



Sleep and Rest Policy and Procedure

Category:	Health, Hygiene and Safety	Version:	V2026.3
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Policy Statement

Our service is committed to ensuring each child's comfort is provided for and there are appropriate opportunities to meet each child's need for sleep, rest and relaxation while maintaining safe sleeping environments and educator practices which are based on advice from recognised authorities. **All stakeholders are required to ensure that the safety, rights and best interests of children is the paramount consideration in all decisions and actions.**

Background and Guiding Principles

Regulation 84A Sleep and rest

The Approved Provider and Nominated Supervisor of an education and care service must take reasonable steps 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 the children. must take reasonable steps 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 the children.

Regulation 84B Sleep and rest policies and procedures

The sleep and rest policies and procedures required under regulation 168(2)(a)(v) must address—

- (a) how children will be protected from any risks identified in a risk assessment conducted under regulation 84C; and
- (b) how the sleep and rest needs of children being educated and cared for by the service are met, including how the ages, developmental stages and the sleep and rest needs of individual children are considered; and
- (c) (c) how the health care needs of individual children being educated and cared for by the service are met; and
- (d) (d) how requests from families about a child's sleep and rest and cultural preferences are considered; and
- (e) supervision and monitoring during sleep and rest periods, including—
 - (i) the method and frequency of checking the safety, health and wellbeing of children during sleep and rest periods; and
 - (ii) the documentation of sleep and rest periods; and

- (f) how the sleep and rest practices at the service are consistent with any current health guidelines on the best practices to adopt to ensure the safety of children during sleep and rest; and
- (g) the induction, training and knowledge of staff who educate and care for children at the service in relation to best practices for children's sleep and rest; and
- (h) the location and arrangement of sleep and rest areas at the service and how this meets the sleep and rest needs of children being educated and cared for by the service; and
- (i) safety and suitability of bedding and bedding equipment, having regard to the ages and developmental stages of children who will use the bedding and bedding equipment; and
- (j) management of potential hazards—
 - (i) in sleep and rest areas; and
 - (ii) on a child during sleep and rest periods; and
- (k) management of physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation); and
- (m) communication of the sleep and rest policies and procedures to a parent.

Regulation 84C Risk assessment for purposes of sleep and rest policies and procedures

- (1) The approved provider of an education and care service must ensure that a sleep and rest risk assessment is conducted in accordance with this regulation—
 - (a) at least once every 12 months; and
 - (b) as soon as practicable after becoming aware of any circumstance that may affect the safety, health or wellbeing of children during sleep and rest.
- (2) A risk assessment must consider the following—
 - (a) the number, ages and developmental stages of children being educated and cared for
 - (b) the sleep and rest needs of children being educated and cared for (including health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest)
 - (c) the suitability of staffing arrangements to adequately supervise and monitor children during sleep and rest periods;
 - (d) the level of knowledge and training of staff supervising children during sleep and rest periods;
 - (e) the location of sleep and rest areas, including the arrangement of beds within the sleep and rest areas
 - (f) the safety and suitability of any beds and bedding equipment, having regard to the ages and developmental stages of the children who will use the cots, bed and bedding equipment;
 - (g) any potential hazards—
 - (i) in sleep and rest areas; or
 - (ii) on a child during sleep and rest periods;
 - (h) the physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation);
- (3) As soon as practicable after conducting a risk assessment under this regulation, the approved provider of an education and care service must make any necessary updates to the sleep and rest policies and procedures.
- (4) The approved provider must keep a record of each risk assessment conducted under this regulation.

84D Prohibition of bassinets

The Approved Provider and Nominated Supervisor of an education and care service must ensure that a bassinet is not on the education and care service premises at any time during which children are being educated and cared for by the service.

Quality Area 2 of the National Quality Standards provides guidance on sleep, rest and relaxation in element 2.1.1

Sleep and Rest Legislative Requirements

“From 1 October 2023 new legislative requirements will require sleep and rest policies and procedures to address the matters:

As stated in regulation 84B, policies and procedures must address the matters set out below:

- *how children will be protected from any risks identified in a risk assessment conducted under regulation 84C.*
- *how the sleep and rest needs of children are met, including how the ages, development stages and the sleep and rest needs of individual children are considered.*
- *how the health care needs of individual children are met.*
- *how requests from families about a child's sleep and rest and cultural preferences are considered.*
- *adequate supervision and monitoring during sleep and rest periods, including the method and frequency of checking the safety, health and wellbeing of children during sleep and rest periods and the documentation of sleep and rest periods.*
- *how the sleep and rest practices are consistent with any current health guidelines on the best practices to adopt to ensure the safety of children during sleep and rest.*
- *the induction, training and knowledge of staff at the service in relation to best practice for children's sleep and rest.*
- *the location and arrangement of sleep and rest areas at the service and how this meets children's sleep and rest needs.*
- *safety and suitability of bedding and bedding equipment, having regard to the ages and developmental stages of children who will use them.*
- *the management of potential hazards in sleep and rest areas and on a child during sleep and rest periods.*
- *the management of physical safety and suitability of sleep and rest environments including temperature, lighting and ventilation.*
- *communication of the sleep and rest policies and procedures to a parent.*
- *in the case of a family day care service that provides overnight care, management of risks relating to overnight care at each family day care residence or approved venue of the service.*

For services where overnight care is provided (such as services in hospitals, where shift workers' children attend overnight), the risk assessment must address management of risks relating to overnight care, to inform policies and procedures.

Risk assessment

Approved providers will need to ensure a risk assessment is conducted in relation to sleep and rest for the purpose of preparing sleep and rest policies and procedures (regulation 84C). Sleep and rest risk assessments must be conducted at least once every 12 months, and as soon as practicable after becoming aware of any circumstance that may affect the safety, health or wellbeing of children during sleep and rest. The sleep and rest risk assessment must identify and assess risks in relation to sleep and rest and specify how the identified risks will be managed and minimised.

Approved providers must make any necessary updates to the sleep and rest policies and procedures as soon as practicable after conducting the sleep and rest risk assessment and keep a record of each sleep and rest risk assessment conducted (regulations 84C(3) and 84C(4)).

The content of the risk assessment should be adapted to suit your service's circumstances, for example, risks associated with children who are sleeping may not be present in services that cater to older children who may not need to sleep.

A risk assessment must consider the matters set out below:

- the number, ages and development stages of children being educated and cared for, including at each education and care service and FDC residence or approved FDC venue of the service.
- the sleep and rest needs of children at the service (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest) including at each education and care service and FDC residence or approved FDC venue of the service.
- the suitability of staffing arrangements required to adequately supervise and monitor children during sleep and rest periods.
- the level of knowledge and training of the staff supervising children during sleep and rest periods.
- the location of the sleep and rest areas, including the arrangement of beds within the sleep and rest areas, including at each education and care service and FDC residence or approved FDC venue of the service.
- the safety and suitability of any cots, beds and bedding equipment and having regard to the ages and developmental stages of the children who will use them.
- any potential hazards in sleep and rest areas or on a child during sleep and rest periods.
- the physical safety and suitability of sleep and rest environments, including temperature, lighting and ventilation at each education and care service and FDC residence or approved FDC venue of the service.”¹

Red Nose provide an individual Risk Assessment which can be conducted for each infant under 12mths to identify any increased risks and allow educators to put additional control measures in place. This should be conducted for all families of infants (0-12mths) and can be conducted for older children where appropriate. Educators should refer to the following:

- Red Nose Individual Child Risk Assessment Guide
https://rednose.org.au/downloads/Individual_RiskAssessmentG.pdf
- Red Nose Individual Child Risk Factor Checklist and Action Plan
https://rednose.org.au/downloads/Infant_sleep_Risk-assessment-checklist.pdf

Educators at our service follow the recommendations of Red Nose as a recognised authority on safe sleeping.

“For all babies 0-12 months, Red Nose recommends six key steps to reduce the risk of sudden infant death.

1. ***Always place baby on their back to sleep*** - Placing baby on their back to sleep helps keep their airway clear and ensures their protective reflexes work. Back sleeping reduces the risk of suffocation, overheating and choking.
2. ***Keep baby's face and head uncovered*** - Babies control their temperature through their face and head, so keeping baby's face and head uncovered during sleep helps reduce the risk of overheating. It also helps keep their airways clear which reduces the risk of suffocation.
3. ***Keep baby smoke free, before and after birth*** - Smoking during pregnancy and around baby once they are born increases the risk of sudden infant death – this includes second-hand smoke. If you or your partner smoke, don't smoke around baby and never smoke where baby sleeps. For free help to quit smoking call Quitline on 13 78 48.
4. ***Safe Sleeping environment, night and day*** - The safest place for baby to sleep is in their own safe space, with a safe mattress, and safe bedding. Baby should always be placed on their back to sleep, with their feet at the bottom of the bassinet or cot.

¹ “Sleep and Rest Legislative Requirements” ACECQA (accessed on-line April 2026)
[https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices-~:text=Sleep and rest policies and procedures from 1 October 2023&text=The approved provider must also,are followed \(regulation 170\).](https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices-~:text=Sleep and rest policies and procedures from 1 October 2023&text=The approved provider must also,are followed (regulation 170).)

- **Choose a Safe cot – Meets Australian Standard AS/NZS 2172:2003.**
 - **Choose a Safe Mattress** - Firm, flat, right size for your safe cot, meets voluntary Australian standard (AS/NZS 8811.1:2013)
 - **Choose Safe Bedding** -which is lightweight, firmly tucked in and only pulled up to the chest. If using one, choose a **Safe Sleeping bag** which is well fitted across the neck and chest, with baby's arms out, and no hood.
 - **No soft surfaces or bulky items**, don't use any soft items in the cot. Soft items in the sleep space are dangerous and increase the risk of suffocation and overheating. This includes things like: doonas or loose blankets, pillows, cot bumpers, lambs wool and soft toys like a teddy or comforter.
5. **Sleep baby in their own safe sleep space in the parent's or caregiver's room for at least the first 6 months** - The safest place for babies to sleep is in their own safe space, in the same room as their parents or adult caregiver for at least the first 6 months.
6. **Breastfeed baby** – breastfeeding has been shown to reduce the risk of sudden infant death."²

The following information relates specifically to safe sleeping locations/environments:

- "Do not leave a sleeping baby unsupervised in a pram. Babies can become trapped and suffocate.
- Pillows and cot bumper pads should not be used for children under two years of age.
- Do not put infants and young children to sleep on soft surfaces, such as beanbags or waterbeds.
- Babies should not be put to sleep on sofas or in adult beds."³
- "Never leave your baby unattended in a pram or stroller. It is not a substitute for a cot."⁴
- "Research shows that letting babies sleep in a car seat or capsule when not travelling is a risk to their safety:
 - Placing a baby in a car seat or capsule can leave to them sitting in a curved position. This can leave to an increase risk of their chin dropping onto their chest, particularly when sleeping. This means the baby's neck is flexed forward, which can block baby's airway and lead to an increased risk of sudden unexpected death in infancy (SUDI).
 - Always take baby out of the seat or capsule when you reach your destination, even if this means waking them.
 - Red Nose does not recommend the use of a capsule or car seat as a place to sleep your baby. The risk from baby sleeping in an inclined position is too great, even when watched.
 - When you use a car seat outside of the car, there's also a risk your child could fall out.
 - Babies should always be put to sleep on a firm, flat, safe sleep surface."⁵
- "Red Nose recommends that a baby should sleep on a firm and flat surface. One safety concern with the hammock is that it holds the baby in a curved position, this may cause baby's neck to flex forward which may block baby's airway not allowing airflow. A baby needs to be placed to sleep flat (not elevated or curved with chin on chest) to maintain an open airway"⁶

² "Red Nose Six Safe Sleep Recommendations" Red Nose (accessed on-line April 2026)

<https://rednose.org.au/safe-sleep-and-safer-pregnancy/pregnancy-to-birth/six-safe-sleep-recommendations/>

³ "Safety: Choking, Suffocation and Strangulation Prevention" The Royal Children's Hospital Melbourne July 2018 (accessed on-line April 2026)

https://www.rch.org.au/kidsinfo/fact_sheets/Choking,_Suffocation_and_Strangulation/

⁴ "Prams and Strollers" Red Nose (accessed on-line (accessed on-line April 2026) <https://rednose.org.au/safe-sleep-and-safer-pregnancy/pregnancy-to-birth/prams-and-strollers/>

⁵ "Are there recommendations for car seat or baby seat use" Red Nose Website (accessed on-line April 2026) <https://rednose.org.au/safe-sleep-and-safer-pregnancy/newborn-to-1-year/take-your-sleeping-baby-out-of-their-car-seat-when-you-get-home/>

⁶ "Hammocks" Red Nose (accessed on-line April 2026) <https://rednose.org.au/safe-sleep-and-safer-pregnancy/newborn-to-1-year/hammocks/>

“No inclined surface or product, whether horizontal or vertical, exceeding 7 degrees, is considered safe for infant sleep and does not meet the mandatory safety standards for infant sleep products. Inclined sleep products, such as bouncinettes, bouncers, rockers and hammocks:

- *Do not meet Australia’s mandatory Safety Standards for infant sleep products*
- *Are linked to tragic outcomes — the Australian Competition & Consumer Commission (ACCC) Product Safety has reported that 151 infants died in inclined products in Australia between 2001 and 2021.”⁷*

“For safety reasons, 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 the cot.

Bean bags, sofas, large cushions and air mattresses are not safe places for babies and young children to sleep.

A child wearing a baby sleeping bag and not confined to a cot is at a higher risk of falling and being injured.

Keep weighted blankets away from young children as they may cause serious injury or death.”⁸

“Whether soft toys and comforters can be used in the sleep space should be decided by referring to:
» *best practice guidance by recognised authorities, such as Red Nose Australia; and*
» *the service’s sleep and rest policy and procedure, including sleep and rest risk assessments.*

Supervision

“Red Nose recognises continuous supervision, in which an educator is in sight and hearing of a sleeping child at all times, represents best practice. There may be exceptional or extenuating circumstances or certain service settings where continuous supervision is not achievable at all times, for example, if an educator working alone is attending to another child’s needs. As part of sleep and rest risk assessment requirements, approved providers must assess and mitigate risks to address such circumstances to ensure children are adequately supervised. In all cases, safe sleep practices and regular physical checks must continue to be implemented.”⁹

Children, like adults, vary in the amount of sleep that they need. How much sleep a child needs is influenced by a range of factors including the child’s:

- *age*
- *genetics*
- *developmental stage*
- *home environment*
- *family and cultural background*
- *daily activities*
- *health.*

The total number of hours a child sleeps per day decreases across the early years. Current recommendations for children aged 3-5 years suggest that around 10-13 hours of sleep each day is

typical. This is primarily made up of night-time sleep, but for some children will also include a daytime nap. For children who do nap during this period, the average duration of napping is around 1 hour.

Children who no longer need a nap, or at least don't need one every day, may still need some time during the day for rest, recuperation, or just for some 'down time' to relax. Just like the differences in their need for sleep, children might need to have a break or a rest at different times of the day (depending on what they've been doing) and may rest and relax in different ways. Rest and relaxation are important for health and well-being and learning to relax our bodies and minds is an important life skill.

Children within the same group in ECEC can be at very different stages of sleep development. Sleep, rest, and relaxation is an important part of the lives of 3-5-year-old children.

- *Children's sleep needs change across time and vary from child to child.*
- *It is normal for children in this age group to no longer need a daytime sleep.*
- *The environments we provide for children can influence their sleep and rest.*
- *Children need opportunities to learn to rest and relax their bodies and minds.*

Many children aged 3-5 years will no longer require a daytime sleep whilst at their ECEC service.”¹⁰

“Services use a range of practices to manage sleep, rest, and relaxation needs.

The approach that a service uses will be influenced by many factors including: the age and characteristics of the children, the needs of families and the community, and the physical environment space and layout. In thinking about sleep, rest, and relaxation practices, consider the 4 principles for R.E.S.T. – see below”¹¹

<i>R</i>	Relationships	Involve children and families in planning.
<i>E</i>	Environment	Create a pleasant and calm environment.
<i>S</i>	Sleep need	Support children's agency and autonomy.
<i>T</i>	Timing / Transitions	Ensure timing is responsive to children's needs.

Consider the following:

Relationships	In planning provisions for sleep, rest, and relaxation consider: • Different strategies that could be used to support two-way communication with parents and children. • Key times to communicate with families about sleep, rest, and relaxation. • Key questions to ask children and families when getting to know a child's sleep, rest, and relaxation needs and preferences.
Environment	In planning provisions for sleep, rest, and relaxation consider how different spaces might be best used to: • Provide children who need to sleep a quiet space without distraction.

¹⁰ “Sleep Health and Sleep Development” Children aged 3-5yrs in ECEC”, SLEEP Program (Sleep Learning for Early Education Professionals) funded by Qld Government Department of Education and Training (accessed on-line April 2026) <https://earlychildhood.qld.gov.au/newsResources/Documents/factsheet-sleep-health.pdf-search=sleep>

¹¹ “Meeting children's sleep, rest and relaxation needs in ECEC – children aged 3-5yrs, information for educators and ECEC services” SLEEP Program (Sleep Learning for Early Education Professionals) funded by Qld Government Department of Education and Training (accessed on-line April 2026) <https://earlychildhood.qld.gov.au/newsResources/Documents/factsheet-sleep-practices.pdf-search=sleep>

	• Provide children who do not sleep a space and opportunity to do alternate activities.
Sleep Need	In planning provisions for sleep, rest, and relaxation consider: • How to meet the needs of children who require sleep. • How to meet the needs of children who no longer require sleep. • How to respond to changes and variations in sleep, rest, and relaxation needs. • How to include children in decision making about sleep, rest and relaxation.
Timing / Transitions	In planning provisions for sleep, rest, and relaxation consider: • When sleep, rest, and relaxation opportunities are available. • How to meet the needs of children who require sleep at different times of the day. • Strategies that could be used to support children to transition to sleep.

Procedures and Responsibilities

Protecting children and each other is a team approach. *All members of our service share the responsibility for ensuring that sleep, rest and relaxation needs are met for each individual child based on their needs on each particular day in attendance, acknowledging that this may change from day to day.*

Leadership and Management Responsibilities, including Approved Providers, Nominated Supervisors and Responsible Persons will:

- Ensure the safety, rights and best interests of children are paramount to all decision making and practices.
- Positively and clearly communicate all aspects of the policy and take a zero-tolerance approach to non-compliance.
- Understand and comply with all aspects of this policy and related legislation and support team members to do the same.
- Lead a culture of reflection and regular review of policies, seeking feedback from educators, families, children and other community agencies and professionals as appropriate.
- Ensure all educators are aware of safe sleeping practices and that those working with children under 2yrs have been inducted into the Red Nose safe sleeping practices and demonstrate an understanding of this policy and procedure document.
- Take an active role in educating families, particularly those of young babies, about safe sleeping practices and provide information from recognised authorities such as Red Nose.
- Advocate for safe sleeping and enforce the requirements of this policy. Where a family advises that there is a medical condition which requires alternative practices, the Nominated Supervisor must request this in writing from the medical practitioner.
- Only authorise alternative practices after consultation with the Approved Provider and where a medical condition documented by the doctor is the reason for the modification.
- Ensure all bedding at the service is clean and well maintained and where required meets the Australian Standards.
- Monitor safe sleeping practices and records regularly.
- Ensure that sleep practices are contextualised to meet the individual children at the service and communicated with each team member.

- Ensure educators (including casual/relief staff) receive information and induction training to fulfil their roles effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time.
- Provide annual training and refreshers for safe sleeping practices.
- Be aware of legislative requirements. This may include watching the ACECQA eLearning video “Safe Sleep & Rest Information Video 2024” to ensure compliance with the regulations.
<https://levo-4.wistia.com/medias/cd37lfo6hm>
- Display information for educators and families and provide information from recognised authorities to support families and educators.
- Conduct risk assessment for sleep and rest in consultation with educators and review annually or as soon as practicable after becoming aware of any circumstance that may affect the safety, health and wellbeing of children during sleep and rest. Use the Sleep & rest risk assessment ACECQA template.
- Ensure risk assessment and control measures are shared with all staff, including how sleeping children will be managed through sight and/or hearing at all times.
- Monitor to ensure children are sleeping on firm mattresses or beds, and that mattress are positioned away from the walls as young children can become trapped between the mattress and wall.
- Ensure that areas around the mattress and beds are clear of soft toys, bean bags, plastic bags or similar objects that a young child can roll onto.
- Monitor to ensure the care environment, including sleep and rest areas, are well ventilated, either with fresh air from open windows if safe to do so, or using mechanical ventilation if needed. Monitor sleep checks for all children and ensure records are maintained for all ages using the forms provided or an electronic method.
- Monitor to ensure sleep and rest environments are free from cigarette or tobacco smoke.
- Communicate with families any identified risk factors for sleeping children such as respiratory conditions, instances of children hoarding food in their mouths or other specific health conditions. Conduct individual risk assessments with educators and families and communicate with all educators caring for the child. Review annually or as soon as practicable after becoming aware of any circumstance that may affect the safety, health and wellbeing of children during sleep and rest. Review annually or as soon as practicable after becoming aware of any circumstance that may affect the safety, health and wellbeing of children during sleep and rest. Use the Sleep & rest risk assessment ACECQA template.
 - Modifying sleep environment.
 - Increased supervision.
 - Communicating with all educators and discussing regularly in a professional way.
 - Share with new staff when they commence at the service.
 - Consider appropriate measures to help eliminate or minimise risk:
 - Eliminate any hazards, for example removing soft toy.
 - Substitute hazards where possible, for instance lighter blankets or sleeping bag used.
 - Isolate, unwell children may be moved away from the group and checked more frequently when sleeping..
 - Use administration measures, such as education and training, reflection on practices, reviewing policies with staff, timing and frequency for checks, staffing during rest time and the type of documentation used, for instance where there are children with identified higher risks, educators may record more details when checking including the physical position of children, skin colour, temperature (for example using the Red Nose Sleep Check Template).

- Ensure both families and educators understand that, under the National Quality Framework, educators must ensure that the needs for sleep and rest of children are met., having regards to the ages, developmental stages and individual needs of the children.
- Ensure that families' requests for sleep and rest requests are be considered, where these do not conflict with legislation or recognised authorities.
- Ensure educators to meet children's individual needs for sleep and rest including not preventing a child who is falling asleep from doing so, or waking a child who is sleeping unless for their health and safety, for example collection from care or an emergency.
- Monitor to ensure that children are provided with the opportunity to sleep when needed and to wake of their own accord unless a medical reason or immediate health and safety situation prevents this.
- Seek clarification where needed by contacting the regulatory authority or Red Nose Safe Sleep Advice Line 1300 998 698 or email education@rednose.org.au
- Conduct a Safe Sleeping Checklist Audit every 6mths in January and July and the Monthly Sleep Check Audit every month.
- Monitor to ensure infants are sleeping on flat surfaces, with an incline no greater than 7 degrees to the horizontal. It must be flat and not curved.

Educators and Other Team Members will:

- Ensure the safety, rights and best interests of children are paramount to all decision making and practices.
- Be proactive in fulfilling the requirements of this service policy and related legislative requirements.
- Seek further guidance where required to fulfil your requirements.
- Report any concerns or non-compliance immediately to the Nominated Supervisor or Approved Provider.
- Participate in the review of documents and provide constructive feedback to the Nominated Supervisor or Approved Provider.

Meeting Individual Needs and Communication/Consultation with Families

- Ensure each child's comfort is provided for and there are appropriate opportunities to meet each child's need for sleep, rest and relaxation.
- Acknowledge that all children have rights and where appropriate, should have choice about sleeping and resting within the day.
- Recognise that children and babies of the same age can have different sleep patterns and ensure that sleep and rest times are tailored to individual children.
- Communicate children's sleep and rest information to families daily in a format that suits the needs of the family depending on the age of each child. For babies this should include accurate times of sleeps, for older children it may be appropriate to advised if a child slept or rested.
- Regularly reflect on practices used to ensure sleep and rest needs of each child are met. Consideration must be given to both sleeping and non-sleeping children including the environment and activities for those who don't need a sleep on a particular day.
- Consult with families about their child's individual needs and be sensitive to different values and parenting beliefs, cultural or otherwise, associated with sleep and rest.
- Where a family's belief or requests are in conflict with current recommended evidence-based guidelines and this policy:
 - Inform the family of the service's commitment to safe sleeping practices as per the Red Nose recommendations and explain these. N/A

- Provide families with a copy of the policy and information from Red Nose to support them in understanding these guidelines N/A
 - Immediately notify the Nominated Supervisor for support and follow up.
- Follow the REST strategies when consulting with families and children.
- Understand that, under the National Quality Framework, educators must ensure that the needs for sleep and rest of children are met. While families' requests for sleep and rest requests should be considered, educators are not able to prevent a child who is falling asleep from doing so, nor are they able to wake a child who is sleeping unless for their health and safety, for example collection from care or an emergency. Children should be provided with the opportunity to sleep when needed and to wake of their own accord unless a medical reason or immediate health and safety situation prevents this.
- Consider children's individual development and height to determine when the best time to transition from a cot to a stretcher bed or mattress on the floor.
 - Red Nose Individual Child Risk Factor Checklist and Action Plan
https://rednose.org.au/downloads/Infant_sleep_Risk-assessment-checklist.pdf
- Where there is a higher risk identified on the individual infant sleep risk assessment checklist, implement control measures which may include:
 - Modifying sleep environment.
 - Increased supervision.
 - Using the Red Nose Sleep Check Template for more detailed checks when sleeping.
 - Communicating with all educators and discussing regularly in a professional way.
 - Share with new staff when they commence at the service.
 - Consider appropriate measures to help eliminate or minimise risk:
 - Eliminate any hazards, for example removing soft toy.
 - Substitute hazards where possible, for instance lighter blankets or sleeping bag used.
 - Isolate, unwell children may be moved away from the group and checked more frequently when sleeping.
 - Use administration measures, such as education and training, reflection on practices, reviewing policies with staff, timing and frequency for checks, staffing during rest time and the type of documentation used, for instance where there are children with identified higher risks, educators may record more details when checking including the physical position of children, skin colour, temperature (for example using the Red Nose Sleep Check Template).

Safe Sleeping Environments

- Ensure the care environment, including sleep and rest areas, is well ventilated, either with fresh air from open windows if safe to do so, or using mechanical ventilation if needed.
- Identify and remove potential hazards from sleep environments.
- Use only clean cots, beds, mattress and bedding. Ensure equipment is in good repair and that cots meet Australian Standards.
- Remove any damaged equipment and report to the Nominated Supervisor.
- Ensure soiled bedding is sealed in a plastic bag and kept out of reach of children until collected by families.
- Soiled beds should be cleaned as per the Health and Hygiene Policy.
- - only use portable or folding cots that meet Australian Standards.

Safe Sleep Practices

- Relocate children who fall asleep in unsafe sleeping environments such as cushions to a safe s

- Ensure sleeping children are always within sight and/or hearing distance. Ensure that educators are able to assess children's breathing and skin colour.
- Ensure children's clothing is appropriate during sleep times and does not have any items that are loose and could get tangled and restrict breathing.
- Ensure that children and infants are awake and alert when received into care and when collected from care.
- Take additional precautions during sleep/rest times where children are unwell or have an ongoing medical condition.

Supervision

- Maintain supervision of sleeping and resting children including regular physical bed-side checks including visual inspection of the child's:
 - sleeping position
 - skin and lip colour
 - breathing
 - body temperature
 - head position
 - airway
 - head and face
 - ensuring they remain uncovered.
- Ensure sleeping spaces have adequate light to allow supervision.
- Report issues with sleep practice, environments and equipment to the nominated supervisor or provider promptly.
- Ensure supervision windows are kept clear and not painted over or covered.
- Minimise noise in rooms (music or white noise) so that auditory supervision can be maintained.
- Ensure supervision is able to be maintained for both sleeping and non-sleeping children during periods of rest/sleep.
- At least one educator must maintain active supervision of sleeping children in learning spaces and not be performing programming or administrative duties that would take their attention away from sleeping and resting children.
- Ensure rooms have sufficient light to balance:
 - Children and babies sleeping,
 - Children who are awake and engaged in other activities,
 - Educators who may be completing paperwork,
 - Safe evacuation if necessary,
 - Supervision of all children.

Cots and younger babies *N/A*

- Discontinue wrapping as soon as baby starts showing signs that they can begin to roll, usually around 4-6mths but could be earlier.
- Use baby monitors in sleep rooms and ensure these are tested on each occasion for effectiveness.
- If infants use a dummy, don't re-insert it if it falls out while sleeping.
- Remove all dummy chains or ribbons when sleeping.
- Never use bumpers or bulking bedding and ensure nothing is hanging above or over a cot.
- Only allow soft toys in cots with babies who are over 12mths and where families request this, soft toys should be minimised in cots for children's safety. Where a child is still in a cot in a sleep room, supervise with the soft toy or comforter over 12mths and remove once asleep.
- Conduct 10 minute checks, **or more frequently based on the individual risk assessment for a child**, for children in sleep rooms to ensure every sleeping child is physically checked.

- Sleep check times must be recorded, educators can use the “Sleep check record for sleep rooms” form, the Red Nose Sleep Physical Checks Template, or another electronic/paper method showing:
 - the exact time – recorded at the time of the check, not pre-populated.
 - the name of the person conducting the check.
 - How the check is to be conducted.
 - time where children were asleep or awake in the sleep room.
 - names of all children in the sleep room regardless if they were sleeping or not.
 - sleep times recorded at the time the physical check occurs not retrospectively.
- Checks are not to be conducted through a window, via a monitor or CCTV.
- Physical checking means educators must 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. Check bedding is secure and not too hot.
- The circumstances and needs of each child in care should be assessed to determine any risk factors that may mean physical checks are required more frequently. For example, babies or children with colds, chronic lung disorders or specific health care needs may require a higher level of supervision and more frequent checks while sleeping. Staff, in consultation with families should complete an individual child risk assessment and review annually or as soon as practicable after becoming aware of any circumstance that may affect the safety, health and wellbeing of children during sleep and rest. Educators can use the Red Nose individual risk assessment template to record this.
- Ensure that prior to babies sleeping their mouths are free from liquids, food or other foreign objects.
- Where an infant demonstrates that they are hoarding food in their mouths this must be communicated with the Nominated Supervisor and families and the child must not be allowed to sleep with food stored in their mouth. An individual risk assessment must be completed and communicated to educators caring for the child. Review annually or as soon as practicable after becoming aware of any circumstance that may affect the safety, health and wellbeing of children during sleep and rest. Use the Sleep & rest risk assessment ACECQA template.
- Any instance that requires consideration for sleeping should be documented and kept until 3yrs after the child’s last attendance at care.
- Infants should be dressed with consideration to the room temperature. The infant should be warm but not hot to touch centrally (i.e. on the chest or abdomen). Bedding or clothing should be removed if the infant is hot to touch, or is flushed or sweating.
- Ensure the sleep room is free from clutter to allow educators to move between cots and for ease of supervision.
- Where older babies turn over during their sleep, allow them to find their own sleeping position, but always lay them on their back when first placing them to rest.
- Always ensure sides of cots are up and securely locked in place after placing a baby into a cot.
- Ensure that infants under 12mths are only sleeping in cots that meet Australian Standards, 12mths is the earliest that an infant should be considered for transitioning from a cot to a bed whilst in care without a doctor’s letter specifying a medical reason for an earlier transition.
- Where an infant under 12mths has been observed attempting to climb out of the cot and looks like they may succeed notify your Nominated Supervisor and the family immediately.
- Ensure an educator is always present either in the room or in the doorway of a sleep room when a child is on a bed or mattress on the floor of a dedicated sleep room.
- Ensure warnings attached to infant sleep and non-sleep incline products remain in place.

Children sleeping on beds or mats

- Monitor to ensure children are sleeping on firm mattresses or beds, and that mattresses are positioned away from the walls as young children can become trapped between the mattress and wall.
- Ensure that areas around the mattress are clear of soft toys, bean bags, plastic bags or similar objects that a young child can roll onto.
- Conduct regular checks, at intervals no greater than 20mins for children who are sleeping or resting on beds/mats within the main learning space. **Conduct checks more frequently where identified on an individual risk assessment for a child.**
- Ensure every child is physically checked.
- Physical checking means educators must 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 bed/mat. Check to ensure there are no cords, hoods or other items that pose a strangulation risk and that children's heads are uncovered. Visually check appropriate bedding and that blankets or bedding do not cause overheating.
- Sleep check times must be recorded, educators can use the "Sleep check record for sleeping in main learning spaces" form, the Red Nose Sleep Physical Checks Template, or another electronic/paper method showing:
 - the exact time – recorded at the time of the check, not pre-populated.
 - the name of the person conducting the check.
 - How the check is to be conducted.
 - sleep times must be recorded at the time the physical check occurs not retrospectively.
- The circumstances and needs of each child in care should be assessed to determine any risk factors that may mean physical checks are required more frequently. For example, children with colds, chronic lung disorders or specific health care needs may require a higher level of supervision and more frequent checks while sleeping. Where there is an identified risk factor an individual risk assessment for that child must be completed and communicated to educators caring for the child. Review annually or as soon as practicable after becoming aware of any circumstance that may affect the safety, health and wellbeing of children during sleep and rest. Educators can use the Red Nose Individual Child Sleep Risk Assessment template.
- Ensure that prior to children resting or sleeping their mouths are free from liquids, food or other foreign objects.
- Where a child demonstrates that they are hoarding food in their mouths this must be communicated with the Nominated Supervisor and families and the child must not be allowed to sleep with food stored in their mouth. An individual risk assessment must be completed and communicated to educators caring for the child. Review annually or as soon as practicable after becoming aware of any circumstance that may affect the safety, health and wellbeing of children during sleep and rest. Use the Sleep & rest risk assessment ACECQA template.
- Any instance that requires consideration for sleeping should be documented and kept until 3yrs after the child's last attendance at care.
- Ensure evacuation routes are always clear. Beds must not be set up directly in front of doorways or entrances or directly in front of shelving which could be pushed or pulled onto a sleeping child.
- Encourage children to remove their shoes prior to sleeping but respect their choice if this is not their preference.
- Ensure that suitable activities which support relaxation are available for children who do not wish or need to sleep.
- Engage in regular conversations with children about their sleep needs.
- Participate in and be familiar with the Sleep and Rest Risk Assessment and the control measures.

- Closely monitor children who are newly transitioning to a bed.
- Ensure there are no hazards accessible to children when sleeping on a stretcher bed or mattress on the floor in a sleep room.
- 10min physical checks should still be recorded for children when on stretcher beds or mattresses on the floor in designated sleep rooms separate to learning spaces.

As part of enrolment terms and conditions, families are asked to:

- Ensure the safety, rights and best interests of children are paramount to all decision making and practices.
- Fulfil responsibilities under this policy and related legislative requirements.
- Understand that the service must take steps as required under legislative requirements and follow advice from recognised authorities.
- Participate in the review of documents and provide constructive feedback to the Nominated Supervisor or Approved Provider.
- Discuss any questions with the Nominated Supervisor or Responsible Person in charge.
- Provide appropriate, safe bedding and ensure it is laundered at least weekly or when soiled or visibly dirty.
- Understand that educators at our service must always follow safe sleeping strategies as provided by recognised authorities such as Red Nose.
- Understand that sleeping/resting at an education and care service is different to home. Recognise that other children are also sleeping and resting at similar times in the same environment and work with educators to find strategies which support both the needs of your child and others in the learning space.
- Provide children with age appropriate and suitable clothing for sleep and rest, specifically children are unable to sleep with/in:
 - hooded clothing
 - clothing that presents with a risk of strangulation, hanging or choking, including clothing with loose cords
 - jewellery that presents with a risk of strangulation, hanging or choking
 - teething necklaces
 - soft toy or comforter under 12mths
 - pillows, cot bumpers, lambs' wool under 2yrs
- Understand that children are not able to sleep in sleeping bags once a child has transitioned from a cot to a bed unless there are separate legs.
- Notify educators if your child is showing signs of rolling or attempting to climb out of the cot. Consult with staff around when a child should transition from a cot to a bed based on their individual development and height.
- Participate in completing the "Transition from Cot to Bed Consultation Planning Form".
- Understand that pillows are not used in cots or with children on beds until after 2yrs of age as per Red Nose recommendations.
- Understand that, in the best interest of each child, we must ensure that children and infants are awake and alert when received into care and when collected from care. If you are collecting earlier in the day you may wish to ring ahead to check if your child is asleep and postpone your arrival time. Our team can call you when they wake if you wish.
- Understand that bassinets are not permitted to enter the service premises under Regulation 84D.
- Keep educators updated on changes to your child's sleep routines and patterns including updates on the previous night's sleep to assist with sleeping during the day.
- Understand that, under the National Quality Framework, educators must ensure that the needs for sleep and rest of children are met. While families' requests for sleep and rest requests will be considered, educators are not able to prevent a child who is falling asleep

from doing so, nor are they able to wake a child who is sleeping unless for their health and safety, for example collection from care or an emergency. Children will be provided with the opportunity to sleep when needed and to wake of their own accord unless a medical reason or immediate health and safety situation prevents this.

- Complete an individual child risk assessment for all infants (0-12mths) and for older children where appropriate upon enrolment or at anytime during the enrolment, using the Red Nose templates:
 - Red Nose Individual Child Risk Assessment Guide
https://rednose.org.au/downloads/Individual_RiskAssessmentG.pdf
 - Red Nose Individual Child Risk Factor Checklist and Action Plan
https://rednose.org.au/downloads/Infant_sleep_Risk-assessment-checklist.pdf

Communication

- Educators and families will have access to this policy at all times.
- Information will be included in induction for new educator and be included in service handbooks
- Educators and families will be provided with opportunities to be involved in the review of this policy.
- Educators and families will be provided with information from this policy at the time of employment and orientation.
- Changes to this policy and procedure document will be shared with families and educators.

Enforcement

The failure of any person to comply with this policy in its entirety may lead to:

- Termination or modification of child enrolment
- Restriction of access to the service
- Performance management of an employee which may lead to termination

Related Policies and Forms

- Service handbooks
- Health and Hygiene Policy and Procedure
- Caring for Babies Policy and Procedure
- Family Orientation Checklist
- Sleep check records for sleep rooms
- Sleep check record for sleeping in main learning spaces
- Red Nose Safe Sleeping Information
- Sleep Room Safety Checks
- Sleep & rest risk assessment ACECQA template
https://www.acecqa.gov.au/sites/default/files/2024-09/Sleep_restriskassessment_template_1_0.pdf
- Transition from Cot to Bed Consultation Planning Form
- Safe Sleeping Checklist Audit
- Monthly Sleep Check Audit
- Red Nose Individual Child Risk Assessment Guide
https://rednose.org.au/downloads/Individual_RiskAssessmentG.pdf
- Red Nose Individual Child Risk Factor Checklist and Action Plan
https://rednose.org.au/downloads/Infant_sleep_Risk-assessment-checklist.pdf
- Red Nose Sleep Physical Checks Template <https://rednose.org.au/downloads/PhysicalChecks.pdf>
- Red Nose Posters <https://rednose.org.au/page/early-childhood-educators>

- Red Nose Sleep and Rest Audit Tool https://rednose.org.au/downloads/Best_Practice_Sleep-Rest_AuditTool.pdf
- Infant Sleep and Non-Sleep Incline Register

Legislation, Recognised Authorities and Sources

- “Red Nose Six Safe Sleep Recommendations” Red Nose last modified 6/8/25 (accessed on-line April 2026) <https://rednose.org.au/safe-sleep-and-safer-pregnancy/pregnancy-to-birth/six-safe-sleep-recommendations/>
- “Sleep and Rest Legislative Requirements” ACECQA (Accessed on-line April 2026) <https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices>
- “Infant Sleep Products Mandatory Standards” ACCC (accessed on-line April 2026) <https://www.productsafety.gov.au/business/search-mandatory-standards/infant-sleep-products-mandatory-standards>
- “Products that are safe for baby to sleep in guide” ACCC Product Safety (accessed on-line April 2026) <https://www.productsafety.gov.au/consumers/keep-baby-safe/settle-baby-to-sleep-safely/products-that-are-safe-for-baby-to-sleep-in-guide>
- ¹ “New Mandatory Safety Standards on Infant Sleep Products” NSW Government – Education (accessed on-line April 2026) https://education.nsw.gov.au/early-childhood-education/leadership/news/new-mandatory-safety-standards-on-infant-sleep-products.html?utm_source=sfmc&utm_medium=email&utm_campaign=20250929_ECECUpdate_Subscribers_FC&utm_term=For+more+information+on+the+changes&utm_id=247350&sfmc_id=69079223
- “Sleep and Rest Legislative Requirements” ACECQA (accessed on-line April 2026) <https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices> - :~:text=Sleep and rest policies and procedures from 1 October 2023&text=The approved provider must also,are followed (regulation 170).
- “Sleep Health and Sleep Development - Children aged 3-5yrs in ECEC”, SLEEP Program (Sleep Learning for Early Education Professionals) funded by Qld Government Department of Education and Training (accessed on-line April 2026) <https://earlychildhood.qld.gov.au/newsResources/Documents/factsheet-sleep-health.pdf#search=sleep>
- “Sleep Health and Sleep Development in Early Childhood Education and Care – Babies and Toddlers”, SLEEP Program (Sleep Learning for Early Education Professionals) funded by Qld Government Department of Education and Training (accessed on-line April 2026) <https://earlychildhood.qld.gov.au/newsResources/Documents/factsheet-sleep-infants-toddlers.pdf#search=sleep>
- “Using a dummy safely” Red Nose (accessed on-line April 2026) <https://rednose.org.au/news/using-a-dummy-safely>
- “Baby Dummies and Pacifiers” Tresillian (accessed on-line April 2026) <https://www.tresillian.org.au/baby/health/dummies-and-pacifiers/>
- “Meeting children’s sleep, rest and relaxation needs in ECEC – children aged 3-5yrs, information for educators and ECEC services” SLEEP Program (Sleep Learning for Early Education Professionals) funded by Qld Government Department of Education and Training (accessed on-line April 2026) <https://earlychildhood.qld.gov.au/newsResources/Documents/factsheet-sleep-practices.pdf#search=sleep>
- “Is it ok for babies to wear a necklace or beads?” (accessed on-line April 2026) <https://rednose.org.au/safe-sleep-and-safer-pregnancy/newborn-to-1-year/is-it-ok-for-babies-to-wear-a-necklace-or-beads/>
- Red Nose Website (accessed on-line April 2026) <https://rednose.org.au/section/about-us>

- “Babies Head Shape” Red Nose Website (accessed on-line April 2026) <https://rednose.org.au/safe-sleep-and-safer-pregnancy/newborn-to-1-year/babys-head-shape/>
- “Safe sleep and rest practices from October 2017” ACECQA website (accessed on-line April 2026) <http://www.acecqa.gov.au/Safe-sleep-and-rest-practices-ptip>
- “Red Nose Six Safe Sleep Recommendations” Red Nose (accessed on-line April 2026) <https://rednose.org.au/safe-sleep-and-safer-pregnancy/pregnancy-to-birth/six-safe-sleep-recommendations/>
- “Safety: Choking, Suffocation and Strangulation Prevention” The Royal Children’s Hospital Melbourne July 2018 (accessed on-line April 2026) https://www.rch.org.au/kidsinfo/fact_sheets/Choking_Suffocation_and_Strangulation/
- “Prams and Strollers” Red Nose (accessed on-line April 2026) <https://rednose.org.au/safe-sleep-and-safer-pregnancy/pregnancy-to-birth/prams-and-strollers/>
- “Are there recommendations for car seat or baby seat use” Red Nose Website (accessed on-line April 2026) <https://rednose.org.au/safe-sleep-and-safer-pregnancy/newborn-to-1-year/take-your-sleeping-baby-out-of-their-car-seat-when-you-get-home/>
- “Hammocks” Red Nose (accessed on-line April 2026) <https://rednose.org.au/safe-sleep-and-safer-pregnancy/newborn-to-1-year/hammocks/>
- “Are Bouncinettes, Rockers or Swings Safe for Baby” Red Nose (accessed on-line April 2026) <https://rednose.org.au/safe-sleep-and-safer-pregnancy/newborn-to-1-year/bouncers-and-swings/>
- “Sleep and Rest for Children Policy Guidelines” ACECQA (accessed on-line April 2026) https://www.acecqa.gov.au/sites/default/files/2024-08/PolicyGuidelines_SleepRestForChildren_August2024.pdf
- “Cot to Bed” Red Nose (accessed on-line April 2026) https://rednose.org.au/wp-content/uploads/2025/04/Cot_to_bed_brochure_for_families.pdf
- “Wrapping or Swaddling Babies” Red Nose Website (accessed on-line April 2026) <https://rednose.org.au/safe-sleep-and-safer-pregnancy/newborn-to-1-year/wrapping-or-swaddling-babies/>
- “Red Nose warns against the use of incline sleepers” Red Nose (accessed on-line April 2026) <https://rednose.org.au/news/red-nose-and-choice-warn-against-the-use-of-incline-sleepers>
- “At what age can I introduce cot bumpers and pillows?” Red Nose (accessed on-line April 2026) <https://rednose.org.au/safe-sleep-and-safer-pregnancy/pregnancy-to-birth/cot-bumpers-and-pillows/>
- “Safe Sleeping Bag: Keeping your baby cozy and protected while they sleep” Red Nose (accessed on-line April 2026) <https://rednose.org.au/safe-sleep-and-safer-pregnancy/articles/safe-sleeping-bags-keeping-your-baby-cozy-and-protected-while-they-sleep/>
- “Portable Folding Cots Guide” ACCC Product Safety (accessed on-line April 2026) <https://www.productsafety.gov.au/consumers/keep-baby-safe/settle-baby-to-sleep-safely/portable-folding-cots-guide>
- “Guide to the National Quality Framework” Australian Children’s Education & Care Quality Authority
- “Education and Care Services National Amendment (Bassinet) Regulations 2023 under the Education and Care Services National Law” (accessed on-line Oct 2024) <https://legislation.nsw.gov.au/view/pdf/asmade/sl-2023-448>
- [Education and Care Services National Law Act 2010](#)
 - 165 Offence to inadequately supervise children
 - 167 Offence related to protection of children from harm and hazards
- [Education and Care Services National Regulations](#)
 - 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
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- 84A Sleep and rest
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- National Quality Standards
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Review Information

Dates of Revisions:

March 2022, September 2022, Feb 2023, March 2023, September 2023, January 2024, Feb 2024, April 2024, October 2024, Feb 2025, Dec 2025, Feb 2026, April 2026

Changes in this review:

- Updated quote in background from ACECQA regarding soft toys and comforters – *“Whether soft toys and comforters can be used in the sleep space should be decided by referring to:
 - » best practice guidance by recognised authorities, such as Red Nose Australia; and
 - » the service’s sleep and rest policy and procedure, including sleep and rest risk assessments.”*
- updated quotes in background related to mandatory standards
- requirements for leadership to Keep a register of infant sleep and non-sleep incline products to ensure they meet the required standards for pre and post Jan 2026 using the Infant Sleep and Non-Sleep Incline Register Form.
- Educators to ensure warnings attached to infant sleep and non-sleep incline products remain in place.
- NEW FORM - Infant Sleep and Non-Sleep Incline Register

I _____ have been provided with this policy and the opportunity to ask questions. I have read and understand my responsibilities under this policy and procedure. I will ensure I ask questions if I am unsure. I also understand the importance of supporting other educators and families in fulfilling their responsibilities. I will seek support from my supervisor if needed to comply.

Signed: _____

Date: _____