

Sleep and Rest Policy

Policy Hierarchy link	Education and Care Services National Law Act 2010 Education and Care Services National Regulations 2011 Part 4.2, Division 1A, Clause 84A-D - Sleep and Rest Reg 168 National Quality Standards 2.1.1 – Wellbeing and Comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.		
Version	Authorised by	Effective Date	Revision Date
7	SCECS Management	December 2025	December 2028

1. RATIONALE

All children have individual sleep and rest requirements that change according to their age and development. SCECS services understand that all children require appropriate opportunities to sleep, rest and relax in accordance to their individual needs. It is important to consider children's preferences, health care needs, levels of activity, cultural contexts in consultation with families, and be informed by current research. This supports children's health, safety and wellbeing.

2. GUIDING PRINCIPLES

SCECS recognises its responsibility to ensure all children's needs for sleep, rest and relaxation are met while attending the service, having regard for;

- Each child's age, preferences, developmental stages, health care needs and individual sleep and rest needs,
- Best practice guidance from recognised national authority on safe sleeping practices, i.e. Red Nose,
- Providing a sleep environment that meets the safety requirements for relevant equipment, such as cots, mattresses, bedding and evacuation cots,
- Regular consultation with families as children's sleep and rest needs change and evolve over time,
- Educator's procedures and practices to be carefully considered, monitored

and actively reviewed to ensure any potential risks are appropriately addressed.

3. IMPLEMENTATION

3.0 AGE GROUP VARIATIONS

Variations between age groups occur in relation to;

3.1 Infants / Babies (Birth to 12 months)

- In-person physical checks of infants within cot rooms are undertaken every 10 minute intervals and a record of the in-person physical check is recorded on the SCECS Sleep and Rest Check form, or via the Sleep Check Function on Storypark.
- The physical check is to observe the infant's breathing by observing the rise and fall of their chest, their lip and skin colour and any potential risk factors to determine whether any child requires a higher level of supervision while sleeping,
- More frequent physical checks may be undertaken if deemed necessary upon assessing risks, e.g. babies cold / flu,
- All physical checks should be conducted in-person at the side of the cot,
- Checks are not conducted through a window or by use of audio / visual monitors,
- Securely lock cot sides into place to ensure children's safety,
- Educators to be aware of manual handling practices when lifting babies in and out of cots,
- A timer is used to determine each 10 minute interval for the regular physical check of sleeping and resting children,
- An operational baby monitor must be placed in each cot room and on at all times,
- Keep babies face and head uncovered,
- Always place babies on their back to sleep, with their feet at the bottom of the cot,
- Lightweight bedding, firmly tucked in and only pulled up to the chest,
- Don't use soft items in the cot for babies under 7 months of age while sleeping, as they are dangerous and increase the risk of suffocation and overheating (e.g. Doonas or loose blankets, pillows, cot bumpers, lamb's wool or soft toys). If a child prefers to fall asleep with a comforter or soft toy they are removed from the cot once the child is asleep,
- Ensure the infant is placed on the back to sleep and not on the tummy or side. This

keeps their airway clear and reduces the risk of suffocation, overheating and choking. There is an increased risk of sudden unexpected death for babies when they sleep on their tummies or side,

- Usually around 5 to 6 months once a baby has been observed to repeatedly roll from back to front and back again on their own for several weeks, they can be left to find their preferred sleep position,
- Babies that can roll should no longer be wrapped,
- Give bottle fed babies their bottles before going to the cot. Babies will not be put in cots with bottles,
- Encourage the use of sleeping bags for babies which are well fitted across the neck and chest, with baby's arms out and no hood, as there is no risk for the babies face being covered or overheating,
- Bassinets, hammocks and prams do not carry safety codes for sleep and should not be used for sleep. The Approved Provider must ensure that a bassinet is not on the premises at any time which children are being educated and cared for by the service,
- Babies should not be moved out of a cot into a stretcher bed too early, they should also not be kept in a cot for too long. When a child is observed attempting to climb out of a cot, it is time to move them out of a cot. This could be as early as 18 months to 2 years. Moving the child from a cot to a stretcher will be done in consultation with the family,
- If babies should require to be moved out of a cot earlier than recommended, such as from 12 months, consultation will occur with the family and a Risk Minimisation Plan devised to meet the child's safe sleep requirements,
- If being used, a dummy should be offered for all sleep periods for children under one. Service hygiene procedures for dummies must be followed,

3.2 Toddlers and Preschoolers

- Monitoring and recording sleep checks regularly,
- All physical checks should be conducted in-person at the side of the floor mattress or stretcher bed,
- Options for rest with quiet, solitary play experiences for 20 or 30 minutes are available for those toddlers, or preschool children who request the need for a rest, without being disrupted,
- Create a relaxing atmosphere for resting children by playing relaxation music and reading stories. The environment should be tranquil and calm,

- Supervision and individual learning experiences is provided for children who choose not to rest,
- Consider separate spaces so the physical environment caters for non-resting children as well as sleeping or resting children,
- Look for and respond to children's cues for sleep (e.g. yawning, rubbing eyes, disengagement from activities, crying, decreased ability to regulate behavior and seeking comfort from adults),
- Understand that younger children (especially those aged under 3 years) settle confidently when they have formed bonds with familiar educators,
- Support children to regulate their own sleep patterns, allowing children to wake when they are ready. Educators will pause to respect children's waking rituals,
- Provision for children's agency and the many differences in sleep and rest routines.

3.3 School Age Care

- Monitoring at regular intervals,
- Majority of school age children may never need to sleep or rest, though it is important that educators can accommodate the rest needs of all children regardless of their age if it is needed,
- The designated sleep and rest area for school age children is positioned away from the main group of children in a quiet and comfortable section of the environment,
- Provision a range of both active and restful experiences throughout the program and support children's preferences for participation,
- The designated sleep or rest area may be an area with cushions, mats, lounge, armchair or book corner in a quiet section,
- Children who are unwell will be given the highest supervision priority and monitored. Families will be contacted immediately to plan to collect the child as soon as possible,
- There may be occasions where children with additional needs will need to sleep or rest in their wheelchair or other equipment such as a modified stroller. It is important that children are not left alone whilst sleeping in these and that the restraints are sufficiently fastened,
- School age child's face should be uncovered when they are sleeping.

4.0 PROTOCOLS

4.1 Risk Assessment:

Sleep and rest risk assessments are conducted / reviewed at least annually 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 identifies and assesses risks in relation to sleep and rest and specifies how the identified risks will be managed and minimised.

A risk assessment must consider the following—

- the number, age and developmental stages of children being educated and cared for by the education and care service
- the sleep and rest needs of children being educated and cared for (including health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest)
- the suitability of staffing arrangements to adequately supervise and monitor children during sleep and rest periods;
- the level of knowledge and training of staff supervising children during sleep and rest periods;
- the location of sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas
- the safety and suitability of any cots, beds and bedding equipment, having regard to the ages and developmental stages of the children who will use the cots, bed and bedding equipment;
- 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)

4.2 Sleep and Rest Supervision:

Adequate and regular supervision is essential to ensure a high level of safety is maintained when children sleep and rest. This also ensures every reasonable precaution can be taken to protect children from harm and hazard. It is important to ensure,

- Children are adequately supervised during each period of sleep and rest,
- Educators are always within sight and hearing distance when children sleep and rest at all times,
- Educators are not engaged in other duties (e.g. programming or administration) that will take their attention away from actively supervising sleeping and resting children.

4.3 Sleep and Rest Practice:

All educators are aware of their roles and responsibilities in relation to managing children's

sleep and rest requirements. It is important to ensure,

- All educators, students and volunteers are inducted and trained in the SCECS Sleep and Rest Policy and Procedures and understand their responsibilities when implementing these,
- Educators tailor procedures taking into consideration the ages, developmental stages and individual needs of children when providing for sleep, rest and relaxation,
- Educators are sensitive to each child's needs so that sleep and rest times are positive experiences,
- Educators consider best practice guidelines to embed and support safe sleep practices,
- Educators will participate in staff development about safe sleeping practices,
- Educators implement best practice guidance in relation to sleep position, sheets, swaddling and clothing during sleep and rest periods,
- Educators consider families diverse and cultural preferences, whilst maintaining best practice and children's safety.

5.0 CONSULTATION

5.1 Consultation with families

Safe sleep and rest practices are developed, monitored and reviewed in consultation with families to support each child's sleep routine. This is undertaken by,

- Educators model and promote safe sleep practices and make information available to families,
- Sharing information about children's sleep patterns and relaxation requirements are undertaken prior to commencing at the service using the SCECS Children's Routine Form,
- Regular consultation with families about their child's individual sleep and rest needs and when these requirements change are undertaken using the SCECS Sleep and Rest Survey,
- Educators encourage families to provide updates on children's previous night's sleep to assist educators to understand children's needs for sleep and rest whilst at the service,
- Educators are sensitive to different values and parenting beliefs, cultural or otherwise, associated with sleep and rest,

- Educators should be confident to refer to SCECS Sleep and Rest Policies and Procedures and current research and Red Nose recommended evidence based principles and guidelines if families make requests that are contrary to the safety of the child. For example, swaddling is to be discouraged when a baby shows signs to begin to roll (usually 4 to 6 months of age or earlier). Child safety should always be the first priority,
- If a family's beliefs and requests are in conflict with current recommended evidence-based guidelines, the service will need to determine if there are exceptional circumstances that allow for alternate practices, for example with rare medical conditions, for example, where a baby is unable to sleep on their back. The service will always undertake a risk assessment and implement a risk minimisation plan for the child in consultation with the child's medical practitioner with a supporting medical report.

6.0 ENVIRONMENT AND EQUIPMENT

6.1 Sleep and Rest Environments:

The sleep and rest premises should be maintained in a way that will reduce the chance of harm or hazard to children. A safety and maintenance program should be maintained to ensure,

- The indoor spaces or cot rooms used by children to sleep and rest are well ventilated, have adequate natural light, minimal noise, and are maintained at a temperature that ensures the safety and wellbeing of children,
- The sleeping spaces are not dark. The lights can be dimmed, but there needs to be sufficient light to allow supervision and to physically check children's breathing, lip and skin colour,
- Any potential hazards (e.g. blinds, cords, curtains, mobiles) are removed from sleep and rest environments in line with recognised safe sleep recommendations,
- The sleep and rest environment is sufficient and flexible for the age group.

6.2 Sleep and Rest Equipment:

Regular safety checks of equipment used for sleep and rest is conducted to ensure,

- The sleep and rest furniture and equipment is safe, clean and in good repair. Quarterly checks on cots will be conducted,
- All the sleep and rest furniture and equipment meets the Australian Standards (AS/NZS 2172) and other product safety standards, and should carry a label to indicate this,
- The cot mattress should be safe, firm, flat and fit the cot base with not more than a 20mm gap between the mattress sides and ends and meets the Voluntary

Australian Standards for sleep surfaces (AS/NZS 8811.1),

- Manufacturer standards are checked upon purchasing new furniture, linen and resources,
- Cots and beds are adequately spaced and positioned head to toe to minimise cross infection and allow easy access for children and educators,
- Each child's clothing is checked prior to ensure there are no loose aspects that could entangle the child (e.g. hood with cords, scarf) during their sleep and rest,
- The child's head and face remain uncovered during sleep and rest,
- The child is dressed appropriately for the room temperature – not over or under dressed,
- Any potential hazards (e.g. necklaces, bracelets, jewellery, doonas, beanie, soft toys, pillows or loose bedding) are removed from the cots or bed, in line with recognised safe sleep recommendations,
- Cots, beds and linen are routinely cleaned,
- Mattress or stretcher beds are wiped over with warm water and neutral detergent between each use,
- Bed linen is used by individual children and washed before use by another child,
- Educators are aware of manual handling practices when lifting, cleaning and packing away mattress and stretcher beds.

10. RESOURCES/REFRENECES

- Education and Care National Regulations and Law
<https://www.acecqa.gov.au/nqf/national-law-regulations/national-regulations>
- Red Nose Safe Sleeping <https://rednose.org.au/section/safe-sleeping>
- ACECQA Safe Sleep and Rest Practices
<https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices>

11. APPENDICES

- Appendix 1 - SCECS Sleep Check
- Appendix 2 - SCECS Sleep and Rest Survey
- Appendix 3 - SCECS Risk Management Plan - Sleep & Rest - 0 - 5 years
- Appendix 4 - SCECS Risk Management Plan - Sleep & Rest - 3 - 5 years
- Appendix 5 - SCECS Risk Management Plan - Sleep & Rest - 5 - 12 years

12. MONITORING, EVALUATION AND REVIEW

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of gaps, the service will review this policy every three years.

The authorisation and amendment history for this document must be listed in the following table:

Version	Authorised by	Approval date	Sections modified
1	Approved Provider – SCECS Management	January 2018	New Policy
2	Operations Manager	September 2020	Revised Policy
3	Pedagogy & Practice Manager	June 2021	Revised Policy
4.	Pedagogy & Practice Manager	June 2022	Revised Policy
5.	Pedagogy & Practice Manager	January 2024	Revised Policy
6.	COO	September 2025	Inclusions of the Risk Assessment specified. Bassinets not permitted on premises.
7.	COO	December 2025	Moving a child from a cot to a stretcher to be done in consultation with the family. Service hygiene procedures to be followed for dummies. If a child under 7 months falls asleep with a comforter/soft toy, these are removed once the child is asleep. Quarterly checks on cots to be conducted.