SLEEP AND REST POLICY

All children have individual sleep and rest requirements. Our objective is to meet each child's need for sleep, rest and relaxation by providing a comfortable, relaxing and safe space to enable their bodies to rest. This environment will also be closely and consistently supervised, ensuring all children are safe and feel secure our Service.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1	Design	The design of the facilities is appropriate for the operation of a service.
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 2A	Paramount consideration—safety, rights and best interests of children (commencing 2026)
S. 3A	Paramount consideration
S. 165	Offence to inadequately supervise children
S. 166	Offence to use inappropriate discipline
S. 166A	Offence to subject child to inappropriate conduct Offences relating to inappropriate conduct [commencing 2026 Nationally]
S. 167	Offence relating to protection of children from harm and hazard
82	Environment to be free from tobacco, vaping devices, vaping substances, drug and alcohol
84A	Sleep and rest

84B	Sleep and rest policies and procedures
84C	Risk assessment for purposes of sleep and rest policies and procedures
84D	Prohibition of bassinets
87	Incident, injury, trauma and illness record
103	Premises, furniture and equipment to be safe, clean and in good repair
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
107	Space requirements-indoor space
110	Ventilation and natural light
115	Premises designed to facilitate supervision
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be available
172	Notification of change to policies or procedures
176	Time to notify certain information to regulatory authority

RELATED POLICIES

Administration of First Aid Policy Child Safe Environment Policy Enrolment Policy Dental Health Policy Emergency and Evacuation Policy Family Communication Policy Furniture and Equipment Safety Policy Health and Safety Policy Interactions with Children, Family and Staff Policy	Physical Environment Policy Respect for Children Policy Safe Use of Digital Technologies and Online Environments Policy Staffing Arrangements Policy Tobacco, Drug and Alcohol-Free Policy Unexpected Death of a Child or Staff Member at the Service Policy Work Health and Safety

PURPOSE

The Education and Care Services National Regulations require approved providers and nominated supervisors to ensure their services have policies and procedures in place for children's sleep and rest having regard to the ages, developmental stages and individual needs of the children. Our *Sleep and Rest*

Policy will assist the approved provider, management, educators and other staff to ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs whilst attending the Service.

The risk of Sudden Infant Death Syndrome (SIDS) for infants will be minimised by following practices and guidelines set out by the national authority on safe sleeping practice for infants and children- Red Nose (formerly SIDS and Kids). Our policy sets out quality practice and is informed by recognised and evidence-based principles. Safe sleep practices are informed by Red Nose and guidance from ACECQA.

We believe that children's safety, rights, and best interests are the paramount consideration for all Service operations, decisions and functions. Our Service has a duty of care to ensure children are provided with a high level of safety when sleeping and resting, and every reasonable precaution is taken to protect them from harm and hazard. In meeting the Service's duty of care, it is a requirement that all educators implement and adhere to this policy and associated procedures to ensure we respect and cater for each child's specific needs, and ensure all risks are appropriately addressed.

SCOPE

This policy applies to children, families, educators, staff, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

IMPLEMENTATION

'*Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns that nominated supervisors and educators need to consider within the Service. As per Standard 2.1 (Element 2.1.1) of the National Quality Standard, each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs*.' (ACECQA).

Our Service defines 'rest' as a period of inactivity, solitude, calmness, or tranquillity, and can include a child being in a state of sleep. Considering the busy and energetic nature of children's day, we feel that it is important for children to participate in a quiet/rest period during the day in order to rest, relax, and recharge their body. Effective rest strategies are important factors in ensuring a child feels secure and safe in an early childhood environment.

Our Service will consult with families about their child's individual needs, ensuring all parties are aware of the different values, cultural and parenting beliefs and practices, or opinions associated with sleep

requirements.

SLEEP AND REST SPECIFIC RISK ASSESSMENT

The approved provider, in conjunction with educators of the Service, will conduct a comprehensive risk assessment to ensure all protentional hazards are identified and specify how any risks identified are managed and minimised in sleep and rest areas in line with Red Nose and ACECQA guidelines (Reg. 84A).

The risk assessment will be reviewed every 12 months or after being aware of an incident or circumstance where the health, safety or wellbeing of children may be compromised during sleep or rest. All risk assessments will be regularly assessed and evaluated ~~as~~ to facilitate continuous improvement in our service. If a risk concerning a child's safety during sleep and rest is identified during the risk assessment, the approved provider must update the *Sleep and Rest Policy* and procedure as soon as possible. The risk assessment must be stored safely and securely and kept until the end of three years after the last date on which the child was educated and cared for.

Our risk assessment will consider and include the following information:

- the number, ages, developmental stages and individual needs of children
- the sleep and rest needs of individual children being educated and cared for (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 suitability of staffing arrangements to adequately supervise and monitor children during sleep and rest periods
- the level of knowledge and training of staff supervising children during sleep and rest periods
- the location of sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas
- the safety, cleanliness and condition of sleep equipment
- the safety and suitability of any cots, beds and bedding equipment, having regard to the ages and developmental stages of the children who will use the cots, bed and bedding equipment
- any potential hazards
    - in sleep and rest areas
    - on a child during sleep and rest periods (such as jewellery, clothing)
    - use of inclined sleep products
    - use of inclined non-sleep products
- the physical safety and suitability of sleep and rest environments (including temperature, lighting

and ventilation)

- for services that provide overnight care (such as services located in hospitals catering for shift workers), the risk assessment must address management of risks relating to overnight care

(ACECQA 2023)

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL ENSURE:

- that obligations under the Education and Care Services National Law and National Regulations are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- all new employees are provided with a copy of this policy as part of their induction process
- all staff, educators and casual educators are provided with sleep/rest training before supervising children
- families are aware of this *Sleep and Rest Policy*
- children's safety and wellbeing is paramount
- a sleep and rest specific risk assessment is conducted every 12 months to ensure all potential hazards are controlled in sleep or rest areas in line with Red Nose and ACECQA guidelines
- every reasonable precaution has been taken to protect children from harm and from hazards likely to cause injury. Hazards posing a risk of suffocation, choking, crushing or strangulation risk to children must be removed from the sleep and rest environment. (S.167)
- no child is subjected to inappropriate discipline or inappropriate conduct, including any form of rough handling or physical restraint to assist children to sleep or rest
- inclined sleep products or infant sleep products that swing or rock are not used within our Service
- up to date knowledge regarding safe sleeping practices is maintained and information communicated to educators and families
- families are advised that amber teething necklaces and bracelets are not to be worn by babies and young children at our Service- as per warnings by the Australian Government (2011)
- ongoing training is provided on safe sleep practices for all educators and keep a record of all such training
- opportunities are provided for educators to participate in Red Nose professional training
- reasonable steps are taken to ensure that each child's need for sleep, rest and relaxation is provided
- consideration is given to the ages, developmental stages and individual needs of children

- a safe indoor environment for sleep and rest is provided for children that is well ventilated, has adequate natural light and can be maintained at a temperature that ensures children's safety and wellbeing and is free from all hazards including cigarette, vape and tobacco smoke (Reg. 82)
- the supervision window (or similar) is kept clear to ensure safe supervision of sleeping infants
- that sleeping infants and children are supervised continuously and that all sleeping children are always within hearing distance and observed. This involves physically checking/inspecting sleeping infants and children at regular intervals and ensuring that educators are always within sight and hearing distance of sleeping and resting children so they can easily monitor a child's breathing and the colour of their skin. It is recommended that educators will not perform administrative duties that would take their attention away from sleeping/resting children- (Note: CCTV, audio monitors or heart monitors do not replace the need for physical checking/inspecting sleeping children)
- educators only have access to Service supplied/issued electronic devices to monitor children's sleep/rest
- children who are sleeping or resting have their face uncovered at all times
- any soft items are removed from the cot, such as blankets, pillows or toys
- information is provided to parents and families about Safe Sleep practices (see Red Nose)
- all equipment and furniture used for sleep and rest is safe, clean and in good repair (Reg. 103, 105)
- there are adequate numbers of cots and bedding (including mattresses) available to children that meet Australian Standards and are only to be used for sleep and rest purposes
- all infant sleep products meet mandatory standards for design, construction, performance and testing (including products that are inclined)
- all cots used in our Service will meet the current mandatory Australian Standard for Cots (AS/NZS 2172) and will carry a label to indicate this
- sleep surfaces are checked for firmness in accordance with Australian Standard AS/NZS 8811:1:2013
- bassinets are not used or stored within the Service
- children are not accepted into care in a bassinet
- they stay up to date with ACC/Product Safety banned/recalled products and remove these immediately from the Service if required
- to negotiate sleep and rest routines and practices with families to reach agreement on how these occur for each child at the Service
- nominated supervisors and educators are not expected to endorse practices requested by a family if they differ from Red Nose safe (formerly SIDS and Kids) sleeping recommendations
- if any requirements differ from Red Nose sleeping recommendations, written authorisation from a medical practitioner will be required and shared with educators

- educators follow the *Administration of First Aid Policy* if the child's face/body appears blue and the child is not breathing, initiate first aid immediately including calling an ambulance and beginning resuscitation
- an *Incident, Injury, Trauma and Illness Record* is completed in its entirety
- the parent and the regulatory authority are notified as soon as possible and within 24 hours of a serious incident.

EDUCATORS WILL:

- have a thorough understanding of the Service's policy and procedure and embed practices to support safe sleep into everyday practice
- ensure children's safety and wellbeing is paramount
- communicate with families about their child's sleeping or rest times and the Service's policy regarding sleep and rest times
- respect family preferences regarding sleep and rest and consider these daily while ensuring children feel safe and secure in the environment. [Any sleep requirements that differ from Red Nose recommendations must be supported by a medical certificate]. Conversations with families may be necessary to remind families that children will neither be forced to sleep nor prevented from sleeping.
- record sleep and rest patterns daily and provide information to parents/families
- consider a vast range of strategies to meet children's individual sleep and rest needs
- consider inclusion of all children and adjustments that may need to be implemented
- ensure there are appropriate opportunities to meet each child's need for sleep, rest and relaxation
- not force children to sleep, nor use inappropriate discipline, inappropriate conduct or any form of rough handling or physical restraint to assist children to sleep or rest
- respond to children's individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc).
- acknowledge and support children's agency, emotions, feelings and fears in regard to sleep/rest time
- develop positive relationships with children to assist in settling children confidently when sleeping and resting
- ensure that children who do not wish to sleep are provided with alternative quiet activities and experiences, whilst those children who do wish to sleep are allowed to do so, without being disrupted. If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest. It is important that opportunities for rest and relaxation, as well as sleep, are provided.

- encourage children to dress appropriately for the room temperature when resting or sleeping [Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing]
- encourage the use of sleeping bags with fitted neck and armholes for babies as there is no risk of the infant's face being covered
- ensure there are no loose aspects of clothing or jewellery that could entangle the child during sleep/rest (including bibs)
- give bottle-fed children their bottles before going to bed
- ensure children are not put in cots or in beds with bottles as per the *Dental Health Policy*
- securely lock cot sides into place to ensure children's safety
- create a relaxing environment for sleeping children by playing quiet relaxation music, reading stories, cultural reflection, turning off lights, and ensuring children are comfortably clothed
- monitor the room temperature to ensure maximum comfort for the children
- turn off wall-mounted heaters before children use the room for sleeping. Cot rooms may be air conditioned and maintained at an appropriate temperature.
- be aware of manual handling practices when lifting babies and young children in and out of cots.

SUPERVISION

EDUCATORS WILL:

- maintain continuous supervision and maintain educator ratios throughout the sleep period
- ensure supervision is active, effective and frequent
- not be engaged in other duties (e.g., administrative duties) that will take their attention away from actively supervising sleeping and resting children
- ensure sleeping spaces are not dark- there needs to be sufficient light to allow supervision and to physically check children's breathing, lip and skin colour
- ensure sleeping infants are closely monitored and that all sleeping children are within hearing range and observed
- ensure physical checks of a sleeping child occur at least every 10 minutes (Note: CCTV, audio monitors or heart monitors **do not** replace the need for physical checking/inspecting sleeping children)
- physically check that the infant/child from the side of the cot (or floor mattress/toddler bed) to include:
    - breathing- rise and fall of child's chest
    - skin and lip colour

  - head position
  - body temperature
  - airway
  - head and face- ensure they remain uncovered
- ensure a record is maintained recording the time and observation of each physical check immediately after checks are made on the *Safe Sleep Record* [include children of all age groups on Sleep/Rest record]
- consider the circumstances and any risk factors that may mean physical checks need to be more frequent for some babies or children (e.g., children with colds, chronic lung disorders or specific health care needs that may require higher level of supervision)
- consider higher levels of supervision and conduct more frequent checks on babies or children with colds, chronic lung disorders or specific health care needs
- initiate first aid immediately including calling an ambulance and beginning resuscitation if the child's face/body appears blue and the child is not breathing
- ensure an *Incident, Injury, Trauma and Illness Record* is completed in its entirety following an incident.

PRE-SCHOOL AGE CHILDREN

EDUCATORS WILL:

- be respectful of children's individual sleep and rest requirements
- discuss children's sleep and rest needs with families and include children in decision making (children's agency)
- provide a tranquil and calm environment for children to rest by turning off lights, playing quiet relaxing music, reading stories, cultural reflection
- ensure children are comfortably clothed
- encourage children to rest their bodies and minds for 20-30 minutes
- introduce relaxation techniques into rest routine- use of a relaxation tape
- ensure children sleep with their face uncovered
- closely monitor sleeping and resting children
- provide quiet activities for children- puzzles, books, drawing if they do not fall asleep
- ensure a record is maintained recording the time and observation of each physical check immediately after checks are made on the *Safe Sleep Record* [include children of all age groups on Sleep/Rest record]
- record sleep and rest patterns to provide information to parents/families

USE AND MAINTENANCE OF COTS/SLEEP PRODUCTS

- ensure beds, and mattresses are used for the correct purpose of sleep and rest only
- ensure safety information and warning labels remain affixed to infant sleep products and non-inclined sleep products during its lifecycle at the Service
- ensure all equipment and furniture is safe, clean and in good repair (Reg. 103, 105)
- ensure cots comply with the following:
    - spaces between bars and mattress sides are as per regulations/guidelines (not more than 25 mm apart)
    - spaces do not pose any danger to children- arm and leg traps/finger traps
    - there are no toys, bumpers, pillows, doonas, loose bedding or fabric in the cot that could cause suffocation
    - there are no sharp edges
    - sleep surfaces are checked for firmness in accordance with Australian Standard AS/NZS 8811:1:2013
    - bolts and screws are tight and regularly checked
    - plastic packaging is removed from mattresses
    - waterproof mattress protectors are strong, not torn, and a tight fit
    - mattresses are not elevated or tilted
- banned/recalled products are removed immediately from the Service if required
- ensure there are no choking hazards- cords, strings, bunting in the sleep environment
- use firm, clean, and well-fitting mattresses
- beds and mattresses are wiped over with warm water and neutral detergent or vinegar solution between each use
- children's beds are arranged to allow easy access for children and staff

  beds/stretchers are stored safely in a storage corner in the kitchen
- bed linen is used by an individual child and is washed before use by another child
- children rest/sleep with their beds/mattresses head to toe to minimise the risk of cross infection

BABIES AND TODDLERS

Recommendations sourced from ACECQA and Red Nose Australia

- Babies should always be placed on their back to sleep when first being settled. Once a baby has been observed to repeatedly roll from back to front and back again on their own, they can be left to find their own preferred sleep or rest position (this is usually around 5–6 months of age). Babies aged

younger than 5–6 months, and who have not been observed to repeatedly roll from back to front and back again on their own, should be re-positioned onto their back when they roll onto their front or side.

- If a medical condition exists that prevents a baby from being placed on their back, the alternative practice should be confirmed in writing with the Service, by the child's medical practitioner.
- Babies over four months of age can generally turn over in a cot but may not always be able to roll back again. When a baby is placed to sleep, educators should check that any bedding is tucked in securely and is not loose. Babies of this age may be placed in a safe baby sleeping bag (i.e., with fitted neck and arm holes, but no hood). At no time should a baby's face or head be covered (i.e., with linen). To prevent a baby from wriggling down under bed linen, they should be positioned with their feet at the bottom of the cot.
- Ensure any bed linen is securely tucked underneath the mattress so it cannot ride up and cover the baby's chest of cover his/her head.
- If a baby is wrapped when sleeping, consider the baby's stage of development. Leave their arms free once the startle reflex disappears at around three months of age and discontinue the use of a wrap when the baby begins rolling (usually four to six months of age). Use only lightweight wraps such as cotton or muslin.
- Ensure there is no soft bedding in baby's sleep environment (pillows, doonas, loose bedding, lambswool or soft toys)
- If being used, a dummy should be offered for all sleep periods. Dummy use should be phased out by the end of the first year of a baby's life (in consultation with parents). If a dummy falls out of a baby's mouth during sleep, it should not be re-inserted.
- Babies or young children should not be moved out of a cot into a bed too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot. This usually occurs when a toddler is between 2 and 3 ½ years of age but could be as early as 18 months.
- Additional supervision is required if a child is wearing a baby sleeping bag whilst sleeping outside a cot. The sleeping suit should be removed as soon as the child wakes to avoid risk of falling and injury. (Red Nose).

PARENTS/FAMILIES WILL:

- be informed during orientation of our *Sleep and Rest Policy* and procedure
- be informed that amber teething bracelets or necklaces are not to be worn at our Service due to the risk of choking

- be provided with regular information and communication about safe sleep practices from Red Nose and any changes to our policies or procedures
- be informed that if any requirements for sleep for their child differs from Red Nose sleeping recommendations, written authorisation from a medical practitioner will be required
- be requested to provide educators with regular updates on their child's sleeping routines and patterns, especially for infants

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Sleep and Rest Policy* will be evaluated and reviewed on an annual basis, or earlier if there are changes to legislation, ACECQA guidance or any incident related to our policy. Feedback will be requested from children, families, staff, educators and management, and notification of any change to policies will be made to families within 14 days.

Key terms for additional definitions and key terms used within this policy, refer to *Key Terms – Policies and Procedures*.

Term	Meaning
ACECQA- Australian Children's Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.
Adequate supervision	Adequate supervision means: • that an educator can respond immediately, particularly when a child is distressed or in a hazardous situation. • knowing where children are at all times and monitoring their activities actively and diligently
Continuous supervision	Ensure an educator is in sight and hearing of a sleeping child at all times- representing best practice (Red Nose Australia)
Infant	A young child between the ages of birth and 12 months
Rest	A period of inactivity solitude, calmness or tranquility and can include a child being in a state of sleep.
Relaxation	Relaxation or other activity for bringing about a feeling of calm in your body and mind.
Red Nose	Red Nose is Australia's leading authority on safe sleep and safe pregnancy advice.
Sudden and Unexpected Death in Infancy (SUDI)	A broad term used to describe the sudden and unexpected death of a baby for which the cause is not immediately obvious (SIDS or Fatal sleeping accident)
Sudden Infant Death Syndrome (SIDS)	The sudden and unexpected death of an infant under one year of age with an onset of a fatal episode occurring during sleep, that remains unexplained after a thorough investigation including performance of

	a complete autopsy and review of the circumstances of death and the clinical history.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Sleep and Rest Procedure Safe Sleep and Rest Audit Safe Sleep Record	Sleep/Rest Record - Preschool Children Safe Sleep Practices Risk Assessment Action Plan

SOURCES

ACECQA. (n.d.). *Safe sleep and rest practices*

ACECQA. (2024). *Sleep and Rest for Children. Policy Guidelines.*

Australian Children's Education & Care Quality Authority. (2026). *Guide to the National Quality Framework*

Australian Competition and Consumer Commission (ACCC). (2022). Find out more: *Your First Steps to help parents keep their baby safe*

Children (Education and Care Services) National Law (NSW)

Early Childhood Australia. *(2016). Code of Ethics*

Education and Care Services National Law Act 2010.

Education and Care Services National Regulations. (Amended 2025)

NSW Department of Education. (2024). *Sleep and rest for children-Policy guidelines for early childhood education and care services.*

Red Nose: Cot to bed safety

Red Nose: Safe Sleep and Safer Pregnancy

Western Australian Legislation Education and Care Services National Law (WA) Act 2012 (WA Services only)

Western Australian Legislation Education and Care Services National Regulations (WA) Act 2012

REVIEW

POLICY REVIEWED BY	[NAME] Amy Flockhart	[POSITION] office admin	[DATE] 26/06/2026
POLICY REVIEWED	FEBRUARY 2026	NEXT REVIEW DATE	FEBRUARY 2027
VERSION NUMBER	V17.02.26		
MODIFICATIONS	• annual policy review • inclusion of statement whereby educators must ensure no child is subjected to inappropriate discipline or inappropriate conduct • clarification of wording whereby risk assessments must be conducted every 12 months • sources checked for currency and updated as required		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
OCTOBER/FEBRUARY 2025	OCTOBER	FEBRUARY 2026

	• updated policy with new mandatory safety standards on infant sleep products FEBRUARY • annual policy review • additional section added 'Portacots' • sources checked for currency and updated as required	