

# Safe sleeping and resting for infants and young children procedure

This is a mandated procedure under the operational policy framework. Any edits to this procedure must follow the process outlined on the [creating, updating and deleting operational policies](#) page.

## Overview

The objectives of this procedure are to ensure that staff:

- are aware of and comply with current evidence-based safe sleep practices and safe sleep environments to reduce the risk of sudden unexpected death in infancy (SUDI)
- promote and model safe sleeping practices and environments to families with infants and young children
- are aware of where to access resources to build their knowledge about recommended safe sleep practices
- comply with the [Education and Care Services National Law \(South Australia\)](#) and [Education and Care Services National Regulations](#).

## Scope

This procedure applies to all staff and family day care educators registered with the department who provide support to parents and caregivers of infants (a baby under 12 months of age) and young children, and who offer sleeping environments. This includes:

- rural care and occasional care services
- children's centres for early childhood development and parenting and integrated children's centres (services where childcare educators are employed by the management committees of the childcare program, and line managed by the preschool director or school principal)
- preschool services
- education and care services providing a crèche or playgroup
- department family day care services.



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# Detail

## The legislative and policy context

Early childhood education and care services are required to comply with provisions related to children's sleep and rest under the [South Australian Education and Early Childhood Services \(Registration and Standards\) Act 2011](#). This includes the Education and Care Services National Law and the [Education and Care Services National Regulations](#) (including the National Quality Standard [NQS]). Regulation 81 prescribes that services must 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.

The standards outlined in the [safe infant sleeping standards policy directive \(SA Health\)](#) apply to all staff and family day care educators working with infants under 12 months of age and their family and caregivers. These standards are informed by the available evidence about risk factors in the infant sleeping environment and outline essential safe infant sleeping practices to reduce the risk of sudden unexpected death in infancy (SUDI). Refer to appendix 1 for information on risk factors.

Staff and family day care educators must comply with the [safe infant sleeping standards policy directive \(SA Health\)](#) in all circumstances unless medically indicated reasons dictate otherwise.

[Red Nose](#) (formerly known as SIDS and Kids) provide guidance on current recommended safe sleeping practices and environments which are applicable to infants, children sleeping within a cot (noting that some children may use a cot until around 2 to 2 and a half years of age) and young children moving from a cot to a bed.

This procedure is to be read in conjunction with the [safe infant sleeping standards policy directive \(SA Health\)](#), [Red Nose](#) and [Kidsafe SA](#) safe sleeping recommendations. The department acknowledges the support of SIDS, Kids SA and Red Nose Australia in the development of this procedure.

## Safe infant sleep practices

### Implementing safe sleep practices and environments

Services caring for infants sleeping or resting must implement the following safe sleep practices to ensure a safe sleeping environment.

1. Always place infants under 12 months to sleep on their back from birth; never on their tummy or side.
  - Educators are to be aware that healthy infants placed on their back to sleep are less likely to choke on vomit than infants sleeping on their tummy.
  - Sudden infant death syndrome (SIDS) is more common in infants under 6 months of age so where possible, educators are to support the infant to sleep on their back during this

period. This may require the educator to regularly check and re-position an infant under 6 months of age onto their back during sleep periods.

- As infants grow and develop, they will become more active and start to roll around the cot. Once an infant is over 6 months of age **and** is competently rolling, they must still be placed in the cot on their back but can be allowed to find their own position of comfort.

2. Provide a safe sleeping environment day and night, which includes a cot that meets the Australian Standard for cots and portable cots, positioned away from blind cords and other hazards. Ensure the mattress is firm, clean, well fitted and flat (not elevated or tilted).

3. Sleep infants with:

- feet at the bottom of the cot
- their head and face uncovered
- bedclothes tucked in securely so bedding is not loose, or in a safe sleeping bag (that is the correct size for the infant with a fitted neck, arm holes (or sleeves), and no hood, so that the infant cannot slip inside the bag and become completely covered). Ensure the bedclothes or sleeping bag are appropriate for the season to avoid overheating. Note: it is recommended that advice from [Red Nose](#) or [Kidsafe SA](#) be sought for queries related to the safety of specific infant sleeping bag products
- no loose bedding, quilts, doonas, pillows, cot bumpers, sheepskins or soft toys in the cot which could pose a suffocation risk.

4. Provide a [smoke free environment](#).

5. Sleep infants in an individual cot (eg twins must be placed in their own cot).

6. Provide a supportive environment for women who wish to breastfeed (noting that equivalent conditions are also to be provided to women bottle feeding).

Further information about key safe infant practices is available from [Red Nose safe sleeping brochure](#) and [making up baby's cot poster](#).

## Promoting and modelling safe infant care practices

The [safe infant sleeping standards policy directive \(SA Health\)](#) describes the responsibility placed on staff and family day care educators caring for infants to model and promote accurate information to families about safe sleep practices. This includes the following messages for families:

- Keep baby smoke free before and after birth - educators are to be aware of the strong association between smoking and an increased risk of sudden infant death.
- Sleep infants in their own cot in the same room as the parents for the first 6 to 12 months - educators are to be aware of the risks of any person sharing the same sleep surface (eg bed, sofa, couch, chair or mattress) with an infant. Further information is available in the [Red Nose information statement: sharing a sleep surface with a baby](#).
- Breastfeed baby where possible - educators are to be aware of breast feeding as a protective factor.

## Providing a safe sleeping environment

Site leaders, family day care coordinators and family day care educators must ensure sleeping environments are assessed to identify and remove all potential hazards. Providing a safe sleep place must take into account a child's developmental stage (eg as infants become increasingly mobile and able to explore their environment).

All staff and family day care educators are responsible for identifying hazards, removing potential hazards and addressing immediate risks on a daily basis (refer to the [safety management procedure](#) and [risk management policy](#)).

Hazard considerations include:

- Cots must 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.
- Cots must be positioned away from heaters to reduce the risk of an infant overheating.
- Amber teething necklaces and bracelets, other necklaces/chains, string beads, hair bands and clips (eg any object that may detach and become a choking hazard) must be removed.
- Infant products must be appropriately maintained (eg no loose or sharp edges in cots).
- Bedclothes must be clean and hygienic.
- Infants must not be 'propped up' with a bottle to settle unsupervised (due to it posing a choking risk).
- 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 be tied around an infant's neck. Refer to 'baby dummies' and 'baby dummies and chains with unsafe decorations' in the [keeping baby safe – a guide to infant and nursery products \(ACCC\)](#).

Services may use the safe sleeping checklist for infants and young children ([appendix 2](#)) to assist identification and removal of potential risk factors.

## Use of prams and pushers

Prams, pushers, bouncinettes and rockers must not be used unsupervised or as a sleeping environment for children.

## Australian safety standards for infant products

Cots and portable cots must meet the Australian mandatory standard for cots (AS/NZS 2172) and the Australian mandatory standard for portable cots (AS/NZS 2195). This includes ensuring that the mattress fits snugly, with less than 20mm of space between the mattress and the cot sides or ends.

Staff and family day care educators can refer to the Australian Competition and Consumer Commission (ACCC) resource find out more: [keeping baby safe – a guide to infant and nursery products, ACCC](#) for product safety information, and a short [ACCC video-clip regarding cot safety](#).

Services must use a firm sleep surface that complies with the AS/NZS voluntary standard (AS/NZS 8811.1:2013 methods of testing infant products – sleep surfaces – test for firmness). For information

about testing a mattress's firmness refer to: [Red Nose what is a safe mattress](#) (includes a link to a video resource), and [Education Standards Board](#).

## A collaborative partnership with families

The development of positive relationships and partnerships builds families confidence that their children are safe in care and enables staff and family day care educators to contribute to parents/caregivers understanding of how to create a safe sleeping environment.

Site leaders and family day care educators must ensure:

- families and caregivers are consulted during the orientation period about their child's rest and sleep needs, and their beliefs and practices. This will assist individual children's circumstances and risk factors to be assessed, noting that the level of risk of SUDI increases significantly when several risk factors are present
- families and caregivers are informed of the service's safe sleeping procedure and practices
- families are aware of the need to inform the service about any changes in their child's medical or health status that may indicate a higher level of supervision is required
- the child's developmental needs in relation to sleep and rest are documented, taking into account the period of time the child is being educated and cared for (in accordance with regulation 74). Families are provided with information about their child's sleep and rest patterns (in accordance with regulation 76). Any risks identified and referrals made are documented
- safe sleeping practices are promoted and modelled (including safe sleeping information being displayed) and current information is available for families, taking into account an appropriate format for each family
- referrals to appropriate health professionals and support services are facilitated for further information and support if required (eg SIDS and Kids SA/Red Nose Australia, Kidsafe SA, Child and Family Health Service or a medical practitioner).

## Requests to vary sleep practices

Site leaders and educators must ensure families are informed that the service's approach cannot deviate from current recommended safe sleeping practices due to the higher risk of SUDI associated with different practices.

In circumstances where a family request a sleep practice that varies from the recommended practices due to medically indicated reasons, departmental [health support planning policies and procedures](#) are to be followed. A health care plan authorised by a medical practitioner that clearly outlines the safest sleep practices to be implemented for the child is required.

In all other situations where a parent requests a practice that differs from this procedure, staff and family day care educators are to discuss safe sleeping practices with the family and the requirement to comply with this procedure, acknowledging the family's values, beliefs and concerns (including the challenges associated with introducing a new sleep routine).

In circumstances where it is considered that a family may not understand the risks associated with sleeping environments, educators should discuss referring the family to other services for further advice and support to provide a safe sleep environment.

## Wrapping infants

If requested by a family, an infant may be wrapped to assist them to settle and sleep on their back. Site leaders and family day care educators must ensure that an infant is wrapped in accordance with safe wrapping recommendations.

Safe wrapping recommendations include ensuring:

- the wrapping technique is appropriate for the infant's developmental stage (eg leave the infant's arms free once the 'startle' reflex begins to disappear at around 3 months)
- only lightweight breathable materials such as cotton or muslin are used
- the infant is not overdressed under the wrap
- the wrap is firm but not too tight and allows for hip flexion (to reduce the risk of hip problems) and chest wall expansion
- the infant is wrapped no higher than the shoulders, so their face and head do not become covered
- the infant is positioned on their back with feet at the bottom of the cot
- wrapping is discontinued as soon as the infant starts showing signs that they can begin to roll (usually between 4-6 months). The wrap may prevent an older infant who has turned onto their tummy during sleep from returning to the back sleeping position.

Refer to Red Nose [wrapping babies](#) for further information.

## Baby slings and carriers

A sling may be used following consultation with an infant's parents/caregivers. Site leaders and family day care educators must ensure that the sling is a safe fit for the baby and the adult (ie is the right size for the baby's age and weight), and that it is worn correctly. This includes ensuring that the educator can see the infant's face at all times when glancing down, and that the infant's face remains uncovered.

Recognising that the safest place for a baby to sleep is in a safe cot, if an infant falls asleep when carried in a sling, they must be transferred to a cot.

Educators must be aware that if used incorrectly, slings can pose a suffocation risk and of the risk associated with falls when carrying an infant. The [ACCC safety alert – what you need to know about: baby slings](#) states:

*'They [babies] are at risk if placed incorrectly in a sling because they do not have the physical capacity to move out of dangerous positions that block their airways.*

*Two positions present significant danger:*

- 1. Lying with a curved back, with the chin resting on the chest.*
- 2. Lying with the face pressed against the fabric of the sling or the wearer's body.*



*Babies who are under four months old, premature, low birth weight or having breathing difficulties appear to be at greater risk.*

*Exercise caution when using slings for babies in these categories and consult a paediatrician before using a sling with a premature baby.'*

Before a sling is used with an infant, staff and family day care educators must discuss with the family whether the infant may be at greater risk (ie under four months of age, or premature, or low birth weight, or appears to be having breathing difficulties). In these circumstances, staff and family day care educators are to request evidence of medical consent before using a sling.

For further information about how to choose and use a sling safely refer to: the instructional video [carry with care: how to keep your baby safe in a sling](#) (Office of Fair Trading, Queensland Government) and the [ACCC guide to infant and nursery products](#) (section on baby carriers and baby slings).

## Sleeping young children safely

For children who require a rest and have moved from sleeping in a cot, or educators assess that the child is attempting/has the ability to climb over the sides of a cot, a firm mattress may be placed on the floor/or an appropriate bed used for their safety. The floor is to be clean and free from hazards (eg free of soft toys or any objects that a young child could roll onto and pose a suffocation risk). The mattress must be positioned away from walls or furniture as young children can become trapped between a mattress and wall or furniture. Refer to Red Nose [cot to bed safely brochure](#) for further information.

Note: Portable cot standards information states that a portable cot must not be used if a baby weighs more than 15kg (or check the instructions on the inside of the particular model).

## Supervision and monitoring

All children must be adequately supervised at all times. This includes educators actively monitoring and supervising sleeping infants and children. The [Education and Care Services National Law and Regulations](#) do not specify a recommended time for checking sleeping infants, rather the Guide to the National Law and Regulations states:

'When considering the supervision requirements of sleeping children, an assessment of each child's circumstances and needs should be undertaken to determine any risk factors. For example, because a higher risk may be associated with small babies or children with colds or chronic lung disorders, they might require a higher level of supervision while sleeping.

Sleeping children should always be within sight and hearing distance so that educators can assess the child's breathing and colour of their skin to ensure their safety and wellbeing.

Rooms that are very dark and have music playing may not provide adequate supervision of sleeping children. Supervision windows should be kept clear and not painted over or covered with curtains or posters.' (Source: Guide to the National Law and National Regulations, ACECQA, Sept. 2013, p. 64.)

Site leaders and family day care educators are responsible for ensuring supervision arrangements enable active and effective monitoring of all children in care. This may include considering sleeping an infant/child in the same room as an educator rather than a separate room (when an appropriate quiet and safe area is available), or ensuring playing children are within close proximity to sleeping infants/children to allow supervision of both groups.

During daytime care, in circumstances where sleeping infants and children are not in the same room as the educator, site leaders and family day care educators must implement a process to record the checking and inspection of sleeping infants and young children at regular intervals. This must occur at not more than 15-minute intervals, noting that a higher level of supervision is required in instances where additional risk factors are present (refer to [appendix 1](#)). This daily record is to include the time the infant is checked, and the initial/signature of the educator.

Services may also consider using a monitor to hear the infants breathing, noting however that there is no evidence that this will prevent a sudden unexpected infant death and the infant must still be actively sighted and checked frequently. Refer to [Red Nose home monitoring article](#) for further information. Staff and family day care educators are to ensure supervision windows are kept clear and consider keeping doors open, to facilitate supervision of sleeping children.

## Safe sleeping resources

Site leaders and family day care coordinators must ensure staff and family day care educators are aware to obtain information about recommended safe sleeping practices from:

- [SIDS and Kids SA](#) phone 8332 1066 or Red Nose safe sleeping phone 1300 308 307, email [education@rednose.org.au](mailto:education@rednose.org.au) for safe sleeping enquiries and training opportunities
- [Red Nose](#) for downloadable brochures (in a range of languages) and smart phone applications, sign up for regular newsletters covering safe sleeping and child safety education and Australian and Consumer Commission (ACCC) updates
- [Kidsafe SA](#) phone 8161 6318
- [Child and Family Health Service](#) (includes resources to assist settling infants).

## Reviewing sleep practices

Site leaders and family day care educators are required to review their service's sleep practices and environments on a regular basis to ensure practices are consistent with recommended safe sleep practices.

A department safe sleeping checklist for infants and young children has been developed that may be used by services when reviewing practices ([appendix 2](#)). The resource [sleep, rest, relaxation and the National Quality Standard](#) (Queensland Government – [sleep learning for early education professionals](#)) outlines key questions for reflection under the NQS.

Site leaders and family day care educators may utilise supporting information from the [safe infant sleeping standards policy directive \(SA Health\)](#), [Red Nose safe sleeping resources](#) and [Kidsafe SA safe infant sleeping](#) when establishing a local safe infant sleeping procedure.

Family day care scheme managers and coordinators are responsible for the assessment and approval of family day care educator premises (including safe sleeping environments) and for supporting family day care educator practices in accordance with this procedure.

## Additional procedural requirements for specific service types

### Family day care – overnight care of sleeping children

Refer to [physical environment in family day care including beds, fencing and safety standard](#).

Enquiries can be referred to the Family Day Care Unit Phone: 8226 2546 or Email: [education.FDCFeedback@sa.gov.au](mailto:education.FDCFeedback@sa.gov.au)

## Roles and responsibilities

### Head of the Office for the Early Years

Approved provider responsibilities under the [Education and Early Childhood Services \(Registration and Standards\) Act 2011](#).

### Site leader and family day care educator

Advises families of the service's safe sleep procedure and practices.

Models and promotes safe sleep practices and ensures information is available to families.

Ensures sleeping children are adequately supervised at all times.

Ensures staff or family day care assistants receive information about safe sleep practices during their orientation and are aware of where to obtain further information.

Maintains safe sleeping environments by ensuring the environment is checked regularly for any hazards and that all infant products comply with the Australian Standards.

Reviews implementation of safe sleep practices.

Ensures any local service procedures developed are consistent with this procedure.

### Management committee/governing council

Assists development of local service procedures which are consistent with this procedure/current recommended practices.

### Staff and family day care educators

Consults with families about children's rest and sleep needs including assessing individual children's circumstances and risk factors.

Documents children's sleep and rest needs, any risks identified and referrals, and provides information to families about their child's sleep and rest patterns.

Models and promotes safe sleep practices to families.

Identifies and removes potential hazards from sleep environments.

Assists families to access appropriate support services including facilitating referrals if required.

## Definitions

### Infant

An infant is a baby under 12 months of age.

### Sudden unexpected death in infancy (SUDI)

SUDI is an umbrella term and includes infants under one year of age whose deaths:

1. were unexpected and unexplained at autopsy
2. occurred in the course of an acute illness that was not recognised by parents/carers and/or health professionals as potentially life-threatening
3. arose from a pre-existing condition that had not been previously recognised by health professionals, or
4. resulted from any form of accident, trauma or poisoning.' (Source: 'safe infant sleeping standards policy directive').

### Sudden infant death syndrome

SIDS is a subset of SUDI:

'the sudden and unexpected death of an infant under one year of age, with onset of the lethal episode apparently occurring during sleep, that remains unexplained after a thorough investigation...'

(Source: 'safe infant sleeping standards policy directive')

## Supporting information

[Family day care parent information](#)

[Health support planning](#)

# Related legislation

[Education and Care Services National Law Act 2010](#)

[Education and Care Services National Regulations](#)

# Related policies

[Physical environment in family day care including beds, fencing and safety standard](#)

[Safety management procedure](#)

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## Keywords

Safe sleep

## Contact

Preschool Policy and Advice

Email: [education.preschoolpolicyandadvice@sa.gov.au](mailto:education.preschoolpolicyandadvice@sa.gov.au)

Phone: 8226 0812

# Appendix 1 - Risk factors for sudden unexpected death in infancy (SUDI)

[Red Nose information statement: the triple risk model](#) indicates that SUDI is multifactorial in origin and may result from a combination of the following 3 conditions:

- a vulnerable infant – ‘babies born pre-term, of low birth weight, or exposed to tobacco smoke or illicit drugs in utero are intrinsically more vulnerable and experience a higher rate of SUDI’
- a critical period of development – refers to an infant’s first year, but in particular their first 6 months of life (noting that studies indicate 90% of deaths occur in the first 6 months of life, with a peak at 2-4 months)
- exposure to a stressor(s) – these may include environmental factors (eg sleeping on tummy, bed-sharing, or an upper respiratory infection).

(Source: Red Nose 2016 information statement: the triple risk model p1-3.)

The [Safe Infant Sleeping Standards Policy Directive SA Health](#) provides the following advice about risk factors associated with SUDI:

*In research studies undertaken about SUDI, SIDS and fatal sleeping incidents, a significant number of factors have been identified that have been associated with sudden unexpected infant death. The level of risk increases significantly when several of these factors are clustered in the infant’s care or sleep environment. Some of these factors are about infants themselves, some are about their environment and some are about parents/caregivers and their ability to provide for an infant.*

*Some of the factors associated with infants and sudden unexpected death include:*

- *Infants who are born prematurely (<37 weeks).*
- *Infants of low birth weight (<2,500g).*
- *Multiple births.*
- *Male and first-born infants.*
- *Infants who have problems after birth including a history of minor viral respiratory infections and/or gastrointestinal illness.*

*Factors about the environment, parents/caregivers and families and their ability to provide for an infants, that have been associated with sudden unexpected death include:*

- *Young parental age.*
- *Mental health problems or cognitive difficulties experiences by parents/caregivers.*
- *Domestic violence occurring in households.*

- *Transient lifestyle, with lack of access to a stable home.*

*There were 55 infants born in South Australia between 2007 and 2012 that died suddenly and unexpectedly at a time when they were expected to be sleeping. All of these infants were over 28 days old. A review of the care and sleep environment of these infants confirmed some of the well-known factors that can be modified or changed in ways that will reduce the chances of sudden and unexpected death, including:*

- *Unsafe cot and bedding.*
- *Parental smoking (before and after birth).*
- *Use of alcohol and other drugs, including prescription medication, that makes the parent/caregiver drowsy and less responsive to infant cues.*
- *Infants in a prone (face down, tummy) sleeping position.*
- *Infants and parents/caregivers sharing the same sleep surface (such as bed, couch, sofa, chair etc).*

*In addition, there are other factors that have been shown to reduce the chance that an infant will die suddenly and unexpectedly. These include:*

- *Sleeping an infant in the same room as the parents/caregiver.*
- *Ensuring that an infant is fully immunised.*
- *Using a pacifier (once breastfeeding has been established).*
- *Breastfeeding.*

(Source: 'safe infant sleeping standards policy directive' SA Health 2016 p 6-7.)



## Appendix 2 - Safe sleeping checklist for infants and young children

Recommended safe sleeping practices and environments are implemented
<p><input type="checkbox"/> Infants are placed on their back to sleep</p> <p><input type="checkbox"/> Infant's head and face is uncovered</p> <p><input type="checkbox"/> Infants are positioned with feet touching the bottom of the cot</p> <p><input type="checkbox"/> Bedclothes are tucked in securely so bedding is not loose, or infant uses a safe sleeping bag</p> <p><input type="checkbox"/> There are no quilts, doonas, pillows, cot bumpers, sheepskins, soft toys/items in the cot which could pose a suffocation risk</p> <p><input type="checkbox"/> Infants sleep in a safe cot that meets the current mandatory Australian Safety Standard (AS/NZ 2172) or current mandatory Australian Safety Standard (AS/NZ 2195) for portable cots. Portable cots are not used when an infant weighs more than 15 kg (or check the instructions on the particular model)</p> <p><input type="checkbox"/> Prams, pushers and bouncinettes are not used unsupervised and never as a sleeping environment</p> <p><input type="checkbox"/> A firm, clean and well fitted mattress is used that complies with the voluntary standard for firmness (AS/NZS 8811.1:2013)</p> <p><input type="checkbox"/> Mattresses are flat with no additional padding under/over the mattress</p> <p><input type="checkbox"/> A safe place to sleep is provided:           <ul style="list-style-type: none"> <li>• educators identify and remove potential hazards in sleeping environments</li> <li>• hanging cords, mobiles, electrical appliances and curtains are out of reach of infants</li> <li>• amber teething necklaces and bracelets, necklaces/chains, hair clips and bands are removed</li> <li>• infants never sleep in bean bags, water beds, sofas, pillows or hammocks</li> </ul> </p> <p><input type="checkbox"/> Young children are moved from sleeping in a cot, in consultation with their parents, when they attempt/have the ability to climb over the sides of the cot</p>
Comments:
A partnership approach with families
<p><input type="checkbox"/> Families are informed of the service's safe sleeping procedure and practices during their orientation</p> <p><input type="checkbox"/> Educators discuss individual children's rest and sleeping needs with families, and known risk factors are identified</p> <p><input type="checkbox"/> Safe sleeping information is displayed and information is available for families</p> <p><input type="checkbox"/> Educators facilitate referrals to support services for families requiring further information and assistance to provide a safe sleeping environment for their infant</p>
Comments:

<b>Compliance with recommended safe sleep practices</b>
<input type="checkbox"/> All educators are aware of recommended safe sleep practices for infants, and new staff are provided with information during their orientation <input type="checkbox"/> Educators know where to obtain further information, resources and training about safe sleep practices <input type="checkbox"/> There is a process in place to review the service's sleep practices
Comments:
<b>Infant wrapping</b>
<input type="checkbox"/> When a family requests their infant is wrapped, this is done in accordance with Red Nose safe wrapping recommendations
Comments:
<b>Baby slings and carriers</b>
<input type="checkbox"/> In consultation with a family, an infant sling is used in accordance with recommended practices and educators are aware of the hazards <input type="checkbox"/> Sleeping infants are transferred to a safe cot when sleeping
Comments:
<b>Supervision</b>
<input type="checkbox"/> Children resting and sleeping are actively supervised and monitored in accordance with the National Law and Regulations <input type="checkbox"/> Each child's circumstances are assessed to identify known risk factors, and staff are aware a higher level or supervision may be required when an infant is unwell <input type="checkbox"/> If an educator is not in the room with the sleeping infant, a process is in place to actively check the infant at not more than 15-minute intervals and to record this observation (time and initial/signature)
Comments:
<b>Baby is kept smoke free (before and after birth)</b>

<input type="checkbox"/> The service complies with the department's 'smoke free policy'
<b>Breast feed baby where possible</b>
<input type="checkbox"/> Support is provided to mothers' breastfeeding by providing a welcoming environment, appropriate facilities and referring to support services when required
<b>Safe sleeping practices for a child who has a medical condition or has additional needs</b>
<input type="checkbox"/> Infants and young children with a medical condition and/or additional needs who require a sleep practice that differs from recommended safe sleep practices have a health care plan signed by a medical practitioner detailing the safest sleep practices for the infant/child
Comments/actions:

**Service:**

**Date:**

**Name:**

**Position:**

Acknowledgement: Red Nose safe sleeping checklist and guidelines for education and care services has informed the development of the department safe sleeping checklist for infants and young children.