



## 2.04 SLEEP AND REST

### Purpose Statement

Sleep, rest and relaxation are integral to a child's health and development. Sleep and rest are also critical for a child's learning and behaviour.

In an education and care setting, it is important to balance the individual child's needs for sleep and rest with the needs of other children and factors associated with the physical environment (i.e. physical space, programming, mealtimes etc).

Safe sleep practices are an important factor in establishing sleep and rest routines. Although sudden infant death syndrome (SIDS) is now very rare, over 100 infants still pass away every year. Tragically, some of these infants have passed away whilst attending education and care services. However, we now have accurate research to guide us in safe sleep practices and Windermere is committed to creating a safe sleep environment for all infants and children accessing our FDC services.

### Scope

This policy applies to all salaried full time and part time staff (including casuals), Educators and contractors.

### Policy Statement

EDUCATORS WILL WORK TOGETHER WITH CHILDREN AND FAMILIES TO PROVIDE OPPORTUNITIES AND MEET EACH CHILD'S NEED FOR SLEEP, REST AND RELAXATION IN A SAFE AND SECURE ENVIRONMENT.

### Procedures

#### ***Understanding a Child's Sleep and Rest Needs***

Educators will work together with parents/guardians to develop an understanding of a child's sleep and rest needs. Educators will take all reasonable steps to ensure that the needs for sleep and rest are met. A child's age, developmental stage and individual needs (as discussed with parents) will determine when sleep and rest take place.

The following factors are to be discussed with children and/or parents/guardians in order to understand individual sleep needs and preferences:

1. How a child signals that he/she is tired (i.e. rubbing eyes, yawning).
2. Routines established within the family home.
3. Strategies required to assist a child to transition to sleep.

*NOTE: Parents are encouraged to inform Educators if their child did not have enough sleep the night before or if they know of any impacts to the child's sleep. In such instances, changes may need to be made to sleep, rest and relaxation needs.*



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### ***The Physical Environment***

Children may have difficulty sleeping and/or resting in environments where they do not feel safe or secure. The location of the sleep and rest environment must enable the Educator to conduct physical bedside checks that are then documented. It is best practice to also ensure the sleep and rest area is within hearing of the Educator at all times whilst children rest or sleep.

Creating a safe and secure environment for sleep and rest include:

1. Calming routines (i.e. story time or having a bottle). *NOTE: Children will not be given bottles while lying in a cot.*
2. Lowering the light.
3. Minimising noise and distractions.
4. Comfortable room temperature.
5. A smoke free environment (refer to the Tobacco, Drug & Alcohol-Free Environment procedure)
6. Equipment that is safe and free from hazards.
7. Comfortable and adequate space – positioning of cots/beds/mattresses (i.e. space between each and, away from windows and blinds and/or curtain cords).
8. The individual needs of children to transition to sleep (i.e. soft music or use of soft toys/comforters). ***In line with Red Nose guidance, soft toys/comforters may be used in the sleep environment if the child is 7 months or older, however they MUST be removed from the environment once the child has settled to sleep.***
9. In line with Government recommendations, the safest time to introduce a pillow is over the age of 2 years. Pillows MUST NOT be used in cots or for children under the age of 2 years.

### ***Sleep and Rest Risk Assessments and Daily Checks***

1. Windermere will ensure a risk assessment is prepared in relation to sleep and rest environments and procedures. Educational Program Coordinators will support FDC Educators to conduct an Annual Sleep and Rest Risk Assessment.
2. For children under the age of 12 months, or for those identified as high risk, a *Red Nose Safe Sleep Individual Child Risk Factor and Action Plan* will be completed, in conjunction with the child's family.
3. Daily Sleep and Rest Checks will be conducted by Educators:
  - a. In line with Red Nose guidance, a physical bedside check should be undertaken every 10-15 minutes, for children under 2 years old.
  - b. For children over 2 years these checks can be as frequent as 10-15 minutes with the option to extend the checks up to 30 minutes depending on individual environments, children's medical conditions and supervision needs of other children in care.
4. The sleep check will include documented physical bed side checks, to ensure 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. These checks must be documented



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on a Safe Sleep and Rest Physical Checklist Template, provided by Windermere or, with approval, Educators' may use a similar template.

5. Copies of the completed physical checklists and the Individual Child Risk Factor and Action Plans must be provided to Windermere. Educators must also ensure they keep a copy stored securely with the child's documentation.
6. **For overnight care:** the sleeping area will enable physical checks in line with the overnight care supervision plan. The overnight care supervision plan will be developed in partnership with Windermere to ensure children are adequately supervised overnight. *NOTE: Refer to 7.08 Overnight, 24 Hour and Weekend Care Policy for the overnight care approval process.*

### Sleeping Facilities

In providing a comfortable space for each child requiring a sleep, the following must be in place:

1. Bassinets must not be used in the FDC premises at any time that children are being educated and cared for by the service. All bassinets are covered by this prohibition including the Portacot Bassinet Inserts. Examples of bassinets are below:



2. Portacots must only be used for temporary, short-term arrangements such as short-term naps, not for regular long-term use for children enrolled at an education and care service. Short-term use is defined as 5 hours or less during the day.
3. Portacots must not be used as permanent sleeping equipment overnight due to potential risk of harm to children. The short-term use of Portacots will be included in the annual sleep and rest risk assessments to determine steps to be implemented to reduce any risks.
4. A separate mattress is provided for each child in care to sleep independently. Mattresses must be in good, clean condition and be firm and flat.
5. Individual, clean bed linen for each child (NOTE: bed linen is to be cleaned at least weekly).
6. Cots are free of bumpers, pillows, soft toys (unless used for children older than 7 months as a comforter, then removed once asleep) and/or doonas. Cot mattresses must fit the cot base with no more than a 20mm gap between the mattress sides and ends.
7. Babies are to be placed on their backs for sleeping. At around 5-6 months of age when babies repeatedly roll from back to front, they can be left to find their own preferred sleep or rest position. When first being settled, however, place all babies on their back. Babies aged younger than 5-6



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months who have not been observed to repeatedly roll on their own, are to be re-positioned onto their back when they roll onto their front or side.

8. When put to bed, babies are to be positioned with their feet at the bottom of the cot to prevent the possibility of wriggling down under bed linen. Check that linen is tucked in and secure. At no time during sleep should a baby's face or head be covered (i.e. with linen). *NOTE: sleeping bags with a fitted neck and arm holes are an alternative option to a top sheet.*
9. Do not place anything around the neck of a sleeping child (e.g. amber teething necklaces). Amber teething bracelets and other jewellery must be removed prior to a child sleeping.
10. Do not use electric or weighted blankets, hot water bottles or wheat bags in cots.
11. If being used at home, a dummy should be offered for all sleep periods. If a dummy falls out of a baby's mouth during sleep, it should not be re-inserted. Discuss with parents/guardians, the phasing out of dummy use once a child celebrates his/her first birthday.
12. When a 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 between the ages of 2 and 3½ years but can be as early as 18 months.
13. Do not use Portacots if the child weighs 15kg or more.
14. Bunk beds are not to be used for rest time of Family Day Care children. Under no circumstances are children to use bunk beds as a play area. Many injuries occur because of children falling from bunk beds when playing.
15. Nursery/bedroom furniture is checked for compliance against Australian Standards.
16. Under no circumstances are bassinets, bunk beds, prams/strollers, bouncers, swings, couches/sofas or highchairs to be used in the place of cots or mattresses for sleeping children. If, during an outing, a child falls asleep in a pram/stroller, they are to be directly supervised & physically checked at least every 10-15 minutes. To maintain air flow, cloths must not be placed over the pram/stroller.

Where children are in care overnight, the following rules apply:

1. Children 8 years and over must not sleep in a room with another child (other than a sibling).
2. Children must have their own bed or cot. Portacots must not be used as permanent sleeping equipment overnight due to potential risk of harm to children.
3. The sleeping area must enable physical bedside checks identified in the overnight supervision plan.
4. Privacy rights are to be respected (i.e. knock on bedroom door before entering).

### **SIDS & SUDI (Red Nose)**

Red Nose ([www.rednose.com.au](http://www.rednose.com.au)) is Australia's leading authority on sleep safety. While Red Noses' research and education has helped reduce Sudden Infant Death Syndrome (SIDS), continuing to maintain a safe and secure environment for sleep is critical to reducing the risk of Sudden Unexpected Death in Infancy (SUDI).



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### Safe Sleep Professional Development

To adequately fulfil the responsibilities and in line with best practice approaches to safe sleep and rest, nominated supervisors and EPC's will regularly receive information and undertake annual training on safe sleep and rest practices through a recognised sleep training organisation.

FDC Educators are responsible for sourcing and undertaking annual safe sleep professional development to ensure understanding of current safe sleep practices.

### Safe Sleeping Practices

#### 1. Sleep baby on their back

**Back** ✓

**Side** ✗

**Tummy** ✗

Sleeping baby on the side or tummy increases the risk of sudden infant death

#### 2. Keep head and face uncovered

- Baby on back
- Feet to bottom of cot
- Blankets tucked in firmly
- Use a safe baby sleeping bag with fitted neck and armholes and no hood

Covering baby's head or face increases the risk of sudden infant death

#### 3. Safe sleeping environment

- **Safe cot**  
[should meet current Australian Standard AS2172]
- **Safe mattress**  
firm, clean, flat, right size for cot
- **Safe bedding**  
soft surfaces and bulky bedding increase the risk of sudden infant death

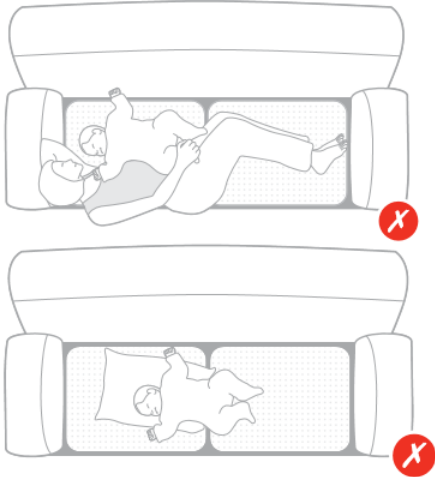
- ✗ pillow
- ✗ cot bumper
- ✗ lambs wool
- ✗ soft toy eg: teddy
- ✗ doona



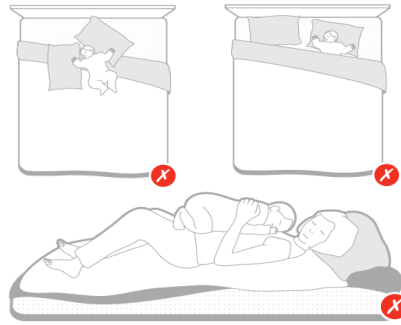
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### Unsafe ❌ sleeping places

Pictures with a 'X' are **NOT** safe sleeping places

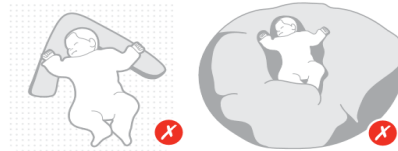


### Unsafe ❌ sleeping places



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### remember



#### Sleep young children safely:

- Safe bed
- Safe mattress
- Safe bedding
- Safe sleeping environment night and day

### Alert !

- Bean bags, sofas, large cushions and air mattresses are not safe places for young children to sleep.
- Bunk beds are not recommended for children under nine years of age.
- 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.

### Relevant Legislation/Standards

- National Quality Framework for Early Childhood Education and Care Services including:
  - Education and Care Services National Law 2011 (Amended 2023)
  - Education and Care Services National Regulations 2011 (Amended 2023)
- Australian Children’s Education & care Quality Authority (2014)
- ACECQA. (2023) Policy and procedure guidelines – Sleep and Rest for Children
- Australian Standard AS/NZS 2172 (cots)
- Australian Standard AS/NZS 2195 (portacots)
- Australian Standard AS/NZS 4220 (bunk beds)
- Australian Standard 8811.1 (mattresses)



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### Related Policies/Procedures & Links

- WFDC Policies/Procedures:
  - 2.11 Infant Feeding
  - 2.22 Tobacco, Drug & Alcohol-Free Environment
  - 3.02 Safety Check
  - 4.08 Supervision
  - 6.01 Family Communications
  - 7.08 Overnight, 24 Hour and Weekend Care
  - 7.12 Assessment, Approval and Reassessment of Approved FDC Residences/Venues
- Red Nose: [www.rednose.com.au](http://www.rednose.com.au)
- Kidsafe Family Day Care Safety Guidelines 7th Edition – March 2021: [FINAL-FDC-Safety-Guidelines\\_7thEd\\_MAR2\\_2021.pdf \(kidsafe.com.au\)](https://kidsafe.com.au/FINAL-FDC-Safety-Guidelines_7thEd_MAR2_2021.pdf)
- Annual Risk Assessment - [\\narrewarren-ds/docs/ECECS/ADMIN/Templates \\_\\_\\_ & Proformas/Forms/Educator/Safe Sleep/Annual Sleep & Rest Risk Assessment FDC.docx](https://narrewarren-ds/docs/ECECS/ADMIN/Templates___&Proformas/Forms/Educator/Safe_Sleep/Annual_Sleep_&Rest_Risk_Assessment_FDC.docx)
- Red Nose Safe Sleep Individual Child Risk Factor and Action Plan - high risk or children under the age of 12 months an additional - [Infant\\_sleep\\_Risk-assessment-checklist.pdf \(rednose.org.au\)](https://rednose.org.au/Infant_sleep_Risk-assessment-checklist.pdf)
- Overnight Care Supervision Plan - [Overnight Care Supervision Plan](#)