

Sleep and Rest Policy

- Education and Care Services National Law Act 2010 (version July 2023)
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 - 167 Offence related to protection of children from harm and hazards
- <u>"Education and Care Services National Amendment (Bassinets) Regulations</u> 2023 under the Education and Care Services National Law" August 2023
- <u>Education and Care Services National Regulations</u> (version July 2023)
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Aim

Our service is committed to supporting the health, safety, and wellbeing of all children. We recognise that sleep and rest are essential for young children's development and learning. We aim to create a calm, safe, and responsive environment that respects each child's individual needs for sleep, rest, and relaxation.

During orientation educators will speak with families about our safe sleep policy. While requests from families about a child's sleep and rest and cultural preferences are considered we will not place any child to sleep in a way that goes against safe sleep practices as outlined by Red noses, ACECQA of the Department of Education.

Regulation 81 requires Approved Providers and Nominated Supervisors to "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, development stages and individual needs of the children"

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

Educator's at Bottleforest Long Day Care participate in regular safe sleep training with Red Noses. Our safe sleep and rest policy is created in consultation with red noses.

If a family's beliefs and practices conflict with Red Nose, the service will only endorse an alternative practice if the service is provided with written advice from of a registered medical practitioner. In meeting the service's duty of care, it is a requirement that all educators implement and adhere to this policy.

Our service believes in a short period of rest each day for every child to ensure their growth and development. We will aim to respect and cater for each child's specific needs. Educator's can not force a child who is showing signs of tidiness to stay awake, we can work with families to limit sleep duration to provide a sleep cycle (around 45minutes) but we can not deny a child's need to sleep.

Statement about denying sleep

We work in partnership with families to understand and support children's sleep routines. However, in accordance with best practice and regulatory requirements, we cannot prevent a child who is showing signs of tiredness from sleeping or resting.

Safeguarding Children's Wellbeing

Sleep is a fundamental need and critical to every child's physical and emotional development. Intentionally withholding rest from a child showing signs of tiredness disregards their basic rights and may be considered neglect. Such actions can constitute a breach of duty of care and may raise child protection concerns.

All Early Childhood Educators are mandatory reporters under New South Wales law. This means they have a legal and ethical responsibility to report any concerns that a child's wellbeing or safety may be at risk, including the deliberate denial of sleep or rest.

Our service is committed to upholding the highest standards of care, guided by the National Quality Standard and the UN Convention on the Rights of the Child, to ensure every child is nurtured, respected, and protected.

Legislative and Framework References

- Education and Care Services National Regulations Regulations 84A–84D, 168
- National Quality Standard (NQS) Quality Area 2: Children's Health and Safety
- UN Convention on the Rights of the Child (UNCRC) Article 31: The right to rest, leisure, and play
- Red Nose Australia Recognised authority on safe sleep practices

Collaboration with Families

We value family input and strive to align sleep routines with home practices where safe and
appropriate. Educators engage with families to understand children's individual needs,
cultural preferences, and daily rhythms. While we aim to reflect these routines within the
service, children's safety and emotional wellbeing remain our priority. When a child
demonstrates signs of tiredness, educators respond sensitively to support rest or sleep, even
when it may differ from family preferences. This approach is guided by the National Quality



Standard and the UN Convention on the Rights of the Child, affirming each child's right to rest, care, and protection.

- Children's sleep cycles typically range from 30 to 50 minutes, depending on age and individual needs. These cycles include phases of light sleep, deep sleep, and REM (rapid eye movement), each contributing to physical and cognitive development. Recognising these patterns enables educators to support more harmonious sleep experiences. Where appropriate, educators may gently begin to wake children after one complete sleep cycle, particularly when it aligns with parental preferences and the child's wellbeing. This practice can reduce grogginess and support smoother transitions back to play and learning. However, educators will always respond to each child's cues—if a child appears to require extended rest, additional time will be provided.
- Educators will communicate regularly with families about children's sleep patterns and preferences.
- We encourage families to share cultural or personal considerations regarding sleep and rest.

Sleep and Rest Practices

- Children will be offered opportunities for sleep, rest, or quiet relaxation based on their individual needs, age, and developmental stage.
- Educators will observe children for signs of tiredness and respond sensitively.
- Children who are tired will not be prevented from sleeping, even if families prefer otherwise.
- Children who do not require sleep will be provided with quiet, restful activities.

Stimulation, Learning, and the Need for Rest

While some children may no longer require a daytime nap at home, the early learning environment is a dynamic, socially rich space that offers increased mental and physical stimulation. Children engage in continuous social interaction, exploration, and structured play throughout the day, which can lead to greater fatigue compared to their routines at home.

Because of this heightened activity and emotional engagement, some children who do not usually sleep during the day may still show signs of tiredness while in care. Educators are trained to recognise and respond to these cues compassionately, offering sleep or rest as needed to support each child's wellbeing.

Rights of the Child

In line with **Article 31 of the UNCRC**, we uphold every child's right to rest and relaxation. Our sleep practices are designed to promote each child's physical and emotional wellbeing, ensuring they feel secure, respected, and cared for.

Background and Guiding Principles

Regulation 81 requires Approved Providers and Nominated Supervisors to "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, development stages and individual needs of the children"¹

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

Legislative requirements will require sleep and rest policies and procedures to address the matters set out 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 cots, 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 cots and 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."²

Safe resting practices for babies in cots (birth to 24 months)

- Babies should 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. Once babies can roll, they will not be wrapped instead placed in a safe sleeping bag or suit.
- As of October 1st 2023 bassinets are no longer allowed on the premise of any education and care service.
- If a medical condition exists that prevents a child from being placed on their back, the alternative resting practice must be directed in writing by the child's registered medical practitioner.

- If 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.
- At no time will a baby's face be covered with bed linen. Light and breathable bedding must be used at all times. Should a child attend with inappropriate bedding Bottleforest bedding will be used.
- All families are encouraged to bring a sleeping bag and fitted cot sheet from home each day, that will be sent home at the end of the day. If no sleeping bag is brought from home children will be in the cot with only a fitted sheet, no other loose bedding (ie a sheet or blanket)
- Once children can roll, they will not be wrapped with their arms in.
- Quilts and duvets will not be used as bed linen. Pillows, soft toys, lamb's wool and cot bumpers will not be used.
- Children will not be placed in the cot with hoodies on, they will be dressed in an appropriate sleeping bag for the temperature of the room.
- Calm relaxing music will be played.
- Dummies will be provided but they will not be attached to chains.
- Children will not be put in a cot with a bottle.
- Small items that pose a chocking hazard (such as amber necklaces, hair clips) will not be used in the sleeping environments

Children in the 0-2 year old room should pack a fitted cot sheet and appropriate sleeping bag.

Cots

All cots meet Australian Standards for Cots and be labelled AS/NZS 2172:2010 or AS/NZS 2195:2010. Cot mattresses should be in good condition, clean, firm, flat and must fit the cot base with no more than a 25mm gap between the mattress and the sides of the cot.

Prams and strollers are not to be used for children to sleep or rest in.

Transitioning from cot to bed

"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. This usually occurs when your toddler is between 2 and 3 ½ years of age but could be as early as 18 months."

Transitions from a cot to a bed should be led by children's needs and in consultation with families. Infants, 0-12mths should remain in a cot unless there is an imminent safety reason (for example the infant has been observed attempting to climb out of the cot and looking like they may succeed). In this instance, the families must seek advice from a medical practitioner and a risk assessment should be completed to consider options to ensure the infants safety. Services should also consult with the Regulatory Authority and Red Nose in this instance.

Floor Mattresses

"Ensure the mattress is positioned away from the walls as young children can become trapped between the mattress and wall.

A child's mattress needs to be firm to prevent sleep accidents. Keep the area around the mattress clear of soft toys, bean bags, plastic bags or similar objects that a young child can roll onto. Soft objects could mould around a young child's face, resulting in suffocation."³

³ "Transitioning from a cot to a bed" Red Nose (accessed on-line Jan 2024) https://rednose.org.au/article/transitioning-from-a-cot-to-bed



Cot room temperature

We follow red noses safe sleep and the recommend It is not necessary to monitor the room temperature or to leave the heating or cooling on while children are sleeping, as long as the baby is dressed appropriately for the room temperature: Dress baby as you would dress yourself — comfortably warm, not hot or cold. A good way to check baby's temperature is to feel the baby's back or tummy, which should feel warm (don't worry if baby's hands and feet feel cool, this is normal). At Bottleforest we aim to have the room at 21 degrees Celsius.

Bottleforest has thermometers in each sleeping space so educators can ensure a comfortable environment, these should be checked by staff regularly as children are sleeping. The windows within the sleep spaces will be open throughout the day to ensure good ventilation in the environment. On cold winter days the heater maybe used to warm the room with the door open, however must not be on while there are children sleeping in the cot room. During warmer days the ceiling fan will be used to increase air flow.

Safe resting practices for all other children 2-5 years

Sleep has a very important role in the life of children, and a role in their lifelong development and health. Children with poor quality or insufficient sleep are less able to regulate their emotions and behaviour, have difficulty concentrating, and may be at higher risk of accidents, injury and illnesses.

Early Learning Services must provide all children with an appropriate amount of sleep and relaxation throughout the day. Children who no longer need a nap, or at least don't need one every day, still need some time during the day for rest, recuperation, or just for some 'down time' to relax. Both the Snugglepots and Cuddlepies rooms have a period of quiet time during the day, within this time children may fall asleep or participate in some quiet activities.

Similarly, to the 0-2 room families are encouraged to bring cot sheets from home that fit our floor mattress. Families are welcome to pack a sleeping bag if they prefer or a sheet or light blanket maybe provided.

No children will be put to sleep with hoodies or dummy chains.

Practice Implemented by Educators and Approved Provider

- Our safe sleep policy and procedures will the discussed with educators upon induction. Any
 changes that are made to our policy or procedure are shared with educators via email.
- Educator's must conduct regular cheeks on sleeping children at 10-minute intervals these checks will be logged on HubHello. The cot checks will occur more frequently where children have respiratory conditions (such as colds or asthma).
- Cots or beds will be positioned in such a way that they are away from anything that could fall onto a sleeping infant or child (for example away from shelves with items that could fall onto a child).

- Regular maintenance checks will be conducted to ensure the function and safety of cots and bed (screws tight, rails tight, locking mechanisms in working order). If cots or beds fail this check they will not be used.
- Educators will position themselves in such a sway that they can maintain adequate supervision during sleep and rest periods.
- Approved Provider is required to conduct a 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
- 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 (including but not limited to bibs, scarves, ribbons. Remove bibs, jewellery, hair clips and clothing with hoods.)
- Educator's will participate in training and refreshers for safe sleeping practices.
- 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 electronic method on HubHello.
- Monitor to ensure sleep and rest environments are free from cigarette or tobacco smoke (including vape).
- Ensure that a bassinet is not on the education and care premises at any time during which children are being educated and cared for by the service. This includes being brought into the service by families.
- Maintain supervision of sleeping and resting children including regular physical bed-side checks including visual inspection of the child's:
 - sleeping position
 - o skin and lip colour
 - breathing
 - body temperature
 - head position
 - airway
 - o head and face
 - o ensuring they remain uncovered.
- Report issues with day to day sleep practice, environment and equipment to the nominated supervisor or provider.

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.
- The sleeping environment must have lighting that allows educators to see the rise and fall of children's chest and ensure safety from trips.
- Use only clean cots, beds, mattress and bedding. Ensure equipment is in good repair and that cots meet Australian Standards.
- Stop use and 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.
- Wash service sheets between each child's use and at least weekly.
- Ensure cots and beds are cleaned daily or between use by different children as per recommendations from Staying Healthy in Early Education and Care, using detergent and



water or a similar product. Soiled beds should be cleaned as per the Health and Hygiene Policy.

Ensure changes to sleeping environments are made where identified.

Our safe sleeping policy is shared with families via our website upon enrolment at the service and discussed at orientation.

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.
 - Provide families with a copy of the policy and information from Red Nose to support them in understanding these guidelines
 - o Immediately notify the Nominated Supervisor for support and follow up.
- Follow the REST strategies when consulting with families and children.
- 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.
- Closely monitor children and where there is an identified risk of climbing from a cot, notify families and Nominated Supervisor immediately and start transition process.
- Consult with families when considering transitioning a child from a cot to a bed. Communicate
 to Nominated Supervisor for input. Ensure the "Transition from Cot to Bed Consultation
 Planning Form" is used with families.

Complete an individual child risk assessment in conjunction with families, for all infants (0-12mths) at the time of enrolment or later if not done at enrolment, and consider completing for older children where appropriate.

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

Policy updated: 28/07/2025

To be read in conjunction with Sleeping Area Risk Assessment – within policy folder