

Sleep and Rest Policy		 Longreach Regional Council Ilfracombe Isisford Longreach Yarakka
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Policy Category:	Childcare Centre	
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PURPOSE

The *Education and Care Services National Regulations* requires 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. The Longreach Childcare Services' *Sleep and Rest Policy* will assist 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.

Our Service will ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs. 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 ACEQCA.

SCOPE

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

LEGISLATION

Education and Care Services National Law Act 2010. (Amended 2024)

Education and Care Services National Regulations. (Amended 2025)

DEFINITIONS

Department of Education - Early Childhood Education and Care (ECEC) – Regulatory Authority responsible for the approval, monitoring and quality assessment of services in their jurisdiction in accordance with the national legislative framework and in relation to the National Quality Standard.

Educator – early childhood or school age practitioner who works directly with children in early childhood or school age care settings.

National Quality Framework (NQF) – provides a national approach to regulation, assessment and quality improvement for early childhood education and care and outside school hours care services across Australia.

National Quality Standard (NQS) – sets a high national benchmark for early childhood education and care and outside school hours care services in Australia. The NQS includes seven quality areas that are important outcomes for children. Services are assessed and rated by their regulatory authority against the NQS, and given a rating for each of the 7 quality areas and an overall rating based on these results.

Parents/Guardians – a person who has parental responsibility for the child.

Staff – employee of Longreach Regional Council based at the Longreach Childcare Centre.

Nominated Supervisor – a person with responsibility for the day to day management of an approved service.

Leadership Team – an internal group of leaders within the Childcare Centre comprising of the Childcare Services Director, the Childcare Services Assistant Director and the Staff Engagement and Development Officer.

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.

Red Nose – Australia’s leading authority on safe sleep and safe pregnancy advice.

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.

POLICY STATEMENT

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 well supervised ensuring all children feel secure and safe at our Service.

DUTY OF CARE

We have 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 at all times.

POLICY

'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).

Longreach Childcare Services 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 Nominated Supervisor, in conjunction with Educators of the Service, will conduct a comprehensive risk assessment in order to identify any potential risk/s or hazards and ensure the safety of all children during sleep and rest. The risk assessment will be reviewed at least annually 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 Nominated Supervisor must update the *Sleep and Rest Policy* and procedure as soon as possible. The risk assessment must be stored safely and securely and kept for a period of 3 years.

Our risk assessment will consider and include the following information:

- 1) the number, age, developmental stages and individual needs of children
- 2) 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)
- 3) the suitability of staffing arrangements to adequately supervise and monitor children during sleep and rest periods
- 4) the level of knowledge and training of staff supervising children during sleep and rest periods
- 5) the location of sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas
- 6) 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
- 7) any potential hazards
 - 7.1 in sleep and rest areas
 - 7.2 on a child during sleep and rest periods (such as jewellery, clothing)
- 8) the physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation)

Bassinets

Effective 1 October 2023, approved providers and nominated supervisors must ensure bassinets are not kept on the education and care service premises. (Regulation 84D). There are no Australian Standards for bassinets and risks include the bassinet tipping over or suffocation. All staff and educators will be made aware of this regulation and policy as part of their induction process. Our Service will ensure no bassinets are used or stored within the service. Families will be informed children will not be accepted into care in a bassinet and under no circumstances will a bassinet be permitted to remain on the premises.

Maintenance of Cots/Bedding

Regular maintenance of cots and other bedding must be made to ensure there is no hazard posed to babies or children. This may include:

- 1) all equipment and furniture used are safe, clean and in good repair (Reg. 103, 105)
- 2) sleep surfaces are checked for firmness in accordance to Australian Standard AS/NZS 8811:1:2013
- 3) spaces between bars and mattress sides are as per regulations/guidelines (not more than 25mm apart)
- 4) spaces do not pose any danger to children- arm and leg traps/finger traps
- 5) ensuring there are no choking hazards- cords, strings, bunting
- 6) checking all bolts and screws are tight
- 7) cots are not painted with any paint that contains lead
- 8) paint work of cots is not chipped when babies are teething
- 9) there are no toys, bumpers or other objects in the cot that could cause suffocation
- 10) ensure there are no sharp edges
- 11) ensure the cots have high sides- from top of mattress to top side of cot should be at least 500mm
- 12) stay up to date with banned/recalled products and remove these immediately from the service if required.

Babies and Toddlers

Recommendations sourced from ACECQA and Red Nose:

- 1) 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.
- 2) 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.
- 3) 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.
- 4) ensure any bed linen is securely tucked underneath the mattress so it cannot ride up and cover the baby's chest or cover his/her head.
- 5) 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 can roll from back to tummy to back again (usually four to six months of age). Use only lightweight wraps such as cotton or muslin.
- 6) ensure there is no soft bedding in baby's sleep environment (pillows, doonas, loose bedding, lambswool or soft toys)
 - 7) 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.
 - 8) 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.
 - 9) 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).

The Nominated Supervisor/Leadership Team will ensure:

- 1) a sleep and rest specific risk assessment is conducted at least annually to ensure all potential hazards are controlled in sleep or rest areas in line with Red Nose and ACECQA guidelines
- 2) 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. (Sec. 167)
- 3) reasonable steps are taken to ensure that the needs for sleep and rest of children being educated and cared for by the Service are met, having regard to the ages, developmental stages and individual needs of each child
- 4) all educators and new employees are provided with a copy of this policy as part of their induction process
- 5) up to date knowledge regarding safe sleeping practices is maintained and information communicated to educators and families
- 6) regular Safe Sleep training is provided for all educators through Red Nose and a record is kept of all training
- 7) regular Advanced Safe Sleep for Early Childhood Educators training is provided for educators in the Darling and Mitchell rooms as well as the Leadership Team through Red Nose and a record is kept of all training
- 8) to provide appropriate opportunities to meet each child's need for sleep, rest and relaxation including providing children with comfortable spaces away from the main activity area for relaxation and quiet activities
- 9) that sleeping infants are closely monitored and that all sleeping children are within hearing range and observed. This involves physically checking/inspecting sleeping children at least every 10 minutes and ensuring that they 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)
- 10) to provide children with safe sleeping equipment and environment, including adequate ventilation and adequate lighting to enable effective supervision

- 11) they receive information and training to fulfil their role effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time
- 12) the child's safety is always the first priority
- 13) children who are sleeping or resting have their face uncovered at all times
- 14) any soft items are removed from the cot, such as loose blankets, pillows or toys
- 15) to provide information to parents and families about Safe Sleep practices via Red Nose
- 16) educators, staff and volunteers follow the policy and procedures
- 17) all equipment and furniture used are safe, clean and in good repair (Reg. 103, 105)
- 18) there are adequate numbers of cots and bedding (including mattresses) available to children that meet Australian Standards to be used only for sleep and rest purposes
- 19) 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
- 20) bassinets are not used or stored within the service
- 21) children are not accepted into care in a bassinet
- 22) they stay up to date with banned/recalled products by receiving subscribed emails from the Australian Government Department of Education and removing these immediately from the service if required
- 23) 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
- 24) the Nominated Supervisor will ensure an *Incident, Injury, Trauma and Illness Record* is completed in its entirety
- 25) the Nominated Supervisor will ensure the parent and the regulatory authority are notified as soon as possible and within 24 hours of a serious incident
- 26) sleep surfaces are checked for firmness in accordance to Australian Standard AS/NZS 8811:1:2013
- 27) a safe indoor environment 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 (Reg.110)
- 28) sleep and rest environments will be safe and free from all hazards including cigarette and tobacco smoke
- 29) areas for sleep and rest are well ventilated and have natural lighting
- 30) the supervision windows will be kept clear to ensure safe supervision of sleeping infants
- 31) safe sleep practices are documented and shared with families
- 32) to negotiate sleep and rest routines and practices with families to reach agreement on how these occur for each child at the Service
- 33) Nominated Supervisors and educators are not expected to endorse practices requested by a family if they differ from Red Nose safe sleeping recommendations.
- 34) if any requirements differ from Red Nose sleeping recommendations, written authorisation from a medical practitioner will be required and shared with educators

All Educators will:

- 1) have a thorough understanding of the Service's policy and practices and embed practices to support safe sleep into everyday practice
- 2) ensure children's safety is paramount
- 3) consult with families about children's sleep and rest needs
- 4) be sensitive to each child's needs so that sleep and rest times are a positive experience

- 5) ensure there are appropriate opportunities to meet each child's need for sleep, rest and relaxation
- 6) ensure that each child's comfort is provided for
- 7) ensure that beds/mattresses are clean and in good repair
- 8) ensure beds, cots and mattresses are used for the correct purpose of sleep and rest only
- 9) ensure beds and mattresses are wiped over with warm water and neutral detergent solution between each use
- 10) ensure mattresses/stretcher beds are stored safely in storerooms (Barcoo/Thomson rooms) and in wall slots (Mitchell/Flinders rooms)
- 11) ensure that bed linen is clean and in good repair
- 12) ensure Centre-owned spare bed linen is used by an individual child and is washed before use by another child
- 13) arrange children's beds and cots to allow easy access for children and staff
- 14) bassinets are not used or stored within the service
- 15) children are not accepted into care in a bassinet
- 16) create a relaxing environment for sleeping children by playing relaxation music, reading stories, cultural reflection, turning off lights, and ensuring children are comfortably clothed
- 17) ensure there are no loose aspects of clothing that could entangle the child during sleep/rest (including bibs)
- 18) ensure any soft items are removed from the cot, such as loose blankets, pillows or toys
- 19) ensure the environment is tranquil and calm for both educators and children
- 20) sit near children who are resting and encourage them to relax and/or listen to music.
- 21) children will not be "patted" to sleep unless requested by the child or a parent. By providing a quiet, tranquil environment, children will choose to sleep if their body needs it.
- 22) maintain adequate supervision and maintain educator ratios throughout the sleep period
- 23) supervision is active, effective and frequent throughout the sleep period
- 24) ensure they are not engaged in other duties that will take their attention away from actively supervising sleeping and resting children
- 25) physically check that the child is breathing by checking the rise and fall of the child's chest and the child's lip and skin colour from the side of the cot (or floor mattress/toddler bed)
- 26) ensure physical checks of a sleeping child occur at least every 10 minutes
- 27) 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)
- 28) consider higher levels of supervision and conduct more frequent checks on babies or children with colds, chronic lung disorders or specific health care needs
- 29) 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
- 30) ensure an *Incident, Injury, Trauma and Illness Record* is completed in its entirety following an incident
- 31) ensure a record is maintained recording the time and observation of each physical check immediately after checks are made on the Safe Sleep Record/OWNA sleep check for the Darling and Mitchell rooms only (0-2yrs)
- 32) 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
- 33) ensure sleeping infants are closely monitored and that all sleeping children are within hearing range and observed

- 34) assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required
- 35) communicate with families about their child's sleeping or rest times and the Service policy regarding sleep and rest times
- 36) 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. Sleep and rest patterns will be recorded daily for families.
- 37) encourage children to dress appropriately for the room temperature when resting or sleeping
- 38) Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing.
- 39) monitor the room temperature to ensure maximum comfort for the children
- 40) 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.
- 41) 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
- 42) respond to children's individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc.)
- 43) acknowledge and support children's agency, emotions, feelings and fears in regard to sleep/rest time
- 44) develop positive relationships with children to assist in settling children confidently when sleeping and resting
- 45) record sleep and rest patterns to provide information to parents/families.

Darling and Mitchell Room Educators will:

- 1) give bottle-fed children their bottles before going to bed
- 2) ensure children are not put in cots or in beds with bottles as per the *Dental Health Policy*
- 3) ensure that cot rooms have operational audio monitors on at all times
- 4) observe children at 10-minute intervals while they sleep in these rooms. Educators must go into the rooms and physically observe babies breathing and check the colour of their skin. The educator will then officially record this on a Safe Sleep Record/OWNA sleep check
- 5) 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
- 6) securely lock cots sides into place to ensure children's safety
- 7) cot rooms may be air conditioned and maintained at an appropriate temperature
- 8) be aware of manual handling practices when lifting babies in and out of cots
- 9) participate in regular Advanced Safe Sleep for Early Childhood Educators training through Red Nose
- 10) understand that bassinets, hammocks and prams/strollers do not carry safety codes for sleep. Babies should not be left in a pram/stroller to sleep, as these are not safe substitutes for a cot.

- 11) ensure mattresses are kept in good condition; they should be clean, firm and flat, and fit the cot base with not more than a 20mm gap between the mattress sides and ends. A firm sleep surface that is compliant with the new AS/NZS Voluntary Standard (AS/NZS 8811.1:2013 Methods of testing infant products – Sleep surfaces – Test for firmness) should be used.
- 12) not elevate or tilt mattresses
- 13) remove any plastic packaging from mattresses
- 14) remove pillows, doonas, loose bedding or fabric, lamb's wool, bumpers and soft toys from cots
- 15) record sleep and rest patterns to provide information to parents/families.
- 16) support any child that falls asleep who may have a sleep restriction requested by their guardian, we will allow the child to sleep for at least 30–45 minutes before attempting to wake the child. If the child falls back asleep, we will continue to attempt to wake the child in 10 minute intervals until the child is ready to wake up.

Flinders, Barcoo, Thomson and Diamantina Room Educators will:

- 1) be respectful for children's individual sleep and rest requirements
- 2) discuss children's sleep and rest needs with families and include children in decision making (children's agency)
- 3) provide a tranquil and calm environment for children to rest by turning off lights, playing relaxing music, reading stories, cultural reflection
- 4) ensure children are comfortably clothed
- 5) encourage children to rest their bodies and minds for 20–30 minutes
- 6) introduce relaxation techniques into rest routine- use of a relaxation tape
- 7) ensure children sleep with their face uncovered
- 8) closely monitor sleeping and resting children
- 9) provide quiet activities for children - puzzles, books, drawing if they do not fall asleep
- 10) record sleep and rest patterns to provide information to parents/families
- 11) support any child that falls asleep who may have a sleep restriction requested by their guardian, we will allow the child to sleep for at least 30–45 minutes before attempting to wake the child. If the child falls back asleep, we will continue to attempt to wake the child in 10 minute intervals until the child is ready to wake up.

Parents/Families will:

- 1) be informed during orientation of our *Sleep and Rest Policy* and procedure
- 2) be provided with regular information and communication about safe sleep practices from Red Nose and any changes to our policies or procedures
- 3) 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
- 4) be requested to provide educators with regular updates on their child's sleeping routines and patterns, especially for infants
- 5) be required to provide specific bedding for their child each day (as detailed in enrolment information)
- 6) support the Centre's policy if their child falls asleep and there is a sleep restriction in place to allow and support their child to receive the rest their body is wanting.

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Sleep and Rest Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Sleep and Rest Procedure Safe Sleep Record	Safe Sleep Practices Risk Assessment
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Authorised by resolution as at 19/06/2025:



Brett Walsh
Chief Executive Officer