



# Healthy Sleep Habits for Children



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2 Hours Social Emotional Training

Getting enough restful sleep is one of the easier and least expensive ways to protect the health and well-being of both children and adults. Sleep is just as important to a child’s development as nutrition and physical activity. Sleep also impacts social interactions from an early age and sets the stage for peaceful connections or potential conflict with other children and adults. Establishing good sleep habits for young children benefits parents and caregivers by providing a necessary break, but it will help a child throughout his lifespan. The key to successful sleep routines is consistency and the payoff is enormous.

The amount (or lack) of quality sleep a person gets can affect alertness, memory, mood, behavior, the ability to learn and concentrate, as well as decision making. From infants and toddlers to school-age kids and teens, parents want to know how many hours of sleep their child should get. The chart below will help, but keep in mind that needs vary by person, so these are only an estimate.

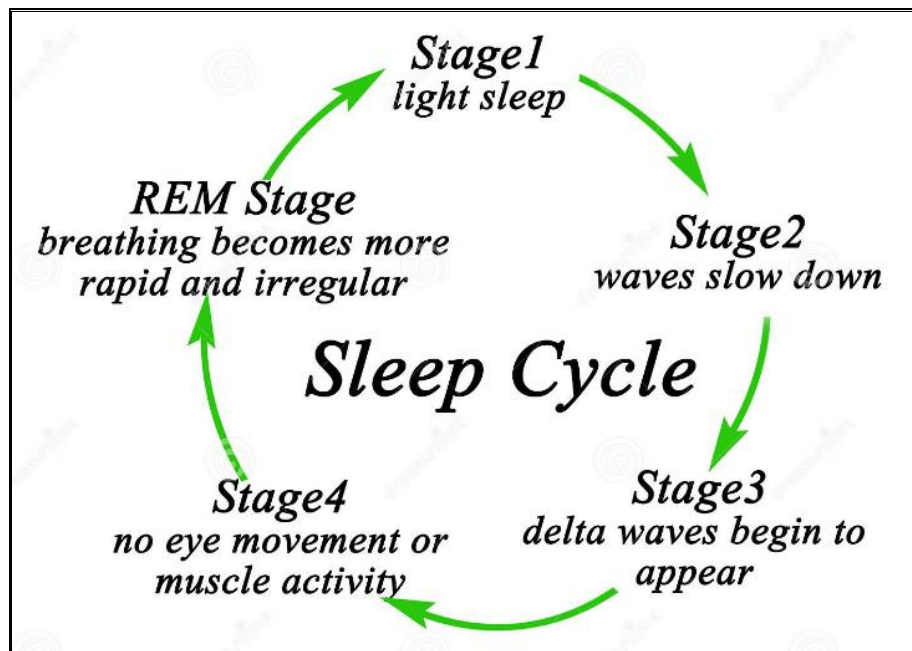
**Although needs vary from one person to another, there are some sensible, scientific-based guidelines for children to get the sleep he or she needs to grow, learn, and play.**

## How Much Sleep Does Your Child Need?

Newborns (0-3 months)	14-17 hours per day
Infants (4-11 months)	12-15 hours per day
Toddlers (1-2 years)	11-14 hours per day
Preschoolers (3-5 years)	10-13 hours per day
School-age children (6-13 years)	9-11 hours per day
Teenagers (14-17 years)	8-10 hours per day
Adults (18+ years)	7-9 hours each day

*From The National Sleep Foundation, 2016 [www.sleephealthjournal.org](http://www.sleephealthjournal.org)*

Adequate sleep duration for age on a regular basis leads to improved attention, behavior, learning, memory, emotional regulation, quality of life, and mental and physical health. Not getting enough sleep is associated with an increase in injuries, hypertension, obesity and depression, especially for teens who may experience increased risk of self-harm or suicidal thoughts.



## Stages of Sleep

Here's what happens in the body during each phase of sleep:

**Stage One:** Within minutes (sometimes even within seconds) of nodding off, your brain produces what are called alpha and theta waves and your eye movements, heart rate and breathing slow down. This introduction to sleep is relatively brief, lasting up to seven minutes. This is a light stage sleep, when you're somewhat alert and can be easily woken. It's this stage of sleep that people often call "catnaps." Sensation of falling is common during stage one.

**Stage Two:** During this stage, which is also fairly light, the brain produces sudden increases in brain wave frequency known as sleep spindles. Then brain waves slow down. If you were to schedule a "power nap" you'd want to wake up after this stage of sleep.

**Stages Three & Four:** In the third stage, deep sleep begins as the brain starts producing slower delta waves. At this point, it becomes a little harder for you to be awakened, because your body becomes less responsive to outside stimuli. No eye movement or muscle activity is associated with this stages 3 or 4. The brain produces even more delta waves and you move into an even deeper, more restorative stage of sleep in stage four. It's most difficult to wake up during stage four. This is when the body repairs muscles and tissues, stimulates growth and development, boosts immune function, and builds up energy for the next day.

**Rapid Eye Movement (REM) Sleep:** Adults generally enter REM sleep about 90 minutes after initially falling asleep, and each REM stage can last up to an hour. An average adult has five to six REM cycles each night. During this final phase of sleep, the brain becomes more active. This is when most dreaming occurs, the eyes jerk quickly in different directions (hence, the name), heart rate and blood pressure increase, and breathing becomes fast, irregular, and shallow. REM sleep plays an important role in children's learning and memory function. REM sleep is when the brain consolidates and processes information learned that day, so that it can be stored and categorized in the long-term memory.

It's important to note that the phases last for different durations depending upon age; an infant's sleep cycle will look different than that of a 5 year old or an adult. On an average night, we move through the stages in a sequential fashion. Most non-REM sleep occurs early in the night and the length of REM periods increases as the night goes on. That's why there's a good chance you'll awaken from a dream in the morning—hopefully, a sweet one!

## **Dreams and/or Nightmares**

Dreaming usually occurs in the REM stage of sleep, so most of the time children do not wake up after dreams. However, because of the increase of heart rate and breathing that occurs in REM sleep these factors may trigger a child's fight or flight response and they may wake up in a state of panic or fear. Almost every child has an occasional frightening or upsetting dream. A major cause of children's nightmares is stress or conflict that they have experienced, being overtired or even irregular sleep patterns. Children do not have the coping skills that adults do to deal with their fears or concerns. These issues may manifest in dreams, which can have a traumatic effect.

After a child has a nightmare, it is important to offer reassurance and explain that although it may feel very real, dreams come from our imagination and are not real. Away from the child, parents might reflect on recent events and situations that may be influencing the child's subconscious mind. Dreams are a way for the mind to process thoughts and feelings about our experiences. Although parents can't prevent nightmares, they can help children follow a regular bedtime routine and get enough rest to reduce the occurrence of bad dreams.

In rare cases, nightmares may become a regular occurrence or escalate to night terrors, which may require the aid of medical professionals and or counselors to help determine possible causes or treatment options.



## **Sudden Unexplained Infant Death Syndrome (SIDS/SUIDS)**

Sudden unexpected infant death (SUID) is a term used to describe the unexpected, unexplained death of a baby less than 1 year old in which the cause was not obvious before investigation. These deaths often happen during sleep or in the baby's sleep area.

Around 3500 babies in the United States die suddenly and unexpectedly each year. These include sudden infant death syndrome (SIDS), accidental suffocation in a sleep environment, and other deaths from unknown causes. Because of differences in reporting and investigation practices, the reliability of statistics and risk factors vary at both the state and national level.

To help raise awareness of the risk factors and reduce the number of all sleep related deaths, the American Academy of Pediatrics has created a free online training course for parents and care providers. That course is recommended for all caregivers and includes recommendations for safe sleep environments for infants. The "SAFE TO SLEEP" campaign (originally "Back to Sleep") was created in the 1990s and has corresponded to a dramatic reduction in the number of unexplained infant deaths nationwide.

## **Sleep Concerns**

Lack of restorative sleep can compromise the physical, social, and emotional health of children and interfere with normal growth and development. Although childhood sleep deprivation is a common occurrence, it is not always easy to recognize and often difficult to correct after behavioral patterns are in place. Obvious signs of sleep disturbance are excessive daytime drowsiness, dark circles under the eyes, inattention or behavioral issues and frequent illness. The not-so-obvious signs are irritability, hyperactivity, depression, impatience, mood swings, poor impulse control and aggressive behavior.

One of the most important, but least recognized, signs of sleep disturbance is when a child breathes through their mouth while sleeping. Human physiology encourages and relies upon breathing through the nose, especially when sleeping, to promote relaxation and a slowing of the autonomic nervous system. (When we fall asleep, our breathing, heartrate, and even body temperature drops slightly.) Mouth breathing does not allow for restorative sleep and is a quick way for parents and caregivers to recognize a potential problem and seek early intervention. The instinctive need to breathe through the nose helps to explain why children do not sleep well when they have a cold or stuffy nose, as it continually disrupts the natural breathing process that occurs during sleep.

There is an interesting relationship between the increasing incidence of stress, anxiety, and depression in our society with the amount of sleep we get. The less sleep, the higher the rates of mental health concerns, even for children. The American Academy of Pediatrics estimates that 10% of children have sleep issues. Children with mental health disorders have a much higher rate of sleep disturbance at 50-75%. However, it is not known if mental health issues may cause the sleep disturbance or vice versa. If left untreated, sleep disorders can lead to chronic health issues and interpersonal challenges. In addition to this connection, researchers are learning more about sleep disorders than in the past. Disordered sleep can be tricky to diagnose, because parents may think a child is getting enough sleep, based on the hours spent in bed, but if that sleep is not restful, the impact and resulting health and behavior concerns may escalate over time without intervention.

## **Causes of Sleep Deprivation**

The source of childhood sleep problems can be physical (related either to sleep apnea or chronic illness), behavioral (related to stress, anxiety, or mood disorders), or environmental (related to recent experiences, too much stimulation, overscheduling, or parents misreading young children's cues). Often a combination of these issues leads to sleep deprivation, and/or a cause-and-effect relationship exists between sleep deprivation and its origin.

A sleep-related breathing disorder called sleep-disordered breathing (SDB) is an abnormal respiratory pattern caused by upper airway obstruction occurring during sleep. It includes apneas, hypopneas, respiratory effort-related arousals, and hypoventilation. Signs and symptoms of SDB include mouth breathing (as mentioned earlier), snoring, and sleep apnea. It peaks in children ages 2 to 6. Poorly controlled asthma, a high body mass index, and restless legs syndrome can also be factors.

Obstructive sleep apnea (OSA), the major physical cause of chronic sleep deprivation, is characterized by episodic partial or complete upper airway obstruction, usually from enlarged tonsils and/or adenoids. OSA affects 2% to 5% of infants, children, and teens.

A recent study reports that children with SDB are 40% to 100% more likely to develop documented behavioral problems by age 7, three times more likely to have school grades of C or lower, and seven times more likely to have parent-reported learning problems. The most significant behavior change stemming from a lack of sleep is hyperactivity. Studies correlate childhood SDB with obesity, metabolic syndrome, and the risk of future heart disease, hypertension, and cancer.

Low socioeconomic status increases the risk of SDB, partially because of environmental concerns and the high obesity rate in children living in poverty. Children from poor families eat less fresh food and have fewer opportunities for safe outdoor play. They're more likely to be exposed to air pollutants and other environmental toxins that can increase the body's inflammatory response and fat retention due to higher stress hormones. Research connects habitual snoring with disordered sleeping and associates it with lower socioeconomic status and severe respiratory problems. Black children are twice as likely to experience SDB as White children, so even genetics can play a role in how well we sleep.

Sleep problems in children can also be related to chronic disease. Children diagnosed with painful chronic illnesses, such as rheumatoid arthritis, sickle cell disease, or gastroesophageal reflux, and those with neurologic and psychiatric illnesses, are more likely to have sleep problems not related to sleep apnea. Fifty to seventy-five percent of children with neurologic and/or developmental problems experience sleep disruption.

## What Time Should Your Child Go To Bed?

		Wake-Up Time				
		6:00am	6:30am	7:00am	7:30am	8:00am
Age	Bed Time					
5	6:45pm	7:15pm	7:30pm	8:00pm	8:00pm	
6	7:00pm	7:30pm	8:00pm	8:15pm	8:30pm	
7	7:15pm	7:30pm	8:15pm	8:30pm	8:45pm	
8	7:30pm	8:00pm	8:30pm	9:00pm	9:15pm	
9	7:45pm	8:15pm	8:45pm	9:00pm	9:15pm	
10	8:00pm	8:15pm	8:45pm	9:15pm	9:30pm	
11	8:15pm	8:30pm	9:00pm	9:30pm	9:45pm	
12	8:15pm	8:45pm	9:15pm	9:45pm	9:45pm	

*Adapted From The National Sleep Foundation, 2016 [www.sleephealthjournal.org](http://www.sleephealthjournal.org)*

**With so many possible causes and impacts related to a lack of sleep, experts recommend some simple ways to encourage healthy sleep habit and environments.**

### **Recommended Sleep environments**

- Get comfy. Make sure your bed and bedding are comfortable.
- Remove distractions. Keep TV and mobile devices out of the bedroom. Avoid watching or listening to upsetting, violent, or scary materials within 2 hours of bedtime. That includes the news, conflict-filled talk shows, and high-anxiety dramas. (Ideally, don't expose younger children to such material at all. Older children and teens benefit from adults co-watching or close by to talk about any concerns that arise).
- Use the bed only for sleep, not for TV, reading, using a smartphone or tablet, or playing electronic games.
- Soothing sounds. Listen to relaxing music, sound from nature, or the sound of silence. Keep the noise level down, especially for the first 30-45 minutes after children lay down.
- Darker is better, unless children are afraid of the dark. Turn the light off. Darkness promotes sleep and healthy levels of melatonin, an important hormone that regulates sleep and wakefulness. Also, light from screens such as, mobile devices, and tablets contains "blue light" that can suppress melatonin which promotes sleep.
- Keep it cool. Cooler room temperatures promote sleep and reduce perspiration, discomfort, and itching. Having a non-allergenic blanket close by is helpful if the temperature drops too far. The weight of a blanket can be soothing for some children
- A warm bath shortly before bed removes any irritants from the skin, like sunscreen, dirt or pollen and promotes falling asleep more quickly than someone who is cold. Keep the body warm and the room cool.

### **Possible Bedtime Routines**

- Consider serving a small snack containing a protein (e.g., yogurt, low-fat milk, hard-boiled eggs) and a complex carbohydrate (e.g., whole grain cracker or toast, slices of fruit or vegetables) within 2 hours before bed.
- Make it routine. Help children prepare for bed at the same time daily. Staying up late or sleeping in can shift sleep schedules to make children feel "jet-lagged".
- Read a reassuring, or inspiring story with your child. Save the action/adventure stories for daytime reading.
- For adults, manage your stress and anxiety constructively. Practice mediation, mindfulness, progressive muscle relaxation, guided imagery, prayer, counting your blessings, extending good will to others, or other relaxing stress management techniques.
- Talk with children about the things they appreciate or are grateful for. Make note about little kindnesses they have experienced in others or offered to others. Did someone smile at them today? Offer a hug? Share a toy? Push them on the swing? Let him/her go first? Making note of small acts of kindness can help us feel good and more connected to other people. This helps children feel more positive and secure.
- Avoid using TV or a tablet to soothe your child to sleep. It is important that they learn to calm down by themselves and with your help through a soothing bedtime routine. Reading an age-appropriate book together is helpful for younger children.

## During the Day

- Limit daytime naps to 1 ½-2 hours for toddlers and 45 minutes for pre-school-age kids.
- Expose children to bright light in the morning; this helps set the biological clock so they'll be tired in the evening. Avoid bright lights before bed.
- Keep exercise and vigorous play activities during the day. Dance parties before bed may sound like fun but will not help children to fall asleep quickly.
- Check with your doctor if you have concerns about your child's sleep patterns. Make sure they can breathe easily at night; congestions and obstructions to breathing reduce restful sleep. If your child snores, ask your doctor to schedule or refer you to a sleep study program. If children have a painful or itchy condition, discuss treatment options with your health professionals. Review medications (if any) to make sure they aren't the culprit.

### Resources:

American Academy of Pediatrics

American Academy of Sleep Medicine

American Sleep Association

Healthy Sleep Habits; Happy Child written by Marc Weissbluth, M.D.

National Sleep Foundation [www.sleepfoundation.org](http://www.sleepfoundation.org)

Nurture Shock: Chapter Two, The Lost Hour written by Po Bronson

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