

# 12 TO 18 MONTH ADDITIONAL SLEEP MANAGEMENT PLAN

*(only to be used if a child is not in a cot)*

This form is to be completed for children who are between 12 months and 18 months of age, who are developmental appropriate to be sleeping on a mattress on the floor.

**At no time will the Educator/Educator Assistant leave children unsupervised or with any other member of the community or household, while children are sleeping/resting.**

This form needs to be sent to the Service for approval and a signed copy retained by the Educator and made available to parents and the Department staff if requested.

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[ich.org.au/my-place-family-daycare](http://ich.org.au/my-place-family-daycare)

[facebook.com/ICHAustralia](https://www.facebook.com/ICHAustralia)



Child's name

Date of birth

Areas that have been planned and reviewed when setting up for sleep and rest:

Risks identified from this risk assessment have been addressed within policy and procedure (regulation 84C) as well as other matters required under regulation 84C, including:

- the number, ages and development stages of children being educated and cared for.
- the sleep and rest needs of children at the service (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest).
- the level of knowledge and training of the staff supervising children during sleep and rest periods.
- the location of the sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas.
- the safety and suitability of any cots, beds and bedding equipment and having regard to the ages and developmental stages of the children who will use them.
- any potential hazards in sleep and rest areas or on a child during sleep and rest periods
- the physical safety and suitability of sleep and rest environments, including temperature, lighting and ventilation at each education and care service and FDC residence or approved FDC venue of the service.
- the bedding must be suitable for the bed used and comply with S.I.D.S recommendations.

Parent signature

Parent name

Date

Educator signature

Educator name

Date

Coordinator signature

Coordinator name

Date