Bullfrog Children's Centre

SAFE SLEEP AND REST POLICY

Date last reviewed	February 2026
Next review date	February 2027

What areas does this policy cover

- **Safe sleep and rest**

Policy Statement

Bullfrog Children's Centre is committed to ensuring that each child's comfort, wellbeing and individual needs are met by providing safe, responsive and nurturing sleep, rest and relaxation opportunities throughout the day.

We recognise that children have different sleep, rest and relaxation needs based on their age, developmental stage, cultural background and individual circumstances. We will support these needs through flexible practices that respect each child's routine and family preferences while always ensuring their safety.

The safety of children during sleep and rest is our highest priority. All sleep and rest environments and educator practices are guided by current recommendations from recognised authorities, including Red Nose, and are implemented to reduce the risk of harm and promote safe sleep practices at all times.

In accordance with Regulation 81 of the Education and Care Services National Regulations, the Approved Provider and Nominated Supervisor will take reasonable steps to ensure that the sleep and rest needs of all children are met, having regard to each child's age, developmental stage and individual needs.

Our service is committed to maintaining safe sleep environments, ensuring appropriate supervision, and implementing consistent, evidence-based practices that support children's health, safety and wellbeing during sleep, rest and relaxation periods.

Background Statement

The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place in relation to Safe Sleep and Rest. Bullfrog Children's Centre sees health and wellbeing as a priority in all practices.

Legislative Requirements

Area	Legislation / Regulation	NQS	EYLF
Safe sleep and rest practices	Education and Care Services National Regulations – **Regulation 81 (Sleep and Rest)**	Quality Area 2: **2.1.1 Wellbeing and comfort**	Outcome 3: **Children have a strong sense of wellbeing**
Safe sleep environments	National Law Act 2010 & National Regulations (including safe environment obligations)	QA2: **2.2.1 Supervision** and **2.2.2 Incident and emergency management**	Outcome 3: Children take increasing responsibility for their own health and physical wellbeing
Safe equipment and furniture (cots, beds)	National Regulations (approved safety requirements; cot standards; Regulation 84D – bassinets prohibited)	QA2: **2.1.1 Wellbeing and comfort**	Outcome 3: Children develop awareness of safety and wellbeing
Supervision during sleep and rest	National Regulations – supervision requirements	QA2: **2.2.1 Active supervision**	Outcome 1: Children feel safe, secure and supported

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Area	Legislation / Regulation	NQS	EYLF
Individual needs (age, culture, health, routine)	Regulation 81 – consideration of individual sleep/rest needs	QA6: **6.1.2 Parent views are respected**	Outcome 1: Children develop secure attachments; Outcome 2: Children are connected with and contribute to their world
Risk assessment and hazard management	National Regulations – risk management obligations	QA2: **2.2.2 Safety, health and hygiene practices**	Outcome 3: Children become strong in their physical wellbeing

Induction and ongoing training

On induction all new Employees are required to familiarise themselves with all Policies and Procedures of Bullfrogs Children's Centre. Should information be updated or there are changes to this policy or the Legislative Requirements associated with this policy, Employees will either be informed or will undergo training at the next staff meeting.

Policy reviewed

This policy and procedures will be reviewed by Management, Employees, Families and Children annually. Management will review, then forward to Employees and Families to review via Kinderloop. Children will review as part of a talking mat process.

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."

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
- "Bassinets will no longer be allowed on the premises of any education and care service, including when families drop off and pick up their children. (Regulation 84D)
- There are no Australian Standards for bassinets. Red Nose provide the following definition for a Bassinet: "A bassinet or cradle is a bed specifically for babies from birth to about six months (or when baby starts to roll). A bassinet is generally designed to work with fixed legs or casters, while a cradle is generally designed to provide a rocking or gliding motion." https://rednose.org.au/downloads/RN0215_20_infostatements_Bassinets.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.

   Safe cot – Meets Australian Standard AS/NZS 2172:2033.

   Safe Mattress - Firm, flat, right size for your safe cot, meets voluntary Australian standard (AS/NZS 8811.1:2013)

   Safe Bedding - Lightweight bedding, firmly tucked in and only pulled up to the chest.

   Safe Sleeping bag -Well fitted across the neck and chest, with baby's arms out, and no hood.
5. Sleep baby in their own safe sleep space in the parent's or caregiver's room for 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 the first 6 months.

6. Breastfeed baby – breastfeeding has been shown to reduce the risk of sudden infant death."

Safe sleeping

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."
- "Never leave your baby unattended in a pram or stroller. It is not a substitute for a cot."
- "Research has shown that:
    - babies left in a sitting position for a long period of time may be placed at increased risk for sudden infant death.
    - car or baby seats may cause baby's neck to flex forward which may block baby's airway not allowing airflow
    - falls from car seats used outside of the car as infant carriers are common, often involve children unbuckled in their car seats and represent a significant source of head injury for baby. Never leave baby in carriers on shopping carts, counters, or other high locations."
- "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"
- "There is no Australian Standard for bouncinettes, we are careful to keep up to date with reports of accidents associated with their use. To date, the most frequent accidents associated with bouncinette use are falls and entrapment hazards. Furthermore, deaths have occurred when baby has been placed to sleep in a bouncinette. We recommend that baby be slept on the back on a firm and flat surface. When a baby falls asleep in a propped-up device the head can fall forwards, pushing the chin down towards the chest. This can lead to the airway becoming blocked and reducing airflow."
- "Alternative items used for sleep such as bean bags, sofas, large cushions and air mattresses are not safe places for young children to sleep.
- A child wearing a baby sleeping bag and not confined to a cot is at a higher risk of slips, trips and falls and of being injured." Children in beds must have sleeping bags with legs.
- "Soft toys and comforters should not be placed in the sleep space with infants.
- Equipment such as bumpers, infant positioners, inclined sleepers, or additional padding, mattresses, pillows and other soft items should not be used in the sleep and rest environment for children under 2 years of age."

Teething Necklaces

"Red Nose does not recommend placing anything around the neck of a sleeping baby as this could tighten during sleep and make breathing difficult and may even strangle baby. Furthermore, strings of beads could break, and individual beads could end up in a baby's mouth, presenting a choking hazard. The Australian Government has recently issued a warning notice about the use of amber teething necklaces (bracelets and necklaces of amber beads). Testing of several of these products indicated that they could break into small parts and present a choking hazard to children under three years of age. In 2011, Parliamentary Secretary to the Treasurer, David Bradbury recently issued a warning notice to the public in relation to amber teething

necklaces. Amber teething necklaces and bracelets consist of amber beads which are a fossilised tree resin and range in colour from yellow to white and beige to brown.

- The warning notice was issued after ACCC testing of several of these products indicated that they could break into small parts and present a choking hazard to children under three years of age.
- Consumers using this product are advised to:
    - always supervise the infant when wearing the necklace or bracelet
    - remove the necklace or bracelet when the infant is unattended, even if it is only for a short period of time
    - remove the necklace or bracelet while the infant sleeps at day or night & not allow the infant to mouth or chew the necklace or bracelet
    - consider using alternate forms of pain relief
    - seek medical advice if you have concerns about your child's health and wellbeing.

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. Transition from cot to bed form to be complete. 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 Beds

- "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."
- Ensure that children are in beds head to toe.
- Keep areas above children, eg on shelves clear to prevent items falling on children.
- All beds are to be safely located in the Frogpond room only. Children in the Tadpole room are to be transitioned and appropriately handed over to the Frogpond educators for sleep time.

Wrapping baby

- "Wrapping can be a useful method to assist baby to settle and stay asleep as it reduces crying time and episodes of waking. Wrapping has also been shown to provide stability, which may help to keep babies in the recommended back position.
- Ensure that baby is positioned on the back with the feet at the bottom of the cot, that he/she is wrapped from below the neck to avoid covering his/her face and always sleep baby with face uncovered (no doonas, pillows, cot bumpers, lambswool or soft toys in the sleeping environment).
- Use only lightweight wraps such as cotton or muslin (bunny rugs and blankets are not safe alternatives as they may cause overheating).

- For wrapping to be effective, the wrap needs to be firm but not too tight. Techniques that use tight wrapping with legs straight and together increase the risk of abnormal hip development, while loose wraps are also hazardous as they can cover baby's head and face.
- Ensure that baby is not over dressed under the wrap. Use only nappy and singlet in warmer weather and dress baby in a lightweight grow suit in cooler weather.
- If you wrap your baby, consider baby's stage of development. Leave arms free once the startle reflex disappears around 3 months. Most babies eventually resist being wrapped. Wrapping style should be appropriate for the baby's developmental stage.
- It is essential to discontinue wrapping as soon as baby starts showing signs that they can begin to roll, usually between 4-6 months of age but sometimes younger. Babies must not be wrapped if sharing a sleep surface with another person. Baby should not be wrapped while sleeping in a baby sleeping bag."

Pillows
"Red Nose recommends waiting until the child is over two years old and no longer sleeping in a cot or portable cot before introducing pillows into their sleep environment."

Sleep and Rest for children aged 3-5yrs
"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.
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."

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"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"

R Relationships Involve children and families in planning.
E Environment Create a pleasant and calm environment.
S Sleep need Support children's agency and autonomy.
T 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.
- 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.

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.
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- 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.
        - 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 checklist 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. Educators can use 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
- 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.
        - Not using weighted blankets while children are sleeping.
        - Isolate, unwell children may be moved away from the group and checked more frequently when sleeping.
        - Use engineering measures such as repositioning of cots.
        - 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).

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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. Cleaning includes mattress, cot and bed sides and rail tops.
- 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, daily.
- 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.
- Areas around and above sleeping children needs to be clear from falling objects.
- Beds are to be set out with space between to move and sit. Children are to be positioned head to toe.
- Conduct a Safe Sleeping Checklist Audit every 6mths in February and August.

Safe Sleeping Practices

- Follow the Red Nose recommendations for safe sleeping:
    - Sleep on back from birth
    - Keep head and face uncovered
    - Keep smoke free before and after birth
    - Use only safe sleeping environments
    - Safe cot – should meet current Australian Standard AS2172
    - Safe mattress – firm, clean flat, right size for cot
    - Safe bedding – no soft surfaces, bulky bedding, prams or car seats
    - No soft toy or comforter under 12mths
    - No pillow, cot bumper, lambs' wool, under 2yrs
    - Encourage breastfeeding where possible.
- Relocate children and babies who fall asleep in unsafe sleeping environments such as cushions to a safe sleeping environment such as a cot, bed or sleep mattress/mat.
- Ensure children are not left to sleep in car carriers, bouncinettes, strollers, prams or other devises where the head is slightly elevated.
- Ensure sleeping children are always within sight and hearing distance so that educators can 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 (including but not limited to bibs, scarves, ribbons. Remove bibs, jewellery and clothing with hoods.
- Ensure jumpers are removed prior to sleep to minimise overheating.
- Ensure babies and children are never be placed to bed with a bottle.
- Apply appropriate manual handling practices as required during sleep, rest and relaxation periods including reducing bending and awkward positions and dropping sides of cots when placing an infant to sleep.
- Ensure that children and infants are awake and alert when received into care and when collected from care.

- Ensure that pillows are not used in cots or with children on beds until after 2yrs of age as per Red Nose recommendations.
- Not allow a bassinet to be brought onto the premises while children are being educated and cared for, including by families. Immediately report to the Nominated Supervisor if a bassinet is located on the premises.
- Take additional precautions during sleep/rest times where children are unwell or have an ongoing medical condition.
- Safe sleeping bags may be used when children are in cots. For children sleeping on beds safe sleeping bags that have separate legs is required, due to the increased risk of tripping, especially in the event of an emergency evacuation at rest time.

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
  - airway
  - 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.
- Tadpole room - Ensure door supervision window is kept clear and not painted over or fully covered. Main large supervision window, blind to be up to allow 60cm viewing to and from the space.
- 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. Attention cannot be taken 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

- 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.
- 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 every 10 minutes, educators will use the electronic check system on Kinderloop that meets Red Nose requirements. It shows:
    - the exact time – recorded at the time of the check, not pre-populated.
    - the name of the person conducting the check.
    - time where children were asleep or awake in the sleep room.
    - Position, breathing, colour, and airway.
    - 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.

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Children's Sleeping on beds

- 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 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 15mins 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 every 15 minutes, educators will use the electronic check system on Kinderloop that meets Red Nose requirements. It shows:
    - the exact time – recorded at the time of the check, not pre-populated.
    - the name of the person conducting the check.
    - time where children were asleep or awake in the sleep room.
    - Breathing, colour, and airway.
    - sleep times 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:
- Fulfil responsibilities under this policy and related legislative requirements.
- Understand that the service must take steps as required under legislative requirements and follow advise 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 or 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.

- 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

Roles 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.
Based on the Red Nose definition, procedures for an infant are specifically for a baby who is under 12months of age.

Roles	Responsibility
Approved Provider Nominated Supervisor	• Positively and clearly communicate all aspects of the policy and take a zero-tolerance approach to 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. • Ensure handbooks and enrolment/orientation material informs of the services safe sleeping requirements.

- 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, for example cots.
- 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.
- 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.
- Ensure that transitions from cots to beds should be done with safety in mind and should be led by the child's needs.
- Ensure transitions from cot to bed occur 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.
- Consult with nursery staff when considering transitioning a child from a cot to a bed. Ensure the "Transition from Cot to Bed Consultation Planning Form" is used with families.
- 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 or where 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.
- 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 that pillows are not used in cots or with children on beds until after 2yrs of age as per Red Nose recommendations.
- Complete regular checks and training to all educators regarding comforter / soft toy use.

- Ensure that children and infants are awake and alert when received into care and when collected from care.
- 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.
- 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.
- 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.
- Support educators and families to complete an individual child risk assessment 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. Educators can use 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
- 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. Not to use weighted blankets.
    - Isolate, unwell children may be moved away from the group and checked more frequently when sleeping.
    - Use engineering measures such as repositioning of cots.
    - 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).

Educators	• Be proactive in fulfilling the requirements of this service policy and related legislative requirements. • Ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury while sleeping or resting. • 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. • Participate in training and implement learnings. • Check that cot sides are secure after placing an infant into a cot by listening and watching for latches to be secure and then pushing down on the side at both ends and in the centre of the rail to ensure it doesn't fall. When a cot side fails, remove the baby from the cot and relocate to another safe cot, report to the nominated supervisor and remove the cot from use until checked and repaired. • Children under 12mths a red astrix * is to be placed beside their name on the Cot chart • Comfort use for under 12mths old is not permitted. Unless used to settle a 7–12-month-old to sleep and then strictly removed from the cot. • Only allowing soft comforters in cots with babies who are over 12mths, soft toys should be minimised in cots for children's safety. Where a child is still in a cot in a sleep room. • When placing out beds ensure they are head to toe, with nothing above or near that could fall on a child. • Ensure that transitions from cots to beds should be done with safety in mind and should be led by the child's needs. • Ensure transitions from cot to bed occur 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. • 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 that pillows are not used in cots or with children on beds until after 2yrs of age as per Red Nose recommendations. • Ensure that children and infants are awake and alert when received into care and when collected from care, after awake for **minimum 15mins.** • 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. • 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.

Families	• Ensure comforters are cleaned each week or as needed and meet safe sleep requirements • Communicate with educators each day on their child's sleep needs • Ensure all aspects of safe sleep policy and procedures are supported and met • Ensure sleeping bags have legs once their child is on a bed. • If a family member arrives with a sleeping child, they are to wake the children or stay on with the child for the remaining of their sleep and a further 15 minutes after waking. If a child is asleep when a parent or guardian arrives for collection, the child is to be woken and remain awake for 15 minutes prior to going home. Unless the child is clearly unwell and, in this case, it is the discretion of the PIDTDC if they allow the children to leave the