

SLEEP AND REST POLICY

All children have individual sleep and rest requirements. Our objective is to meet these needs by providing a comfortable, relaxing and safe space to enable their bodies to rest. This environment will also be well supervised ensuring all children feel secure and safe at our service.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1	Design	The design of the facilities is appropriate for the operation of a service.
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
81	Sleep and Rest
103	Premises, furniture and equipment to be safe, clean and in good repair
105	Furniture, materials and equipment
110	Ventilation and natural light
115	Premises designed to facilitate supervision
168	Education and care service must have policies and procedures
176	Time to notify certain information to Regulatory Authority

PURPOSE

Our Service will ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs. The risk of Sudden Infant Death Syndrome (SIDS) for infants will be minimised by following practices and guidelines set out by health authorities.

If a family's beliefs and requests are against current recommended evidence-based guidelines, our Service will need to determine if there are exceptional circumstances that allow for alternate practices.

Our Service will only approve an alternative practice if the Service is provided with written advice from, and the contact details of a registered medical practitioner accompanied by a risk assessment and risk minimisation plan for individual children. We have a duty of care to ensure children are provided with a high level of safety when sleeping and resting and every reasonable precaution is taken to protect them from harm and hazard. In meeting the Service's duty of care, it is a requirement that all Educators implement and adhere to this policy to ensure we respect and cater for each child's specific needs.

SCOPE

This policy applies to children, families, staff, management, and visitors of the Service.

IMPLEMENTATION

'Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns that Nominated Supervisors and Educators need to consider within the Service. As per Standard 2.1 (Element 2.1.1) of the National Quality Standard, each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs.'

(ACECQA)

Our Service defines 'rest' as a period of inactivity, solitude, calmness, or tranquillity, and can include a child being in a state of sleep. Considering the busy and energetic nature of children's day, we feel that it is important for children to participate in a quiet/rest period during the day in order to rest, relax, and recharge their body. Effective rest strategies are important factors in ensuring a child feels secure and safe in an early childhood environment.

Our Service will consult with families about their child's individual needs, ensuring all parties are aware of the different values, cultural, and parenting beliefs and practices, or opinions associated with sleep requirements.

Management will ensure:

- reasonable steps are taken to ensure that the needs for sleep and rest of children being educated and cared for by the Service are met, having regard to the ages, developmental stages and individual needs of each child
- there are adequate numbers of cots and bedding available to children that meet Australian Standards
- all cots used in our Service will meet the current mandatory Australian Standard for Cots (AS/NZS 2172) and will carry a label to indicate this.
- all portable cots used in our Service will meet the current mandatory Australian Standard for children's portable folding cots, AS/NZS 2195, and will carry a label to indicate this
- sleep and rest environments will be safe and free from hazards including cigarette and tobacco smoke
- areas for sleep and rest are well ventilated and have natural lighting
- the supervision window (or similar) will be kept clear to ensure safe supervision of sleeping infants
- safe sleep practices are documented and shared with families. Nominated Supervisors and educators are not expected to endorse practices requested by a family, if they differ from [Red Nose](#) safe (formerly SIDS and Kids) sleeping recommendations.

A Nominated Supervisor/ Responsible Person will:

- 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
- maintain up to date knowledge regarding safe sleeping practice and communicate this information to educators and families
- there are appropriate opportunities to meet each child's need for sleep, rest and relaxation including providing children with comfortable spaces away from the main activity area for relaxation and quiet activities
- ensure that sleeping infants are closely monitored and that all sleeping children are within hearing range and observed. This involves checking/inspecting sleeping children at **regular intervals [10 minutes]** and ensuring that they are always within sight and hearing distance of sleeping and resting children so they can easily monitor a child's breathing and the colour of their skin.
- negotiate sleep and rest routines and practices with families to reach agreement on how these occur for each child at the Service

- ensure they receive information and training to fulfil their role effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time
- ensure the child's safety is always the first priority
- ensure children who are sleeping or resting have their face uncovered at all times
- ensure the sleep and rest environment is free from cigarette or tobacco smoke
- provide information to parents and families about Safe Sleep practices. (see [Red Nose](#))

Educators will:

- consult with families about children's sleep and rest needs
- be sensitive to each child's needs so that sleep and rest times are a positive experience
- ensure there are appropriate opportunities to meet each child's need for sleep, rest and relaxation
- ensure that each child's comfort is provided for
- ensure that beds/mattresses are clean and in good repair
- ensure beds and mattresses are wiped over with warm water and neutral detergent or vinegar solution between each use
- ensure that bed linen is clean and in good repair
- ensure bed linen is used by an individual child and is washed before use by another child
- arrange children's beds and cots to allow easy access for children and staff
- ensure children rest/sleep with their beds/mattresses head to toe to minimise the risk of cross infection- consider positioning of cots, mats, cushions etc to be at least 1.5 metres apart (COVID-safe plan)
- create a relaxing environment for sleeping children by playing relaxation music, reading stories, cultural reflection, turning off lights, and ensuring children are comfortably clothed
- ensure the environment is tranquil and calm for both Educators and children
- sit near children who are resting and encourage them to relax and/or listen to music.
 - Remember that children do not need to be "patted" to sleep. By providing a quiet, tranquil environment, children will choose to sleep if their body needs it.
- maintain adequate supervision and maintain educator ratios throughout the sleep period
- ensure sleeping infants are closely monitored and that all sleeping children are within hearing range and observed
- assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required

- communicate with families about their child's sleeping or rest times and the Service policy regarding sleep and rest times
- respect family preferences regarding sleep and rest and consider these daily while ensuring children feel safe and secure in the environment. Conversations with families may be necessary to remind families that children will neither be forced to sleep nor prevented from sleeping. Sleep and rest patterns will be recorded daily for families.
- encourage children to dress appropriately for the room temperature when resting or sleeping. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing.
- monitor the room temperature to ensure maximum comfort for the children
- ensure that children who **do not** wish to sleep are provided with alternative quiet activities and experiences, whilst those children who **do** wish to sleep are allowed to do so, without being disrupted. If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest. It is important that opportunities for rest and relaxation, as well as sleep, are provided.
- consider a vast range of strategies to meet children's individual sleep and rest needs
- respond to children's individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc).
- acknowledge children's emotions, feelings and fears in regard to sleep/rest time
- develop positive relationships with children to assist in settling children confidently when sleeping and resting.

BABIES AND TODDLERS

Recommendations sourced from ACECQA

- Babies should be placed on their back to sleep when first being settled. Once a baby has been observed to repeatedly roll from back to front and back again on their own, they can be left to find their own preferred sleep or rest position (this is usually around 5–6 months of age). Babies aged younger than 5–6 months, and who have not been observed to repeatedly roll from back to front and back again on their own, should be re-positioned onto their back when they roll onto their front or side.
- If a medical condition exists that prevents a baby from being placed on their back, the alternative practice should be confirmed in writing with the Service, by the child's medical practitioner.
- Babies over four months of age can generally turn over in a cot but may not always be able to roll back again. When a baby is placed to sleep, Educators should check that any bedding is tucked in

securely and is not loose. Babies of this age may be placed in a safe baby sleeping bag (i.e. with fitted neck and arm holes, but no hood). At no time should a baby's face or head be covered (i.e. with linen). To prevent a baby from wriggling down under bed linen, they should be positioned with their feet at the bottom of the cot.

- Ensure any bed linen is securely tucked underneath the mattress so it cannot ride up and cover the baby's chest or cover his/her head.
- If a baby is wrapped when sleeping, consider the baby's stage of development. Leave their arms free once the startle reflex disappears at around three months of age and discontinue the use of a wrap when the baby can roll from back to tummy to back again (usually four to six months of age). Use only lightweight wraps such as cotton or muslin.
- Ensure there is no soft bedding in baby's sleep environment. (pillows, doonas, loose bedding, lambswool or soft toys).
- If being used, a dummy should be offered for all sleep periods. Dummy use should be phased out by the end of the first year of a baby's life (in consultation with parents). If a dummy falls out of a baby's mouth during sleep, it should not be re-inserted.
- Babies or young children should not be moved out of a cot into a bed too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot. This usually occurs when a toddler is between 2 and 3 ½ years of age but could be as early as 18 months.

Educators will:

- give bottle-fed children their bottles before going to bed
- ensure children are not put in cots or in beds with bottles as per the *Dental Health Policy*
- ensure that cot rooms and sleep rooms have operational baby monitors on at all times
- observe children at 10-minute intervals while they sleep in these rooms. Educators must go into the rooms and physically observe babies breathing and check the colour of their skin. The educator will then officially record this on a **Safe Sleep Record**
- encourage the use of sleeping bags with fitted neck and armholes for babies as there is no risk of the infant's face being covered.
- securely lock cots sides into place to ensure children's safety
- turn off wall-mounted heaters before children use the room for sleeping. Cot rooms may be air conditioned and maintained at an appropriate temperature.
- be aware of manual handling practices when lifting babies in and out of cots
- participate in staff development about safe sleeping practices

- understand that bassinets, hammocks and prams/strollers do not carry safety codes for sleep. Babies should not be left in a bassinet, hammock, or pram/stroller to sleep, as these are not safe substitutes for a cot.
- ensure mattresses are kept in good condition; they should be clean, firm and flat, and fit the cot base with not more than a 20mm gap between the mattress sides and ends. A firm sleep surface that is compliant with the new AS/NZS Voluntary Standard (AS/NZS 8811.1:2013 Methods of testing infant products – Sleep surfaces – Test for firmness) should be used.
- not elevate or tilt mattresses
- remove any plastic packaging from mattresses
- ensure that waterproof mattress protectors are strong, not torn, and a tight fit.
- use firm, clean, and well-fitting mattresses on portable cots
- remove pillows, doonas, loose bedding or fabric, lamb’s wool, bumpers and soft toys from cots.

PRE-SCHOOL AGE CHILDREN

Educators will:

- be respectful for children’s individual sleep and rest requirements
- discuss children’s sleep and rest needs with families and include children in decision making
- provide a tranquil and calm environment for children to rest by turning off lights, playing relaxing music, reading stories, cultural reflection
- ensure children are comfortably clothed
- encourage children to rest their bodies and minds for 20-30 minutes
- introduce relaxation techniques into rest routine- use of a relaxation tape
- ensure children sleep with their face uncovered
- closely monitor sleeping and resting children
- provide quiet activities for children- puzzles, books, drawing if they do not fall asleep
- record sleep and rest patterns to provide information to parents/families

Source

ACECQA. (n.d.). Safe sleep and rest practices: <https://www.acecqa.gov.au/resources/information-sheets/safe-sleep-and-rest-practices>

Australian Children’s Education & Care Quality Authority. (2014).

Australian Competition and Consumer Commission (ACCC). (2013). Find out more: Keeping baby safe: https://www.accc.gov.au/system/files/639_Keeping%20Baby%20Safe_text_FA4-WEB%20ONLY.pdf

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2018).

Education and Care Services National Regulations. (2011)
 Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
 Guide to the National Quality Framework. (2018). (Amended 2020).
 Red Nose: <https://rednose.com.au/section/safe-practices>
 Red Nose: <https://rednose.com.au/section/safe-sleeping>
 Revised National Quality Standard. (2018).
 Standards Australia – www.standards.org.au
 The NSW Work Health and Safety Act 2011
 The NSW Work Health and Safety Regulation 2011

REVIEW

POLICY REVIEWED	February 2021	NEXT REVIEW DATE	February 2022
MODIFICATIONS	<ul style="list-style-type: none"> rearranged content- Information re: Babies and Toddlers and other specific procedures for educators related to babies and toddlers added section specifically for pre-school aged children checked currency of information from sources additional related policies added 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
February 2020	<ul style="list-style-type: none"> Referenced appropriate content to ACECQA Sources checked for currency Red Nose link added 	February 2021	
February 2019	<ul style="list-style-type: none"> Grammar, punctuation and spelling edited. Additional information added to points. Sources checked for currency – many links now unavailable: deleted and updated as required. Sources/references corrected and alphabetised. 	February 2020	
February 2018	<ul style="list-style-type: none"> Added 'related policies' list Improvement to opening statement Minor terminology adjustments 	February 2019	
October 2017	<ul style="list-style-type: none"> Merged Rest Time Policy with Sleeping Requirements Policy. Changes made to comply with changes to National Regulations and revised National Quality Standard and safe sleeping practice. 	February 2018	
February 2017	<ul style="list-style-type: none"> Minor adjustments made with the addition of the National Quality Standard requirements for sleeping. 	February 2018	