
Montessori Works-Sleep and Rest Policy and Procedure

Category:	Health, Hygiene and Safety	Version:	V2023.3
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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.

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

Sleep changes from 1 October 2023

From 1 October 2023 new 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 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*

¹ Education and Care Services National Regulations July 2023

Risk assessment from 1 October 2023

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 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*

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"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)³

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

² "Sleep and Rest Legislative Requirements" ACECQA (accessed on-line September 2023)

[https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices#:~:text=Sleep%20and%20rest%20policies%20and%20procedures%20from%201%20October%202023&text=The%20approved%20provider%20must%20also,are%20followed%20\(regulation%20170\).](https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices#:~:text=Sleep%20and%20rest%20policies%20and%20procedures%20from%201%20October%202023&text=The%20approved%20provider%20must%20also,are%20followed%20(regulation%20170).)

³ "Education and Care Services National Amendment (Bassinets) Regulations 2023 under the Education and Care Services National Law" August 2023 (accessed on-line September 2023)

<https://legislation.nsw.gov.au/view/pdf/asmade/sl-2023-448>

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 mat.

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.”⁴

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.”⁵*
- *“Never leave your baby unattended in a pram or stroller. It is not a substitute for a cot.”⁶*
- *“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*

⁴ “Red Nose Six Safe Sleep Recommendations” Red Nose last modified 9/1/23 (accessed on-line Sept 2023)
<https://rednose.org.au/article/red-nose-six-safe-sleep-recommendations>

⁵ “Safety: Choking, Suffocation and Strangulation Prevention” The Royal Children’s Hospital Melbourne July 2018 (accessed on-line Sept 2023)
https://www.rch.org.au/kidsinfo/fact_sheets/Choking,_Suffocation_and_Strangulation/

⁶ “Prams and Strollers” Red Nose October 2016 (accessed on-line Sept 2023)
<https://rednose.com.au/article/prams-and-strollers>

head injury for baby. Never leave baby in carriers on shopping carts, counters, or other high locations.”⁷

- *“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”⁸*
- *“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.”⁹*
- *“Bean bags, sofas, large cushions and air mattresses are not safe places for young children to sleep.*
- *If a child is wearing a baby sleeping bag whilst sleeping outside of a cot be careful! A child wearing a baby sleeping bag and not confined to a cot is at a higher risk of falling and being injured. The child must be actively supervised, and the sleeping bag removed as soon as the child wakes.”¹⁰*

“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*

⁷ “Are there recommendations for care seat or baby seat use” Red Nose Website (accessed on-line Sept 2023)<https://rednose.org.au/article/are-there-recommendations-for-car-seat-or-baby-seat-use>

⁸ “Hammocks” Red Nose September 2017 (accessed on-line Sept 2023)
<https://rednose.org.au/article/hammocks>

⁹ “Bouncinette” Red Nose December 2022 (accessed on-line Sept 2023)
<https://rednose.org.au/article/bouncinette>

¹⁰ “Cot to Bed Safety” brochure Red Nose 2017 (accessed on-line Sept 2023)
https://rednose.com.au/downloads/RN3356_Cot_Bed_DL_Oct2018_web.pdf

- seek medical advice if you have concerns about your child's health and wellbeing.¹¹

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 mat, 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.”¹²

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.”¹³

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.

¹¹ “Is it ok for babies to wear a necklace or beads?” March 2019 (accessed on-line Sept 2023)

<https://rednose.com.au/article/is-it-ok-for-babies-to-wear-a-necklace-or-beads>

¹² “Is it safe to wrap/swaddle my baby?” December 2022 Red Nose Website (accessed on-line Sept 2023)

<https://rednose.org.au/article/is-it-safe-to-wrap-swaddle-my-baby>

¹³ “Pillow Use” Red Nose (accessed on-line Sept 2023) <https://rednose.org.au/article/pillow-use>

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.”¹⁴*

“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”¹⁵

<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	<p>In planning provisions for sleep, rest, and relaxation consider:</p> <ul style="list-style-type: none"> • 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	<p>In planning provisions for sleep, rest, and relaxation consider how different spaces might be best used to:</p> <ul style="list-style-type: none"> • 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	<p>In planning provisions for sleep, rest, and relaxation consider:</p> <ul style="list-style-type: none"> • How to meet the needs of children who require sleep.

¹⁴ *“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 Sept 2023) <https://earlychildhood.qld.gov.au/newsResources/Documents/factsheet-sleep-health.pdf#search=sleep>*

¹⁵ *“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 Sept 2023) <https://earlychildhood.qld.gov.au/newsResources/Documents/factsheet-sleep-practices.pdf#search=sleep>*

	<ul style="list-style-type: none"> • 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	<p>In planning provisions for sleep, rest, and relaxation consider:</p> <ul style="list-style-type: none"> • 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.*

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

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

- 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 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 mats.
- Monitor safe sleeping practices and records regularly.
- 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.
- Monitor that pillows are not used 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.
- 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.
- 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.

Educators and Other Team Members will:

- 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.
- 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.
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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 beds, mattress and bedding. Ensure equipment is in good repair.
- 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 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.
- Conduct a Safe Sleeping Checklist Audit every 6mths in January and July.

Safe Sleep 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 pillow, cot bumper, lambs' wool, soft toy under 7mths
 - 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 devices 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 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
Ensure that children and infants are awake and alert when received into care and when collected from care.
- 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.
- While safe sleeping bags may be used when children are in cots, these are not to be used when a child is using a bed or mattress on the ground 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
 - body temperature
 - head position
 - airway
 - head and face
 - ensuring they remain uncovered.
- Ensure sleeping spaces have adequate light to allow supervision.
- Report issues with day to day sleep practice, environment and equipment to the nominated supervisor or provider.
- 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.
- 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

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 mat.
- Only allow soft toys in cots with babies who are over 7mths and where families request this.
- Conduct 10 minute checks for children in sleep rooms to ensure every sleeping child is physically checked.
- Sleep check times must be recorded on the "Sleep check record for sleep rooms" form or an electronic 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 must be 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. 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. 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. Use the Sleep & rest risk assessment ACECQA template.
- 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.
- 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.
- 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.

Children sleeping on beds or mats

- Conduct regular checks, at intervals no greater than 20mins for children who are sleeping or resting on beds/mats within the main learning space. 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 on the "Sleep check record for sleeping in main learning spaces" form" or an electronic 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. Use the Sleep & rest risk assessment ACECQA 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.

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
- comforters and/or comfort toys for children under the age of seven (7) months
- 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.
- Understand that pillows are not used 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.

Communication

- Educators and families will always have access to this policy.
- 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 Forms

- 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/2023-08/Sleep_restriskassessment_template_0.pdf#:~:text=To%20ensure%20the%20safety%20of%20wellbeing%20of%20children%20during%20sleep
- Safe Sleeping Checklist Audit

Legislation, Recognised Authorities and Sources

- “Red Nose Six Safe Sleep Recommendations” Red Nose (accessed on-line Sept 2023) <https://rednose.org.au/article/red-nose-six-safe-sleep-recommendations>
- “Bassinets” Red Nose Safe Sleep Information Statement (accessed on-line September 2023) https://rednose.org.au/downloads/RN0215_20_infostatements_Bassinets.pdf
- “Sleep and Rest Legislative Requirements” ACECQA (accessed on-line September 2023) [https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices#:~:text=Sleep%20and%20rest%20policies%20and%20procedures%20from%201%20October%202023&text=The%20approved%20provider%20must%20also,are%20followed%20\(regulation%20170\).](https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices#:~:text=Sleep%20and%20rest%20policies%20and%20procedures%20from%201%20October%202023&text=The%20approved%20provider%20must%20also,are%20followed%20(regulation%20170).)
- “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 Sept 2023) <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 Sept 2023) <https://earlychildhood.qld.gov.au/newsResources/Documents/factsheet-sleep-infants-toddlers.pdf#search=sleep>
- “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 Sept 2023) <https://earlychildhood.qld.gov.au/newsResources/Documents/factsheet-sleep-practices.pdf#search=sleep>
- “Is it ok for babies to wear a necklace or beads?” <https://rednose.com.au/article/is-it-ok-for-babies-to-wear-a-necklace-or-beads> (accessed on-line Sept 2023)
- Red Nose Website (accessed on-line Feb 2023) <https://rednose.org.au/section/about-us>
- “Head Shape” Red Nose Website (accessed on-line Sept 2023) <https://rednose.org.au/article/babys-head-shape>
- “Safe Sleeping brochure” Red Nose 2017 (accessed on-line Sept 2023) https://rednose.org.au/downloads/RN3356_Safe_Sleeping_DL_Brochure_Oct2018_Online.pdf
- “Safe sleep and rest practices from October 2017” ACECQA website (accessed on-line Sept 2023) <http://www.acecqa.gov.au/Safe-sleep-and-rest-practices#ptip>
- “Safety: Choking, Suffocation and Strangulation Prevention” The Royal Children’s Hospital Melbourne July 2018 (accessed on-line Sept 2023) https://www.rch.org.au/kidsinfo/fact_sheets/Choking,_Suffocation_and_Strangulation/
- “Prams and Strollers” Red Nose October 2016 (accessed on-line Sept 2023) <https://rednose.com.au/article/prams-and-strollers>
- Red Nose Website (accessed on-line Sept 2023) <https://rednose.org.au/article/are-there-recommendations-for-car-seat-or-baby-seat-use>
- “Hammocks” Red Nose September 2017 (accessed on-line Sept 2023) <https://rednose.org.au/article/hammocks>
- “Bouncinette” Red Nose December 2022 (accessed on-line Sept 2023) <https://rednose.org.au/article/bouncinette>
- “Soft Toys in the Cot” Red Nose March 2018 (accessed on-line Sept 2023) <https://rednose.com.au/article/soft-toys-in-the-cot>
- “Cot to Bed Safety” brochure Red Nose 2017 (accessed on-line Sept 2023) https://rednose.com.au/downloads/RN3356_Cot_Bed_DL_Oct2018_web.pdf

- “Is it safe to wrap/swaddle my baby?” Red Nose Website December 2022 (accessed on-line Sept 2023) <https://rednose.org.au/article/is-it-safe-to-wrap-swaddle-my-baby>
- “Red Nose warns against the use of incline sleepers” Red Nose 14/2/20 (accessed on-line Sept 2023) <https://rednose.org.au/news/red-nose-and-choice-warn-against-the-use-of-incline-sleepers>
- “Pillow Use” Red Nose (accessed on-line Sept 2023) <https://rednose.org.au/article/pillow-use>
- “Guide to the National Quality Framework” Australian Children’s Education & Care Quality Authority July 2023
- “Education and Care Services National Amendment (Bassinets) Regulations 2023 under the Education and Care Services National Law” August 2023 (accessed on-line September 2023) <https://legislation.nsw.gov.au/view/pdf/asmade/sl-2023-448>
- *Education and Care Services National Law Act 2010 (version July 2023)*
 - 165 Offence to inadequately supervise children
 - 167 Offence related to protection of children from harm and hazards
- *Education and Care Services National Regulations (version July 2023)*
 - 81 Sleep and Rest
 - 82 Tobacco, drug and alcohol-free environment
 - 84A Sleep and rest
 - 84B Sleep and rest policies and procedures
 - 84C Risk assessment for purposes of sleep and rest policies and procedures
 - 84D Prohibition of bassinets
 - 87 Incident, injury, trauma and illness record
 - 103 premises, furniture and equipment to be safe, clean and in good repair
 - 105 Furniture, materials and equipment
 - 106 Landry and hygiene facilities
 - 107 Space requirements – indoor space
 - 110 Ventilation and natural light
 - 115 premises designed to facility supervision
 - 168 Education and care service must have policies and procedures
 - 170 Policies and procedures to be followed
 - 171 Policies and procedures to be kept available
 - 172 Notification of change in policies or procedures affecting ability of family to utilise service
- National Quality Standards
 - 2.1.1 Wellbeing and comfort

Review Information

Dates of Revisions:

April 2020, May 2021, March 2022, September 2022, Feb 2023, March 2023, September 2023

Changes in this revision:

- Updated source versions
- New regulations for sleep and rest included
- Included information on bassinets being prohibited in services from 1 October 2023
- Sleep checks to be conducted for all ages when children are sleeping or resting – 2 new forms
- Details on how to do physical checks
- Additional details on managing health conditions, including ensuring children don’t go to bed with food or other items in their mouth – risk assessments for managing increase risk with health conditions
- Specific details required in sleep risk assessments – new form - Sleep & rest risk assessment ACECQA template

- Risk assessments to be reviewed 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.
- Any instance that requires consideration for sleeping should be documented and kept until 3yrs after the child's last attendance at care.
- Educator responsibilities broken into sub headings.

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: _____