

## **Sleep, Rest, and Overnight Care**

### **Slide #1 Welcome**

Welcome to this course titled, “**Sleep, Rest, and Overnight Care**”.

This course is developed as part of the Washington State Department of Children, Youth, and Families (or DCYF) alignment process, to prepare providers and licensors in their understanding of the “why”, the “what” and the “how” of complying with the updated Foundational Quality Standards for Early Learning Programs (referred to in each course as the Foundational Quality Standards).

### **Slide #2 Helpful Hints**

WA DCYF is pleased to present this e-Learning course! To help provide a positive learning experience for you, please take a moment to review the following “Helpful Hints” summary, detailing what you can expect from this course. A complete listing of Helpful Hints has been added to the Resources section of your learner’s screen for reference.

- If you would like to access and review the full course text, please visit the Resources section of your learner’s screen. You can view, print, or download a full version of the course text that is narrated within each module. The full text will be included in each course and listed as the first resource in the Resources section of your course frame.
- The time to complete the course will depend on the course topic and the pace at which you advance through the slides.
- To help you get the most out of the course, settings are in place to prevent users from skipping ahead through the slides. You can advance through the course when the narration for each slide concludes by selecting the “Next” button, or, go back to review material already presented by selecting the “Previous” button.
- Web links and additional resources will be utilized in some of the courses to enhance your learning experience. We hope you will take time to explore them to further develop your knowledge about the topics being presented.

### **Slide #3 Introduction**

This course is designed to introduce you to the updated Washington Administrative Code or WAC, as well as outline strategies and examples of WAC compliance. Updated WACs will be detailed in each course as a reference and a full listing of the WAC is included in the Resources section of your learner’s screen. You can print or download this resource at any time, either as a reference while you complete this course, or as a resource after the course is completed.

### **Slide #4 Learning Outcomes**

This course will help early learning professionals understand how to meet, assess for, and demonstrate ongoing compliance with the Foundational Quality Standards.

Upon completion of this course, participants will:

- Describe appropriate sleep and rest equipment to be used in an early learning program
- Know cleaning schedules for bedding or sleep equipment to limit the spread of illness
- Identify supervision practices designed to monitor the health and safety of children during rest or sleep periods

### **Slide #5 Guiding Principles**

As we cover the material in this course, please keep in mind the following Guiding Principles. We will revisit these at the end of the course to “check in” with you and give you an opportunity to assess your understanding and application of the course content.

#### **Guiding Principles:**

- The quality and quantity of sleep received by a child impacts their growth and development.
- Providing opportunities for rest and sleep in an early learning program is a key component of responsive care.
- Sleep and rest opportunities must be designed for the comfort and safety of children in care.

### **Slide #6 Terms and Definitions**

Take a moment to review and familiarize yourself with the following terms and definitions. For reference, a listing of these terms has been added to the Resources section of your learner’s screen. You can access the list at any time by visiting the Resources section of your learner’s screen. You can download the file to keep as a future reference or print as a desk guide.

**Appropriate** when used to refer to child care or educational materials means that the materials will interest and challenge children in terms of their ages and abilities.

**Clean** or **cleaning** means to remove dirt and debris from a surface by scrubbing and washing with a detergent solution and rinsing with water. This process must be accomplished before sanitizing or disinfecting a surface.

**Early learning professionals** are all early learning providers, child care licensing staff, and other professionals in the early learning field.

**Infant** is a child birth through eleven months of age.

**Preschool-age child** means a child thirty months through six years of age not attending kindergarten or elementary school.

**RCW** means Revised Code of Washington.

**School-age child** means a child not less than five years of age through twelve years of age who is attending kindergarten or elementary school.

**Sleeping equipment** includes a bed, cot, mattress, mat, crib, bassinet, play yard or "pack and play" but does not include a car seat or infant swing.

**Supervise** or **supervision** means an early learning provider must be able to see or hear the children they are responsible for at all times. Early learning providers must use their knowledge of each child's development and behavior to anticipate what may occur to prevent unsafe or unhealthy events or conduct, or to intervene in such circumstances as soon as possible. Early learning providers must also reposition themselves or the children to be aware of where children are and what they are doing during care. An early learning provider must reassess and readjust their supervision each time child care activities change. See "active supervision" for a heightened standard of care.

**Toddler** means a child twelve months through twenty-nine months of age.

**WAC** means Washington Administrative Code.

## **Slide #7 Course Introduction**

Sleep is necessary for every person and includes great health benefits. Studies show consistently receiving the recommended duration of sleep for each age leads to "improved attention, behavior, memory, emotional regulation, quality of life, and mental and physical health"<sup>1</sup>. But do you know how much sleep, including naps, children need during a 24 hour period?

- For infants, ages four months to a year old, the amount of sleep ranges from 12 to 16 hours.
- Toddlers require 11 to 14 hours.
- Preschool age children should maintain 10 to 13 hours.
- For school age children, this count decreases slightly to 9 to 12 hours.

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<sup>1</sup> American Academy of Pediatrics. (June 2016). *American Academy of Pediatrics supports childhood sleep guidelines*. Retrieved from <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/American-Academy-of-Pediatrics-Supports-Childhood-Sleep-Guidelines.aspx>

It is likely children will need the opportunity to rest or sleep while participating in early learning programs and activities. By offering these opportunities, early learning providers are supporting a child's growth and wellbeing.

### **Slide #8 Course Introduction**

All requirements in the Foundational Quality Standards are designed to protect the health and safety of those in an early learning program. The sections explored in this module are located in the "Environment" section of the Foundational Quality Standards, in the subsection "Sleep and Rest". They are:

- WAC 110-300-0265 Sleep, rest, and equipment
- WAC 110-300-0270 Overnight care

During periods of sleep or rest for children, health and safety requirements are focused on the provision of safe sleeping equipment and healthy cleaning practices, as well as supervision while children are resting or asleep.

### **Slide #9 WAC 110-300-0265**

Sleep or periods of rest are vitally important for children. According to the [Healthychildren.org](http://Healthychildren.org) website, sleep is just as important to a child's development and well-being as nutrition and physical activity. For additional information select the link to [Healthychildren.org](http://Healthychildren.org).

In fact, the amount and quality of sleep we have can affect our safety, how alert we are, as well as our memories, moods, behavior, and learning abilities. <sup>2</sup>

Sleep is a time not only for the body to slow down and repair, but also for the brain to execute important restorative functions. For children spending longer periods of time in an early learning program, where they are physically and mentally stimulated through play and interactions, rest or opportunities for sleep are essential.

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<sup>2</sup> <https://www.healthychildren.org/English/healthy-living/sleep/Pages/default.aspx>

The first WAC we will review ensures children are afforded the opportunity to sleep.

**WAC 110-300-0265 Sleep, rest, and equipment.**

**(1) An early learning provider must offer a supervised daily rest period for children preschool age and younger who remain in care for more than six hours per day, or who show a need for rest.**

**(2) An early learning provider must provide quiet activities for children who do not require rest. Quiet activities must be minimally disruptive to sleeping children.**

Children may display the need for rest in a variety of ways. An early learning provider might notice the child yawning, rubbing their eyes, becoming less active or clumsy in their physical movements, or the child may become irritated or emotional quickly.

While opportunities for rest or sleep are required, some children may not fall asleep.

Providing opportunities for sleep as well as quiet activities for children not actively sleeping, is in line with guidance from *Caring for Our Children, 3rd Edition, National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs (or Caring for Our Children)* Standards 1.1.1.2. and 3.1.4.4.

For example, a preschool class schedules a rest time for 90 minutes after lunch. During this time, children get onto their individual cots. While some of the children fall asleep, children who do not fall asleep are permitted to choose an item from the “quiet activity box.” The box contains several books and individual play items. As the sleeping children begin to wake, the children that did not fall asleep return their items to the box and are able to transition with the other children to the next activity at the art table.

**Slide #10 WAC 110-300-0265**

Regular communication with parents will help ensure the early learning provider is able to meet the needs of individual children.

**WAC 110-300-0265 Sleep, rest, and equipment.**

**(3) An early learning provider must communicate a child's sleep needs and patterns with that child's parent or guardian.**

By communicating with parents concerning a child’s sleep needs or patterns, the early learning provider encourages parents to share any concerns they may have and give them the opportunity to ask questions.

For instance, during afternoon pick up, the early learning provider shares with the parent that while their child typically naps for about an hour, the child napped for over

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two hours. The parent shares with the early learning provider the child is sleeping in a new bedroom at home. Because of this transition, the child's nightly sleep pattern has been interrupted.

**Slide #11 WAC 110-300-0265**

Sleeping equipment, like cots, mats, or beds, are used to improve the health, safety, and quality of a child's sleep.

**WAC 110-300-0265 Sleep, rest, and equipment.**

**(4) An early learning provider must not place children directly on the floor to rest or sleep.**

**(5) For children not using cribs or playpens, an early learning provider must provide developmentally appropriate mats, cots, or other sleep equipment made of water resistant material that can be cleaned and sanitized.**

Placing children directly on the floor to sleep can be unsanitary as they might be exposed to dirt, dust, residue, germs or potential pests on the floor surface. Placing a child on a mat or cot off the ground removes the child's direct contact with potentially contaminated surfaces or exposure to pests. It also establishes a larger boundary in the room for adults or other children to navigate around.

**Slide #12 WAC 110-300-0265**

While sleep equipment is designed to provide comfort, it must also be safe and sanitary.

**WAC 110-300-0265 Sleep, rest, and equipment.**

**(6) Mats, cots, and other sleep equipment used in an early learning program must be:**

- (a) In good condition, have no tears or holes, and have no repairs with tape;**
- (b) Cleaned, sanitized, and air dried at least once per week or more often as needed if used by only one child, or after each use if used by more than one child; and**
- (c) Stored so sleeping surfaces are not touching each other unless cleaned and sanitized after each use.**

A tear or hole free surface will prevent liquids or other soiling contaminants from permeating the surface, where bacteria could grow and multiply. These nonporous surfaces make cleaning and disinfecting more effective. This is especially important for sleep equipment as children who are asleep may breathe or drool directly onto the sleeping surface or have a toileting accident. In these scenarios, bodily fluids potentially

carry germs or bacteria that may be contagious, even if the child is not showing signs of illness. The ability to effectively clean and sanitize sleeping surfaces will minimize the spread of germs or illness.

For example, an early learning program uses vinyl covered foam mats for preschool age children to use during rest time. An early learning provider notices one of the mats has a slight rip and wonders if they should still use the mat since it will be covered by a sheet while in use by a child. What should the provider do?

Although the mat may be covered by a sheet, the mat should not be used. Germs from the bedding or from liquids may still permeate into the foam of the mat.

For more information on cleaning and sanitizing processes and routines, review module “Keeping it Clean, Sanitary, and Safe for Kids!”

**Slide #13 WAC 110-300-0265**

**WAC 110-300-0265 Sleep, rest, and equipment.**

**(7) Floor mats designed for sleeping and mattresses must be at least one inch thick.**

**(8) Floor mats must be spaced apart from other floor mats, cots, and mattresses to reduce germ exposure and allow early learning providers' access to each child during sleep time as follows:**

- (a) There must be at least eighteen inches on each side between each floor mat, cot, or mattress; and**
- (b) Floor mats, cots, and mattresses must be arranged so children are head to toe, or toe to toe.**

These subsections are supported by Caring for Our Children Standard 5.4.5.1, which explains that respiratory infections are transmitted by large droplets of respiratory secretions during coughing, sneezing, and talking. The secretions can travel as far as three feet yet can be minimized by ensuring separate sleeping and resting for children, including siblings.

Caring for Our Children notes that the spacing and arranging of cots serves three important purposes:

- It reduces the airborne spread of germs.
- It promotes the settling down of children by limiting their immediate contact with others.
- It provides clear walking pathways and access during an emergency.

Consider this example, an early learning provider has spaced floor mats out across the classroom. While they are supervising the rest period, a child suddenly becomes ill, sitting up on their cot to vomit. Because the cots are spaced appropriately, the early learning provider has a clear pathway to navigate to the child to provide assistance. The early learning provider is also able to remove the contaminated bedding and cot from the program space with minimal concern of disturbing or contaminating other children.

**Slide #14 WAC 110-300-0265**

The provision of bedding creates comfort and security for many children. However, bacteria and germs can also thrive on bedding since children maintain skin contact on fabric as they sleep. Maintaining clean bedding and preventing against cross contamination will limit the spread of germs leading to illness or reinfection.

**WAC 110-300-0265 Sleep, rest, and equipment.**

**(9) Each child's bedding must:**

- (a) Have a clean sheet or blanket to cover the sleeping surface and a clean blanket for the child that is suitable given the child's size and room temperature;**
- (b) Be laundered weekly or more often if soiled, or laundered daily if used by more than one child; and**
- (c) Be stored separately from bedding used by another child, unless it is cleaned and sanitized after each use.**

This subsection follows guidance from Standards 3.3.0.4 and 5.4.5.1 of Caring for Our Children. It also aligns with WAC 110-300-0241.

Consider this scenario: After nap time staff assist the children in gathering up their sheet and blanket and then storing it in their individual cubby space. Prior to storing the nap mats, a staff person washes, rinses, and then sanitizes them with a three bottle system. Because the mats have been cleaned and sanitized daily, the early learning provider does not need to ensure the same child uses the same mat the following day, or that the mats don't touch during storage. Unless the bedding is soiled, it can be used by the same child the next day and sent to be laundered at the end of the week.

**Slide #15 WAC 110-300-0265**

Each year in the U.S., more than 36,000 children are injured in bunk bed-related injuries. Of these, about half occur to children younger than six<sup>3</sup>. While young children may be eager or curious to be in a lofted or bunked bed, they are at a physical risk as

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<sup>3</sup> Nationwide Children's Hospital. (N.D.). *Bunk bed safety*. Retrieved from <https://www.nationwidechildrens.org/research/areas-of-research/center-for-injury-research-and-policy/injury-topics/home-safety/bunk-bed-safety>



they are still developing reasoning skills and muscle control which may lead them to fall or impulsively jump off a lofted bunk.

**WAC 110-300-0265 Sleep, rest, and equipment.**

**(10) An early learning provider must not allow children less than six years of age to use loft style beds or upper bunks of bunk beds.**

This subsection aligns with Standard 5.4.5.5. in Caring for Our Children.

### **Slide #16 Test Your Learning!**

Before we continue, let's test your learning. Review the question and select the best response.

How frequently must bedding be laundered?

- A) Weekly or more often if soiled
- B) Daily if used by more than one child
- C) All of the above

### **Slide #17 Test Your Learning!**

Review the question and select the best response.

True or false?

A four-year-old preschooler may sleep in the upper bunk of a bunkbed.

- True
- False

### **Slide #18 WAC 110-300-0270**

Now, we will explore WAC 110-300-0270 which focuses on overnight care. In the U.S., almost 15 million adults work full time on evening, night, or rotating shifts<sup>4</sup>. To provide

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<sup>4</sup> Centers for Disease Control and Prevention. (August 2018). *Work schedules: shift work and long hours*. Retrieved from <https://www.cdc.gov/niosh/topics/workschedules/default.html>

child care for these working families, some early learning programs may operate overnight or extended hours.

For early learning programs desiring to provide overnight care, receiving department approval demonstrates the program has the adequate facilities, policies, and staffing in place to provide responsive overnight care in a way that promotes a child's health, safety, and overall wellbeing.

**WAC 110-300-0270 Overnight care.**

**(1) An early learning provider must be approved by the department to provide overnight care between nine o'clock at night and five o'clock in the morning when any enrolled child sleeps for three or more hours at the program.**

**Slide #19 WAC 110-300-0270**

Many sleep equipment requirements in overnight care are similar to the requirements during daytime sleep and rest activities explored earlier in this module.

**WAC 110-300-0270 Overnight care.**

**(2) If approved by the department to provide overnight care, an early learning provider must supply every child an individual bed or other sleep equipment that:**

- (a) Is safe and in good working condition;**
- (b) Is made of moisture resistant material that can be cleaned and sanitized;**
- (c) Meets the child's developmental needs; and**
- (d) Is stored so sleeping surfaces are not touching each other unless cleaned and sanitized after each use.**

This aligns with Caring for Our Children Standards 3.3.0.4 and 3.3.0.5. regarding the routines related to cleaning mattresses and bedding where the intended purpose is to limit the spread of illness causing germs and bacteria.

Ensuring sleeping equipment is developmentally appropriate may have significant effects on a child's safety. For instance, a 13-month old child has been enrolled for several months. The child has been sleeping in a crib. The early learning provider, however, finds the child has fallen to the carpet after attempting to climb out of the crib on her own. The provider realizes a cot is a safer option for the child in their current developmental level. They discuss the concern with the child's guardian and together work out a plan for a smooth transition to the new sleep equipment.

**Slide #20 WAC 110-300-0270**

**WAC 110-300-0270 Overnight care.**

**(3) Each child's bedding must:**

- (a) Have a clean sheet or blanket to cover the sleeping surface and a clean cover for the child except for infants;**
- (b) Be laundered weekly or more often if soiled. Bedding must be laundered daily if used by different children; and**
- (c) Be stored separately from bedding used by another child, unless it is cleaned and sanitized after each use.**

This mirrors the requirement for rest or sleep during the day reviewed earlier in the module. Clean sheets or blankets not only provide comfort for children as they sleep, laundering bedding also removes illness causing germs or bacteria. This is especially important where bedding may be used by different children throughout the program schedule.

For example, a child is enrolled in overnight care from Monday through Wednesday. A different child will be in overnight care on Thursday. The early learning provider is able to sleep the children on the same bed, provided the bedding is replaced with laundered sheets and blankets between use by the two children. This will limit the second child's exposure to the first child's germs or bacteria and decreases the likeliness of spreading illness.

This subsection is supported by Standards 5.4.5.1 and 3.3.0.4. in *Caring for Our Children*.

**Slide #21 WAC 110-300-0270**

**WAC 110-300-0270 Overnight care.**

**(4) An early learning provider must:**

- (a) Supervise children until they are asleep, except where children demonstrate the need for privacy to change clothes and can safely do so; and**
- (b) Have department approval prior to using night latches, deadbolts, or security chains.**

As *Caring for Our Children* states "supervision is basic to safety and prevention of injury and maintaining quality child care<sup>5</sup>". Supervision may prevent physical injury or harm

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<sup>5</sup> American Academy of Pediatrics; American Public Health Association. (2011). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. Retrieved from <http://nrckids.org>

caused by others. This is especially important during evening and overnight hours where conditions such as dim lighting or obstructed views from bedding or room arrangement may make it more difficult to observe potentially harmful situations. To review the definition of “Supervision”, navigate to the Terms and Definitions PDF in the Resources section of your learner’s screen.

For some early learning providers, the use of night latches or other door locking mechanisms may be desired in the interest of safety. For instance, a family home early learning provider becomes aware of a burglary in a home one block east of their location. The early learning provider has been approached with concerns of enrolled parents and contacts the department to talk about their intent to install a deadbolt or security chain on the three doors which exit to the outside of the home. The licenser and the provider review floor plans, supervision requirements, and emergency plans prior to using the deadbolt or security chain.

**Slide #22 WAC 110-300-0270**

The importance of sleep and rest is not limited only to children. Adequate sleep is also profoundly important for adults. The lack of sleep is linked to chronic diseases and conditions such as type 2 diabetes, heart disease, and depression. Lack of sleep can also impair an individual’s cognitive reasoning or reaction time, which may lead to mistakes at work or physical accidents<sup>6</sup>.

Early learning providers therefore, must ensure that they allow themselves the opportunity for sleep and rest. There are a variety of strategies used by early learning programs that provide overnight care, to ensure staff are well rested. The next WAC subsection outlines requirements in the event an early learning provider will sleep while the children are in overnight care.

**WAC 110-300-0270 Overnight care.**

**(5) An early learning provider who sleeps while children are in overnight care must:**

**(a) Have written permission and documentation that parents are aware that the provider is sleeping while their children are in care and have read the facilities policies and procedures for overnight care;**

Open communication between early learning providers and parents creates opportunities for sharing important information. Through open communication, parents are provided with all information necessary to make decisions in the best interest of

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<sup>6</sup> Centers for Disease Control and Prevention. (February 2018). *Sleep and sleep disorders*. Retrieved from <https://www.cdc.gov/sleep/index.html>

their child, along with the opportunity to share concerns or pertinent information with the early learning provider.

Written permission and documentation provide a record of mutual understanding that both parents and the early learning provider can reference.

**Slide #23 WAC 110-300-0270**

Subsection (5) continues with additional requirements for an early learning provider who sleeps while children are in overnight care. The provider must:

- (b) Stay awake until all children are asleep or returning to sleep;**
- (c) Remain on the same floor level as sleeping children at all times;**
- (d) Sleep in the same room with infants and toddlers;**
- (e) Be physically available and responsive, available to immediately respond to a child's needs;**

The role of the early learning provider is to provide responsive care to children in a safe and healthy environment. By remaining in close proximity and awake while children are awake, early learning providers are able to more quickly respond to a child's needs.

For example, in an early learning program located in a family home, all children sleep on the first floor of the home. This way the early learning provider can engage in activities in the kitchen or living room while still being available to supervise and respond to a child's needs. Although the early learning provider's personal bedroom is on the second floor of the house, if the early learning provider is going to sleep, they wait until all children are asleep and then sleep on the first floor.

**Slide #24 WAC 110-300-0270**

How can an early learning provider remain responsive to children if the provider is asleep? Monitoring devices and alarms are used to alert and awaken an early learning provider, so they may attend to the children. The purpose of this practice is to ensure the safety of children and immediate responsiveness by the early learning provider during the night.

**WAC 110-300-0270 Overnight care.**

- (f) Have alarms to alert them if a child should leave the room;**
- (g) Have monitoring devices to assist in hearing and visibly checking on children in each room used for sleeping; and**
- (h) Be awake for the arrival and departure of each child in overnight care.**

For instance, an early learning provider is asleep in a room next to where children in care are sleeping. The door to the room where children are sleeping has a monitor on the door, which when triggered sends an alert to the early learning provider's phone. During the night, the alert is triggered, waking the early learning provider in the other room. When the early learning provider wakes up, they get up to see the child exited the room to use the bathroom down the hallway. After supervising the child's return to bed, the early learning provider uses a video monitoring system set up in the room to observe the child has fallen asleep before returning to sleep themselves.

**Slide #25 WAC 110-300-0270**

Finally, subsection (6) focuses on practices for keeping infants safe during overnight care. Each year in the U.S., approximately 3,500 infants die from sleep-related deaths including SIDS or sudden infant death syndrome<sup>7</sup>. Approximately 20 percent of these deaths occur when a child is in non-parental care<sup>8</sup>. Where occurring in child care settings, most SIDS deaths occur on the first day or within the first week of care<sup>9</sup>.

While the risk of SIDS cannot be completely eliminated, there are researched practices that can be taken to significantly reduce the risk of SIDS and protects infants in care.

**WAC 110-300-0270 Overnight care.**

**(6) An early learning provider who accepts infants for overnight care must comply with all safe sleep rules pursuant to WAC [110-300-0291](#) for at least the first fifteen nights a new infant is enrolled in that program. A provider may sleep while the infant sleeps during overnight care if:**

**(a) The provider continues to comply with WAC [110-300-0291](#) (1)(b), (c), (f), (g), (h), (i) and (2);**

**WAC 110-300-0270 Overnight care.**

**(b) Once that provider has become familiar with the sleep routines and patterns of that infant; and**

**(c) The provider has observed no apparent health or safety risks while the infant sleeps.**

For instance, an early learning provider has been providing overnight care for a new enrolled infant for almost four weeks. During the first three weeks of overnight care, the early learning provider complied with WAC 110-300-0291 and actively supervised the infant while they were asleep. Now that the initial 15 overnights have been completed, the early learning provider reviews their observations of the infant's sleep patterns with the child's parents. The early learning provider also reviews with the parents additional monitoring devices she will use, if she sleeps during overnight care.

**Slide #26 WAC 110-300-0270**

Following guidance from Caring for Our Children Standard 3.1.4.1., the purpose of this subsection is to provide safe sleep for infants in overnight care. Referenced in this subsection is WAC 110-300-0291; this subsection of the Foundational Quality Standards focuses on infant safe sleep practices. This section can be reviewed in full by selecting the link to: [WAC 110-300-0291](#).

A review of WAC 110-300-0291 is found in the course Babies, Waddlers, and Toddlers-What do I Need to Know?

For more information and resources related to safe sleep practices, review the Extend your Learning PDF located in the Resources section of your learner's screen.

**Slide #27 Test Your Learning!**

Before we continue, let's test your learning. Review the question and select the best response.

True or false?

An early learning provider must have department approval prior to using night latches, deadbolts, or security chains.

- True
- False

**Slide #28 Test Your Learning!**

Review the question and select the best response.

An early learning provider who sleeps while children are in overnight care must:

- A) Remain on the same floor level as sleeping children at all times
- B) Have monitoring devices to assist in hearing and visibly checking on children in each room used for sleeping
- C) Stay awake until all children are asleep or returning to sleep
- D) All of the above

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<sup>7</sup> American Academy of Pediatrics. (November 2016). *SIDS and other sleep-related infant deaths: updated 2016 recommendations for a safe infant sleeping environment*. Retrieved from <https://pediatrics.aappublications.org/content/138/5/e20162938>

<sup>8</sup> Byington, T., Martin, S., Reilly, J. & Weigel, D. (April 2011). *Teaching child care providers to reduce the risk of SIDS*. Retrieved from <https://www.ioe.org/ioe/2011april/rb3.php>

<sup>9</sup> American Academy of Pediatrics; American Public Health Association. (2011). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. Retrieved from <http://nrckids.org>

**Slide #29 Test Your Learning!**

Review the question and select the best response.

Which of the following are NOT a requirement for sleep equipment provided for children during overnight care?

- A) Be developmentally appropriate
- B) Be approved by the department prior to use
- C) Is made of moisture resistant material
- D) Is in good working condition

**Slide #30 Guiding Principles**

This concludes the content portion of this course! Thank you for your participation!

Before this course ends, please take a moment to reflect and set personal goals related to the following Guiding Principles and ways that each of the principles relate to early learning professionals.

**Guiding Principles:**

- The quality and quantity of sleep received by a child impacts their growth and development.
- Providing opportunities for rest and sleep in an early learning program is a key component of responsive care.
- Sleep and rest opportunities must be designed for the comfort and safety of children in care.

What take-a-ways do you have? How will you change your practices as a result of participation in this learning module?

**Slide #31 Course Evaluation**

Please take a moment to answer the following end-of-course evaluation questions by selecting the appropriate choice.

This course improved my understanding of the course content.

- True
- False



**Slide #32 Course Evaluation**

The information presented in this course was clearly connected to the session and Learning Outcomes.

- True
- False

**Slide #33 Course Evaluation**

There are opportunities for application of this course content in my role as an early learning professional.

- True
- False

**Slide #34 Course Evaluation**

I would recommend this course to others who work in the field.

- True
- False

**Slide #35 Course Conclusion**

This concludes this course. If you have questions following this session, please contact your supervisor or licensor.

We hope this course has been helpful in providing information about the WAC and how programs can meet the new standards with compliance.

Our goal is that all early learning professionals viewing this course have left with an increased understanding and knowledge of the updated WAC, and that you will be able to either assess programs for compliance or be able to maintain and demonstrate compliance.

Be sure to visit the Learning Management System to review and select additional learning modules that are part of this series.