Sleep and Rest

Policy/Procedure Number: **QA2 - 10**

Policy/Procedure Requirement: National Quality Standards 2; National Law 165, 167; Regulation 81, 82, 84A-D, 87, 103, 105, 106, 107, 110, 115, 116 and 168

Policy Statement

Each child's safety, wellbeing, comfort and individual needs for sleep, rest and relaxation will be provided for by the FDC Educators. Sleep and rest are high-risk activities that require careful planning, assessment, and supervision. This policy integrates safe sleep practices with communication, cultural inclusivity, and compliance with the National Regulations and ACECQA guidelines.

The Service will respect the preferences and routines of families, acknowledging cultural practices around sleep and rest. However, when a **family's request conflicts** with safe sleep practices outlined by Red Nose, the Service **will prioritise Red Nose safe sleep guidelines** as they are based on scientific evidence to ensure a baby's safety and reduce preventable deaths.

Where conflicts arise, the Nominated Supervisor and/or the Coordinator will work with Educator and the family to explain the reasons for safe practices, and, if needed, develop a risk minimisation plan that respects family input and ensures child safety.

Bassinets and unsafe sleep equipment (e.g., rockers, hammocks, prams/strollers) are prohibited in FDC residences in accordance with Regulation 84D and ACCC Product Safety standards for portable cots.

This policy and procedures outline how the sleep and rest needs of children are met considering the age, development stage and individual needs of each child. Active supervision, monitoring and documentation supported by sleep risk assessment (a template is at the end of this policy) for every FDC residence are integral to managing the risks associated with sleep, especially for infants and toddlers.

Rationale

To provide clear direction to Educators and families on safe sleep and rest practices, including communication, cultural considerations, supervision requirements, record-keeping, and safe environments as outlined in:

- ACECQA Sleep and Rest for Children Policy Guidelines (2024)
- ACT Government Guidance on Safe Sleep and Rest
- Australian Safety Standards (AS/NZS 2172; AS/NZS 2195; AS/NZS 8811.1:2013)
- ACCC Product Safety Guidelines on portable cots

Strategies and Practices

Communication with Families

- Educators will consult with families to understand children's routines, cultural practices, and parental expectations regarding sleep and rest.
- Families will be provided with information on safe sleep practices through enrolment materials, discussions, and Service communications.

- Where family requests conflict with safe sleep practices, educators must not adopt unsafe practices. Coordinators will work with families to explain safety requirements and, where necessary, formalise risk minimisation plans

Individual Risk Assessment for Each Child

- Educators will assess the circumstances and needs of each child for sleep and rest, including **health**, **developmental stage**, and **cultural considerations**
- Any medical condition requiring a variation (e.g., baby sleeping position) must be supported in writing by a medical practitioner and incorporated into the child's Medical Management Plan and risk assessment

Supervision of Sleeping and Resting Children

- Educators will provide active supervision for all children who are sleeping or resting
- Physical checks must be conducted and recorded in the Sleep Register at the time they occur:
  - **Every 10 minutes** for children under 2 years of age - more frequently if child has health risk factors
  - **Every 15 minutes** for children aged 2 years and above.
- Educators must be **within sight and hearing distance** of children to monitor **breathing**, **skin colour**, and **overall wellbeing**
- All checks must be documented in the sleep/rest log with time, observations, and Educator initials
- Educators must demonstrate the ability to **supervise both sleeping and non-sleeping** children simultaneously
- The supervision plan must outline how visibility, accessibility, and engagement will be maintained for all children
- Where layout creates supervision challenges, the Coordinator and Educator will develop a supervision strategy (e.g. physical checks and video monitor) as part of the residence's Sleep and Rest Risk Assessment

Recording Sleep and Rest

- Educators must record the start and end times of each child's sleep, along with physical check observations at the time they occur
- Records must be available for Coordinators, families, and Regulatory Authority review

Children Who Do Not Sleep

- Children who do not wish to sleep will be offered a safe, quiet, and comfortable rest area
- Alternative quiet activities (e.g., reading, drawing, puzzles) will be provided for older children
- Educators will ensure that children who are resting are supervised and not disturb those sleeping

Approved Areas for Sleep in FDC Settings

- Only Service-approved sleep/rest areas may be used for children's sleep
- FDC care area, including sleep are, will have to be in a single level
- Sleep areas must be safe, quiet, well-ventilated, and separate from high-traffic areas
- If a room separate from the main care area is used for babies, then video monitors (with audio) must be installed in addition to regular checks. Monitors do **not replace** physical checks

Responsibilities of the Service:

The Service will:

- Regularly review and update sleep and rest policies and procedures to ensure they are maintained in line with legal requirements and best practice principles and guidelines
- Provide the Nominated Supervisor and Coordinators with advanced sleep training through Red Nose
- Conduct safety audits of the sleep and rest environments prior to an Educator commencing FDC and when undertaking assessments and reassessments of FDC residences
- Provide Educators with information and 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
- Undertake through the Coordinators, a **Sleep and Rest Risk Assessment** of each FDC residence, in consultation with the Educator for adequate supervision and monitoring of children
- Only consider endorsing a family's request for a **baby to sleep on his or her stomach or side**, if it is due to a rare medical condition and with the written support of the baby's **medical practitioner**. The Coordinator will work with the Educator and the family to undertake a **risk assessment** in implementing a **risk minimisation plan** for the baby
- Ensure Educators undertake recognised **sleep practices training** every year
- Ensure Educators hold current first aid qualifications for early childhood (e.g. HLTAID012)
- Monitor children's Medical Management Plans (if applicable) and ensure they are considered when sleep risk assessment is undertaken

Responsibilities of the Educators:

The Educators will:

- 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
- Inform the Manager/ Coordinator of all parent requests that are outside of safe sleep practices and **must not agree to parents' request** to adopt such practices unless explicitly agreed to by the Manager/ Coordinator in accordance with this Policy

At all times ensure that:

→ There are **no bassinets anywhere** within the FDC Educator's residence (**including spaces not approved for FDC**)

→ **No child** sleeps on rockers, bassinet inserts for cots, or prams/ strollers

→ **No child** sleeps or rests with their **face** or **head covered**

→ Children's sleep and rest environments should be free from tobacco and vaping substances

→ Sleep and rest environments and equipment should be safe and free from hazards

→ Hanging cords or strings from blinds, curtains, mobiles or electrical devices are away from cots and mattresses

→ Heaters and electrical appliances kept away from cots

→ Electric blankets, hot water bottles and wheat bags are **not used** in cots

→ **Nothing is around the neck** of a sleeping child (e.g. teething necklaces)

→ Ensure appropriate clothing is worn. **Hats, beanies, and hooded clothing should be removed** before nap time

→ Educators would assess and adjust room temperature according to weather, children's clothing and bed linen provision

For Babies and Toddlers, Educators will also ensure that:

→ Babies are **placed on their back** to sleep when **first being settled**

→ Babies (**younger than 6 months**): Babies 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

→ Babies (**older than 6 months**): 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

→ 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**

→ When a baby is placed to sleep, Educator should check that any bedding is **tucked in secure and is not loose**. Babies **older than 4 months** may be placed in a safe baby sleeping bag (i.e. with fitted neck and arm holes, but no hood). To prevent a baby from wriggling down under bed linen, they should be **positioned with their feet at the bottom of the cot**

→ 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). Visit the Red Nose website https://rednose.com.au/article/wrapping-babies for more information

Good Practices:

- 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
- 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. If a dummy falls out of a baby's mouth during sleep, it **should not be re-inserted**
- 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 (if required). It is important that opportunities for rest and relaxation, as well as sleep, are provided
- Older children who **do not wish to sleep** are provided with quiet activities and experiences, while those children **who do wish** to sleep are allowed to do so, without being disrupted
- Look for and respond to children's cues for sleep (e.g. yawning, rubbing eyes, disengagement from activities, crying, decreased ability to regulate behaviour and seeking comfort from adults)
- Avoid using settling and rest practices as a behaviour guidance strategy because children can begin to relate the sleep and rest environment, which should be calm and secure, as a disciplinary setting
- Minimise any distress or discomfort
- Acknowledge children's emotions, feelings and fears
- Understand that younger children (especially those aged 0–3 years) settle confidently when they have formed bonds with familiar carers

- Ensure that the physical environment is safe and conducive to sleep. This means providing quiet, well-ventilated and comfortable sleeping spaces. Wherever viewing windows are used, all children should be visible to supervising educators

Cots:

- Cots must comply with **AS/NZS 2172** and portable cots (if used temporarily) with **AS/NZS 2195**
- Keep the cot **well clear of blinds and curtains cords**. Infants have died after being strangled by loose blind or curtain cords hanging in or near cots. Similarly, keep decorative mobiles out of reach
- **Do not leave footholds or objects** in the cot when you place a child. Children can suffer **serious injuries** if they fall when trying to climb out of the cot using footholds or objects left in the cot
- If there are **gaps in the cot**, created by ill-fitting or additional mattresses, infants can roll into the gaps, become trapped and suffocate
- Always **remove cot accessories** such as change tables when the cot is in use to avoid entrapment, entanglement or other hazards for your child
- **Ensure** bassinets, bassinet inserts for cots, hammocks or rockers are **not present in FDC residence**
- Prams/strollers **should not be used** for sleep
- **Portable Cots:**
  - → Portable cots should **only be used as temporary** sleeping facilities. They are not suitable for long term sleeping arrangements (no more than a few days). These cots are subject to more wear and tear due to folding and are generally less robust than permanent sleeping enclosures such as household cots
  - → Always check that portable cots are safely assembled and that **locking mechanisms are secure**
  - → **Do not use** cots if the locking mechanisms can be **operated by a child from inside**
  - → Be aware that children **can fall** when trying to climb out of folding cots or **become trapped** if a cot accidentally collapses
  - → Make sure the Educators use a cot that meets the mandatory safety standard
  - → **All portable cots must meet the current mandatory Australian Standard** for children's portable folding cots, AS/NZS 2195, and should carry a label to indicate this
  - → Infants can become **trapped and strangled if cots accidentally collapse** when they are not properly assembled and locked into place

Cot Mattresses:

- Mattresses should be in good condition; 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) should be used
- Mattresses should not be elevated or tilted. **Testing by hand is not recommended** as accurate for testing adequate mattress firmness
- Remove any plastic packaging from mattresses
- Ensure waterproof mattress protectors are strong, not torn, and a tight fit

- **In portable cots**, use the firm, clean and well-fitting mattress that is supplied with the portable cot. **Do not add any additional padding** under or over the mattress or an additional mattress

Bedding:

- Light bedding is the preferred option; it should be tucked in to the mattress to prevent the child from pulling bed linen over their head
- Remove pillows, doonas, loose bedding or fabric, lamb's wool, bumpers and soft toys from cots
- Soft and/or puffy bedding in cots is not recommended and may obstruct a child's breathing

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Sleep and rest for children policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au
- Red Nose (https://rednose.com.au/)

Related FDC Policies, Procedures & Documents

- Emergency and Evacuation Policy
- Parent Agreement Form
- Medical Management Plan
- Incident, Injury, Trauma and Illness Form

Last Reviewed: October 2025
Next Review: October 2026