress is appropriate to prevent child becoming stuck between cot and mattress – snugly fitting, no gaps, right size for cot; porta-cot uses only the mattress designed for that cot.</li> <li>▪ Mattresses are firm and flat.</li> <li>▪ Appropriate equipment is provided according to child age and sleep practices – children are transitioned out of cot when they have capacity to climb out of a cot (can be as early as 18 months).</li> <li>▪ Child particular Medical / Health Care Need Plan is considered when determining safe sleep equipment</li> </ul>
Hygiene	<ul style="list-style-type: none"> <li>▪ Bedding is stored individually to prevent cross-infection between uses (describe how) _____</li> <li>▪ Bedding is washed in between uses by different children (by whom) _____</li> <li>▪ Bedding is washed regularly and when visibly soiled (how frequently) _____</li> <li>▪ Bedding is changed between use by different children.</li> <li>▪ Cots/beds are cleaned in between use by different children and when visibly soiled (how) _____</li> </ul>
Putting children to sleep safely	<ul style="list-style-type: none"> <li>▪ Children only sleep in safe equipment – if they fall asleep elsewhere (eg, pram, lounge, car-restraint, pillow), they are gently moved and placed in safe appropriate sleeping equipment as soon as possible</li> <li>▪ Soft items – loose blankets, pillows, bumpers, soft toys etc – are removed from cots.</li> <li>▪ Sheet/blanket (if used) is tucked firmly on each side at the base of the mattress and only reach as far as the infants' chest to prevent child becoming tangled or moving down during sleep and covering his/her head/face.</li> <li>▪ Infants are placed at the bottom of cot and on their back.</li> <li>▪ Heavy clothing is removed prior to sleep to prevent children overheating – dress infant/children and use layers as you would dress yourself to be comfortable.</li> <li>▪ Loose clothing items – jewellery, dummy-chains/cords, bibs etc – are removed for sleeping to prevent tangling, choking on loose items or strangulation.</li> <li>▪ Face and head are kept uncovered to allow infant/child to self-regulate body temperature.</li> <li>▪ Child particular Medical / Health Care Need Plan is considered when determining any particular precautions to take in settling children for sleep/rest.</li> </ul> <p><b>Wrapping</b></p> <ul style="list-style-type: none"> <li>▪ Babies/infants are only swaddled/wrapped until they start showing signs they can begin to roll (usually between 4-6 months).</li> <li>▪ Muslin or light cotton material is used for wrapping, firm but not tight, and infant is not overdressed under the wrap.</li> </ul>

	<p><b>Sleeping bags</b></p> <ul style="list-style-type: none"> <li>▪ Sleeping bags are well-fitted and appropriate to infant/child age, weight and climate – fitted neck, armholes or sleeves and no hood.</li> <li>▪ Sleeping bags are only used when an infant is confined within a cot, and removed as soon as the child wakes.</li> </ul> <p><b>Dummies / pacifiers</b></p> <ul style="list-style-type: none"> <li>▪ Dummies are only used with children if they are consistently used for sleep periods, and phased out between 6-12 months of age</li> <li>▪ Dummy should not be reinserted if it falls out of the mouth during sleep</li> </ul>
Adequate supervision and monitoring	<ul style="list-style-type: none"> <li>▪ Educator positions self in accessible vicinity of sleeping children to be able to readily see and/or hear children and actively monitor by conducting regular checks, and respond immediately if necessary (where) _____</li> <li>▪ Educator uses additional monitor/s to supplement physical checks, but these do not replace regular physical checks (describe) _____</li> <li>▪ The environment caters for non-resting children as well as sleeping children (describe) _____</li> <li>▪ Educator selects activities for other children who may be awake, that require minimal assistance and can be left for brief periods when checking sleeping children</li> <li>▪ Educator does not perform programming or administrative duties that detract from attention to sleeping/resting children</li> </ul>
Regular checks are conducted - monitoring	<ul style="list-style-type: none"> <li>▪ Educator checks sleeping children every 10 minutes as far as is practicable</li> <li>▪ Educator has a system for reminding to physically check sleeping/resting children at regular intervals (describe) _____</li> <li>▪ Educator checks children, from the side of the cot/bed/mattress; <ul style="list-style-type: none"> <li>- breathing – rise and fall of chest / feel breath on back of hand</li> <li>- colour – lips, skin (redness could indicate overheating)</li> <li>- position – face/head clear, infant remain at bottom of cot on back</li> </ul> </li> <li>▪ Child particular Medical / Health Care Need Plan is considered when determining frequency and/or type of monitoring necessary</li> </ul>
Keeping records of sleep checks	<ul style="list-style-type: none"> <li>▪ Educator records <b>the time</b> that children are checked on an individual record for each child (so these can be kept with the child's individual records)</li> <li>▪ Educator makes a record of checks <b>at the time</b> of performing the check (not retrospectively).</li> <li>▪ Educator makes a note of any considerations or adjustments required, on the daily sleep record.</li> </ul>
Communicating with families	<ul style="list-style-type: none"> <li>▪ Educator consults with families about individual child sleep routines and any preferences, cultural or otherwise (how) _____</li> <li>▪ Educator is able to describe and explain Red Nose best practice guidance.</li> <li>▪ Educator accommodates child individual needs so far as they align with safe sleep recommendations – educator discusses with parents if parent requests are in conflict with current recommendations and advice, and shares information about recommended practices.</li> <li>▪ Educator obtains advice from the child's medical practitioner to support any exceptional circumstances that allow for alternate practices. (note details) _____</li> <li>▪ Educator and parent share and exchange information about child's daily sleep and rest routine in care (how) _____</li> </ul>
Child protection	<ul style="list-style-type: none"> <li>▪ Only the registered Educator attends to child sleep and rest needs.</li> <li>▪ Educator supports children to manage sleep routines/personal care independently as far as their ability allows.</li> </ul>