



Sleep and Rest Policy

Policy first issued	11 August 2016
Current review date	25 August 2026
Personnel responsible	Childcare Operations

NQS 2 Children's Health and Safety

PURPOSE AND BACKGROUND

- (1) To set out how we meet children's individual needs for sleep, rest and relaxation to support their development, health, comfort, safety and wellbeing
- (2) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place in relation to sleep and rest for children (s 168(2)(a)(v)), including addressing specific matters regarding best practice, risk assessments, safety and meeting the individual needs of children and families (s 84B)
- (3) This policy is aligned with Red Nose Australia's safe sleep guidelines and is informed by relevant Australian Standards governing the use and maintenance of sleep and rest equipment

SCOPE

- (4) This policy applies to:
 - 'Staff': the approved provider, persons with management or control, nominated supervisor, paid workers, volunteers, work placement students, and third parties who carry out related work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
 - Children in our care, their parents, families and care providers
 - Board members

DEFINITIONS

- (5) The following definitions apply to this policy and related procedures:
 - 'Infant' is a child between the ages of birth and 12 months. Note, other sources may define infants as up to two years of age
 - 'Relaxation' means a state of calm in body and mind
 - 'Rest' is a period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep

- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of a court
- 'Staff', unless otherwise indicated, refers to approved provider, persons with management or control, nominated supervisor, paid employees, volunteers, students, and third parties who are covered in the scope of this policy
- 'Sudden and Unexpected Death in Infancy (SUDI)' is the broad term used to describe the sudden and unexpected death of a baby under 1 year old for which the cause is not immediately obvious
- 'Sudden Infant Death Syndrome (SIDS)' is the sudden and unexpected death of a baby under one year of age when there is no apparent cause of death. Used to be known as 'cot death'. SIDS causes more deaths of babies between one month and one year old than any other cause. SIDS is one of the main causes of SUDI

POLICY STATEMENT

Risk management – sleep and rest

- (6) The approved provider and nominated supervisor must take every reasonable precaution to protect children from harm and any hazard likely to cause injury (*National Law s 167*), and to ensure that all children are being adequately supervised at all times (*National Law s 165*), including during sleep and rest periods
- (7) We must conduct a risk assessment at least once every 12 months and as soon as practicable after becoming aware of any circumstances that may affect the safety, health or wellbeing of children during sleep or rest (*National Regulations s 84C(1)*)
- (8) The risk assessment must consider (*National Regulations s 84C(2)*):
 - The number, ages and developmental stages of the children in our care
 - The sleep and rest needs of children in our care, including health care needs, cultural preferences, sleep and rest needs of individual children, and requests from families about their child's sleep and rest
 - Staffing arrangements and how children can be adequately supervised and monitored during sleep and rest
 - The level of knowledge and training of the staff who are supervising the children during these periods
 - The location of the 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 use the cots, beds and bedding equipment

- Any potential hazards in the sleep and rest areas, and on a child during sleep and rest periods
 - The physical safety and suitability of sleep and rest environments at our service, including temperature, lighting and ventilation
- (9) The approved provider must keep a record of each sleep and rest risk assessment we conduct (*National Regulations s 84C(4)*)
- (10) This Sleep and Rest Policy and its related procedures must address how children will be protected from any risks that we have identified in our sleep and rest risk assessments (*National Regulations s 84B(a)*)
- (11) The approved provider must make any necessary updates to our Sleep and Rest Policy and its related procedures as soon as practicable after conducting a sleep and rest risk assessment (*National Regulations s 84B(3)*)
- (12) The approved provider and nominated supervisor will consult with staff, families and children (where appropriate) on our sleep and rest risk assessments
- (13) Educators and other staff will inform the approved provider and/or nominated supervisor as soon as possible of any changes or new risks they identify

Emergency response during sleep and rest

- (14) The approved provider and nominated supervisor must include in our emergency and evacuation plan specific steps for removing infants and children who are sleeping or resting
- (15) Our quarterly emergency and evacuation rehearsals will include scenarios where children are asleep, including headcounts and supervision checks

Ages, developmental stages and individual needs of children

- (16) The approved provider and nominated supervisor must take reasonable steps to ensure that the needs for sleep, rest and relaxation of children in our care are met, with regard to each child's age, developmental stage and individual needs (*National Regulations s 84B(b)* and National Standard 2.1.1)
- (17) The approved provider must ensure that systems are in place to gather, record and review information about each child's sleep and rest needs and family preferences, and to share relevant information with families
- (18) Staff must follow our procedure for meeting children's individual sleep and rest needs and preferences (attached), which sets out how educators will respond to the natural patterns of each child, rather than trying to make them conform to a rigid sleep and rest routine that does not suit their needs
- (19) Infants and toddlers will be supported to sleep and rest according to their individual patterns, cues and input from their family. We do not have planned sleep times during the day for infants. Instead, educators will offer sleep according to the child's cues for sleepiness

(e.g., yawning, eye rubbing, irritability, crying, disengaging from activities, reduced eye-contact, increased emotional dysregulation, seeking comfort from adults)

- (20) Preschool aged children will be offered sleep and rest according to their individual patterns, cues, and input from their family. Although we have planned sleep times during the day, if a child does not want or need to sleep at these times, they will be offered quiet time or relaxation instead. Likewise, educators will allow the child to rest or sleep outside of our scheduled sleep times, if the child shows signs of sleepiness or asks to sleep
- (21) Educators must never compel a child to sleep or rest against their wishes or needs
- (22) The approved provider must ensure that staff have the time, resources, skills and knowledge to implement our flexible sleep practices, and to build and maintain strong partnerships with children and families so that we can meet each child's individual needs

Health care needs of children

- (23) We must meet the health care needs of individual children during rest and sleep times (*National Regulations s 84B(c)*)
- (24) If a child has a diagnosed health need, allergy or medical condition, we will manage it according to our Medical Condition Policy
- (25) Staff will implement any requirements for the child's sleep and rest set out in their individualised medical management plan or risk minimisation plan
- (26) We must make any reasonable adjustments for the child so that they can meaningfully participate at our service, including as it relates to their sleep and rest
- (27) We will regularly remind parents to inform us as soon as possible if there are any factors that could make their child at higher risk during sleep or rest (e.g., risk of SUDI or SIDS, an infectious disease, medical condition or other health matter)

Family requests and cultural preferences

- (28) We must consider each family's unique approach and cultural preferences for rest, relaxation and sleep (*National Regulations s 84B(d)*)
- (29) Educators will be aware that within families and cultures there exists a range of settling methods, sleeping arrangements and equipment, sleep and rest routines, and cultural beliefs and practices
- (30) We will, where possible, accommodate families' requests if they are reasonably practicable, can be implemented safely and are in line with any requirements under the National Quality Framework
- (31) If a disagreement arises between educators and families about a child's sleep or rest arrangements, we will try to reach a solution that supports the child's wellbeing and respects the family's preferences, while fully complying with our obligations to act in the best interests of the child

- (32) The nominated supervisor will make the final decision about a child's sleep and rest while they are in our care

(For example, if a family requests that their child does not nap during the day, educators will discuss expected sleep patterns with the family - based on advice from recognised authorities - and adjust the child's sleep time at the service. However, if the resting child falls asleep without assistance, educators may allow the child to sleep for a period of time if they believe it is in the best interests of the child)

Supervision and monitoring during sleep and rest

- (33) The approved provider and nominated supervisor must ensure that, at all times, children are adequately supervised (*National Law* s 165) and that the required educator-to-child ratios are maintained (*National Regulations* s 123), including during sleep and rest periods
- (34) Educators must follow our best practice procedure for continuous supervision and physical checks during sleep and rest (attached), which sets out how children will be checked, how often children will be checked, and how to document sleep and rest periods (*National Regulations* s 84B(e)(i-ii))
- (35) Educators will conduct and document physical bedside checks at regular intervals of at least every 10 minutes for all children, and more frequently if the child is known to be at greater risk during sleep and rest
- (36) The nominated supervisor and room leaders will oversee our day-to-day sleep and rest supervision practices, and conduct regular audits to ensure educators are following our checklists and procedures

Safe sleep practices

- (37) Our sleep, rest, and relaxation procedures must be best practice and follow current health guidelines (*National Regulations* s 84B(f))
- (38) We will follow Red Nose guidelines (the recognised authority in this area), guidance from ACECQA and the regulatory authority
- (39) The approved provider and nominated supervisor must ensure that Red Nose and other recognised safe sleep guidance is embedded into our procedures, staff training, risk assessments and communication
- (40) Staff must follow our procedures for safe sleep for infants 0-12 months and children over 12 months

Staff induction, training and knowledge

- (41) The approved provider must ensure that educators and relevant staff (including casual staff, volunteers and students) are thoroughly inducted, and receive ongoing practical training, information, support and supervision to implement our Sleep and Rest Policy and its related best practice procedures, including for risk management (*National Regulations* s 84B(g))

- (42) To ensure they have up to date skills and knowledge, all educators working with infants and responsible persons will undertake annual training for safe sleep practices from a recognised authority
- (43) The nominated supervisor will conduct regular spot checks and monitor staff to ensure they understand and can follow our procedures for children's sleep, rest and relaxation. We will give staff any extra support or training if there are gaps in their skills or knowledge

Location and arrangement of sleep and rest areas

- (44) The location and arrangement of our sleep and rest areas must meet the needs of children in our care (*National Regulations s 84B(h)*)
- (45) Any area that is permanently set aside for the use or storage of cots or beds must be excluded from calculations of unencumbered indoor space (*National Regulations s 107(3)(iv)*)
- (46) We establish clear physical boundaries such as mats, partitions or zones in our children's rooms to signal to children when the area is for sleeping or rest
- (47) Sleep and rest areas will be/are distinct quiet areas, where children know they can rest and relax without being disturbed by non-resting children
- (48) Our sleep and rest areas will use environmental cues, such as dimmed lighting and soft music, so children know that the space is not for active or noisy play
- (49) Sleep and rest areas are located within the children's play/learning rooms, allowing educators to provide supervision to both children who are resting, and children who are engaged in quiet activities instead of sleep
- (50) Cot rooms have supervision/viewing windows, which will be kept clear to maintain an unobstructed line of sight to children who are sleeping
- (51) Cots and beds are spaced wide enough apart so that educators and children can safely and freely move between them, also ensuring that non-sleeping children and supervising educators do not physically disturb sleeping children
- (52) We will generally group children by age or developmental stage during sleep and rest
- (53) Our sleep and rest areas will be set up and used in the same way each day so that children associate them with sleep and rest

Safety, suitability and use of cots, beds, bedding, bedding equipment and other infant sleep products

- (54) Our rest, relaxation and sleep equipment and furniture must be safe, suitable (*National Regulations s 84B(i)*), clean, in good repair (*National Regulations s 103*), sufficient in quantity, and appropriate for the range of ages, sizes and developmental stages of the children who use them (*National Regulations s 105*)
- (55) Staff must follow our procedure for setting up a safe sleep and rest environment (attached)

- (56) The approved provider will ensure that regular risk assessments, safety checks and audits are conducted to verify that all sleep furniture, sleep equipment and non-sleep inclined products are safe, hygienic, well-maintained and compliant with applicable safety standards
- (57) Any product that poses a risk of injury, entrapment, strangulation or suffocation to a child will be removed from our service immediately
- (58) We will provide enough appropriate sleep products to accommodate all children and will follow manufacturer guidelines to ensure products are suitable for each child's age, weight, height and development
- (59) Bassinets are prohibited at our service at any time children are present (*National Regulations s 84D*)
- (60) Relevant staff must keep our sleep and rest furniture, bedding and equipment clean and hygienic in line with our [Health, Hygiene and Cleaning Policy](#)
- (61) The approved provider must ensure that our service continues to have adequate and appropriate laundry and hygiene facilities or other arrangements for dealing with soiled clothing and linen, including hygienic facilities for storage while they are dirty (*National Regulations s 106*)

Mandatory safety standards

- (62) The approved provider must ensure that any sleep product (including cots, portable folding cots, mattresses and inclined products such as bouncers, recliners, rockers and swings) we purchase after 19 January 2026 complies with the mandatory Safety Standards (*Consumer Goods (Infant Sleep Products) Safety Standard 2024* and *Consumer Goods (Infant Sleep Products) Information Standard 2024*) (Refer to the [ACCC Product Safety website](#) and summary at **Schedule 1** attached to this policy)
- (63) Any sleep product or inclined non-sleep product we purchase after 19 January 2026 must have a legally compliant safety information and warning label affixed. This label must stay affixed during the product's time at our service
- (64) Cots purchased before 19 January 2026 must continue to comply with AS/NZS 2172, and portable folding cots must continue to comply with AS/NZS 2195. Both must have labels affixed to prove compliance
- (65) Mattresses and non-sleep inclined products purchased before 19 January 2026 will be checked against the mandatory Safety Standards (which incorporates *AS/NZS 8811.1:2013* for sleep surfaces) to see that they do not pose a risk to any child
- (66) All cot and foldable cot mattresses must be firm, flat (not curved or on an incline) and the recommended size. A cot mattress must be no more than 20mm from any cot side or end when the mattress is centred; a foldable cot mattress must touch all sides and fit snugly
- (67) Non-sleep inclined products must only be used for their intended purpose (i.e., to soothe, not to sleep) and children must never be left unsupervised in them

- (68) The approved provider and nominated supervisor will subscribe to the ACCC Product Safety [alerts](#) to keep abreast of any recalls

Note, the mandatory Safety Standards incorporate the AS/NZS 2172:2013 for cots; AS/NZS 2195:2010 for portable folding cots; and AS/NZS 8811.1:2013 for sleep surfaces, including mattresses

Sleep and rest hazards

- (69) As part of our annual sleep and rest risk assessment, the approved provider will identify, assess and eliminate (or minimise the risk of) hazards and potential hazards to children in sleep and rest areas, and on children during sleep and rest (*National Regulations s 84B(j)*)
- (70) Staff must follow our safe sleep procedures to eliminate or minimise hazards to children during sleep the risks of suffocation, strangulation, overheating or entrapment
- (71) Our 6-monthly safe sleep and rest audits will include checks for hazards in children's sleep and rest areas

Physical safety and suitability of sleep and rest environments

- (72) The approved provider must ensure that our sleep and rest areas are physically safe, suitable (*National Regulations s 84B(k)*), well ventilated, have adequate natural light and are maintained at a temperature that is safe and comfortable for children (*National Regulations s 110*)
- (73) Staff must follow our procedure for setting up a safe sleep and rest environment (attached)
- (74) The nominated supervisor and educators will regularly monitor the environment and adjust as necessary

PRINCIPLES

- (75) All children are kept safe while sleeping or resting, and their health, wellbeing and dignity are our highest priority
- (76) Children's sleep and rest needs are individual and will be respected in a way that is flexible, responsive and developmentally appropriate
- (77) Our practices are based on current recognised advice, including Red Nose guidance, and will never be compromised
- (78) Children are actively and adequately supervised at all times during sleep and rest, and risks are systematically identified, monitored and minimised
- (79) Families are partners in supporting children's sleep and rest, and their views, cultural practices and preferences are respected and accommodated where they align with safe practice and our duty of care
- (80) We are committed to continuous improvement through regular risk assessment, training, supervision, monitoring and review of sleep and rest practices

POLICY COMMUNICATION, TRAINING AND MONITORING

- (81) The approved provider must take reasonable steps to ensure that nominated supervisors, staff members and volunteers follow and can readily access this policy and related procedures (*National Regulations* ss 170, 171)
- (82) This policy and related documents can be found in the foyer via QR Code & on Teams
- (83) The approved provider and nominated supervisor will ensure that relevant staff, volunteers and students are formally inducted and trained to implement this policy and related procedures, and to understand their roles and responsibilities under them
- (84) The nominated supervisor and staff leaders will ensure this policy and its related procedures are regularly reinforced through staff meetings, staff professional development programs, written material and workplace displays
- (85) The approved provider and nominated supervisor will regularly monitor and audit staff and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member
- (86) The approved provider and nominated supervisor will provide staff with the resources, time and support they need to comply with this policy and related procedures
- (87) At enrolment, the nominated supervisor will ensure that families are given access to this policy and related document (*National Regulations* s 84B(m)). We will also regularly share relevant information about this policy through our usual communication channels
- (88) Families are notified in line with our obligations (*National Regulations* s 172) when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 165	Offence to inadequately supervise children
s 167	Offence relating to protection of children from harm and hazards
Regulations	
ss 84A - 84D	Sleep and rest
ss 85 - 89	Incidents, injury, trauma and illness
ss 103 - 110	Physical environment – Centre-based services and family day care services
ss 111 – 115	Physical environment - Additional requirements for centre-based services
s 122	Educators must be working directly with children to be included in ratios
s 123	Educator to child ratios – centre-based services
s 160	Child enrolment records to be kept by approved provider and family day care educator
s 162	Health information to be kept in enrolment record
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 177	Prescribed enrolment and other documents to be kept by the approved provider

ss 181,183 - 184	Confidentiality and storage of records
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Other applicable laws and regulations

Name	Description
<i>Occupational Health and Safety Act 2004</i>	Describes the primary duty of care to people in the workplace
<i>Privacy Act 1988</i>	Principal act governing the handling of personal information
<i>Consumer Goods (Infant Sleep Products) Safety Standard 2024 (Safety Standard) and Consumer Goods (Infant Products) Information Standard 2024 (Information Standard)</i>	Safety standards for cots, foldable cots, mattresses, inclined non-sleep products

National Quality Standard

Standard / Element	Concept	Description
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
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
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
5.1.2	Dignity and rights of the child	The dignity and rights of every child is maintained
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing

Early Years Learning Framework (EYLF) V2.0 | Victorian Early Years Learning and Development Framework

Outcome	Key component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	- Children become strong in their physical learning and wellbeing - Children are aware of and develop strategies to support their own mental and physical health and personal safety

National Principles for Child Safe Organisations

Most relevant principles
Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously
Families and communities are informed and involved in promoting child safety and wellbeing
Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Cleaning, Health and Hygiene Policy Physical Environment Policy Work Health and Safety Policy Enrolment Policy Medical Conditions Policy Positive Relationships for Children Policy Incident, Injury, Trauma and Illness Policy Children's Belongings Policy Clothing and Footwear Policy
Procedures	Roles and Responsibilities – Sleep and rest (attached) Setting up a safe sleep and rest environment procedure (attached) Meeting children's individual sleep and rest needs and preferences procedure (attached) Safe sleep for infants 0-12 months procedure (attached) Safe sleep for children over 12 months procedure (attached) Supervision and physical checks during sleep and rest procedure (attached) Health, Hygiene and Cleaning, Procedures (in Health, Hygiene and Cleaning Policy) Medical management plans (in Medical Conditions Policy) Incident, Injury, Trauma and Illness Procedures (in Incident, Injury, Trauma and Illness Policy)
Schedules	Mandatory safety standards (attached)
Resources	ACECQA's sleep and rest risk assessment guide and template Red Nose Best Practice Sleep and Rest Audit Tool for ECECs

SOURCES

Education and Care Services National Law | Education and Care Services National Regulations | National Quality Standard (NQS), particularly QA2 Children's Health and Safety | ACECQA Safe Sleep and Rest Practices (2023) | ACECQA Safe Sleep and Rest for Babies and Early Childhood Services | Red Nose Australia – Safe Sleeping Guidelines | Australian Competition and Consumer Commission (ACCC) – Mandatory Safety Standards for Infant Sleep Products | State and Territory Regulatory Authorities | Kidsafe Australia – Safe Sleeping Information | Australian Government Department of Health – Child Health and Safe Infant Care Guidance | Staying Healthy 6th edition NHMRC | Work Health and Safety Act 2011

POLICY INFORMATION

Approval	Operations Team
Review	Reviewed annually and when there are changes that may affect this policy or related procedures. The review will include checks to ensure the document reflects current legislation, continues to be effective, or whether any changes and additional training are required Reviewed: 25 August 2026 Date for next review: August 2027

ROLES AND RESPONSIBILITIES – Sleep and rest

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the Education and Care Services National Law and Regulations, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury, and to ensure that children are adequately supervised at all times

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for children's sleep and rest are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines including Red Nose Australia's safe sleep guidelines

Ensure this Sleep and Rest Policy and related procedures are in place and available for inspection, and that they address the specific areas set out in the National Regulations

Take reasonable steps to ensure our Sleep and Rest and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Take reasonable steps to ensure that the needs for sleep and rest of children in our service are met, having regard to ages, developmental stages and individual needs of the children

Ensure risk assessments are conducted to identify and mitigate any risks that sleeping and resting pose to the safety of children in our care, in accordance with regulations and having regard to all the areas covered in the Risk Assessment section of this Policy

Ensure a risk assessment is 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, and update our policies and procedures accordingly. Keep a record of all risk assessments conducted

Ensure staff are aware of and can access/use the risk assessment to manage risks and ensure the safety of children

Ensure that our premises, furniture and equipment are safe, clean and well-maintained, and that staff are following our procedures for cleaning, health and hygiene

Ensure all equipment and furniture meets relevant Australian Standards and other product safety standards and guidelines, and remain up-to-date on product recall notices

Ensure cots, beds, bedding and bedding equipment being used for sleep and rest are safe, appropriate and sufficient for the ages and developmental stages of the children who are using them

Ensure that there are no bassinets on the premises at any time during which children are being educated and cared for by our service

Ensure that the indoor environment is hygienic and comfortable (not limited to being well ventilated and free from cigarette/tobacco smoke, with adequate natural light, and appropriately heated/cooled)

Ensure that our service continues to have adequate and appropriate laundry and hygiene facilities for dealing with soiled clothing and linen, including storage facilities

Ensure that the layout/design of the premises allows for supervision and is appropriate for children's rest and sleep

Ensure that children are adequately supervised during rest and sleep, and that systems are in place for regular and documented physical bedside checks of children.

Ensure that children are adequately supervised during rest and sleep, and that systems are in place for regular and documented physical bedside checks of children

Ensure sleep and rest periods are documented and communicated to families

Regularly review this Sleep and Rest Policy and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this Dealing with Infectious Diseases Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and to ensure that children are adequately supervised at all times

Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for children's sleep and rest are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines – including Red Nose Australia's safe sleep guidelines

Implement this Sleep and Rest Policy and related procedures

Take reasonable steps to ensure our Sleep and Rest Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Take reasonable steps to ensure that the needs for sleep and rest of children in our service are met, having regard to ages, developmental stages and individual needs of the children

Support the approved provider to ensure that our sleep and risk assessments are conducted in line with this policy

Conduct 6-monthly sleep and rest audits to ensure sleep and rest environments (including ventilation, temperature, noise, lighting), furniture, equipment meet safety standards, and are clean and in good repair. Regularly monitor sleep and rest rooms for hazards.

Ensure that bassinets are not on the premises at any time that we are caring for children

Ensure that children are adequately supervised during rest and sleep, and that educators are following our systems for regular and documented physical bedside checks of children. Monitor and supervise educators' safe-sleep practices, including through spot checks. Act quickly to address any areas of non-compliance. Ensure that all educators undertake recognised safe sleep training

Collect information about children and families' sleep and rest needs and preferences at enrolment and regularly remind them to keep our service updated if anything changes. Identify, plan for and communicate to staff any sleep needs or risks related to a child's medical condition in line with our Medical Conditions Policy

Maintain open and respectful communication with families about their child's sleep and rest needs. Provide information about safe sleep through our usual communication channels

Ensure sleep and rest periods are documented and communicated to families (shared responsibility)

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this [Sleep and Rest Policy](#) and related procedures, including for hygiene, cleaning, ventilation, safety checks and managing medical conditions

Complete all the training you need to implement this policy including for safe sleep

Continuously supervise sleeping and resting children in line with our sleep and rest procedure. Conduct and document physical bed-side checks according to our procedure

Ensure cots, beds, bedding, bedding equipment and other sleep products are safe, clean and in good repair

Identify and remove potential hazards from children's sleep and rest areas and on children themselves: position infants and toddlers at the bottom of the cot on their back and make sure nothing is covering their face or head; follow safe sleep rules about wrapping babies, clothing, sleeping bags, sheets, and blankets etc; remove anything that could cause entrapment, strangulation, suffocation, overheating (e.g., hoodies, bottles, hot water bottles, jewellery, cords, dummy chains, bumpers, pillows, inclined mattresses or other non-sleep products, small toys, bunting etc)

Meet the needs for sleep and rest of the children in our care, considering their ages, developmental needs and individual needs. Continue to document and communicate with families

regarding their child's sleep patterns and routines; try to accommodate their preferences wherever it is safe to do so

Model and promote children safe sleep practices to families

Ensure that sleep and rest space have enough light to allow supervision and are well-ventilated

Contribute to policy and procedure reviews and risk assessments and plans, and participate in training and professional development opportunities on sleep and rest

Families responsibilities (not limited to)

Update educators on your child's sleeping routines and patterns when these change, and let educators know when your child has not slept well during the night

Work with educators to ensure that your child's sleep and rest needs are being met in line with our safe sleep practices. Be aware that we take a flexible approach to children's sleep and rest that takes into account families' preferences; however, we have a legal obligation to ensure children's rights, best interests, safety and welfare. Where families' preferences for their child clash with our health and safety obligations, the child's health and safety must prevail

Provide specified bedding if required by our service

Dress your child appropriately for the weather conditions and provide additional clothing

Provide the service with a written alternative resting practice authorised by a medical practitioner as part of the child's Medical Management Plan if a child has a medical condition which prevents educators from following this Sleep and Policy

Where possible, contribute to policy and procedure reviews and risk assessments and plans,

SCHEDULE 1 – Mandatory safety standards requirements

Summary of Mandatory Safety Standards for Infant Sleep Products 2024

[Consumer Goods \(Infant Sleep Products\) Safety Standard 2024](#) and the [Consumer Goods \(Infant Products\) Information Standard 2024](#)

What is covered?

- Infant sleep products including (but not limited to) bassinets, cradles, co-sleepers, inclined sleepers, household cots, portable folding cots, mattresses
- Non-sleep products used to soothe or settle including bouncers, hammocks, recliners, rockers, swings

Design and construction requirements for all products under the standard

- An infant sleep product must have enough strength and integrity to safely support an infant
- The surface of an infant sleep product must not have an incline greater than 7 degrees to the horizontal. It must be flat and not be curved
- The sleep surface, including the mattress, must be sufficiently firm and rigid
- An infant sleep product that rocks or swings must not have a tilt or incline greater than 7 degrees to the horizontal
- The mesh or fabric sides of an infant sleep product must be firm enough so it doesn't cover the infant's nose or mouth which could cause suffocation. It must also be made of material a baby can breathe through
- An infant sleep product must not have sharp points or edges which may puncture a baby's skin, or gaps that can trap their head, neck, limbs or fingers
- It must not have a restraint system, harness or strap
- If fitted with castors or wheels, at least 2 must be fitted with brakes
- If an infant sleep product has a locking mechanism, it must have a clearly distinct locked position. It must be apparent that the mechanism is engaged and can only be disengaged on purpose

Additional requirements for household cots

Household cots must also meet the requirements of one of the following:

- AS/NZS 2172:2013, Cots for household use – Safety requirements
- ASTM F1169-19, Standard Consumer Safety Specification for Full-Size Baby Cribs
- BS EN 716-1:2017 Furniture. Children's cots and folding cots for domestic use

Household cot requirements	
Fixed base cots and cots in the lowest base position	The distance between the top of the mattress base and the top edge of the lowest cot side or end must be a minimum of: • 600 mm when the access is closed • 250 mm when the access is open

Household cot requirements	
Cots in the upper base position	This distance between the top of the mattress base and the top edge of the lowest cot side or end must be a minimum of: • 400 mm when the access is closed • 250 mm when the access is open
Slats or filler bars	The distance between slats or filler bars must be at least 50 mm
Cot mattresses	Cot mattresses of the recommended size must be no more than: • 20 mm from any cot side or end when centred on the mattress base • 40 mm from any cot side or end when the mattress is pushed to one side or end
Footholds or toeholds	The cot must not have any: • footholds or toeholds between 150 mm and 550 mm above the mattress base • protrusions or bits that stick out greater than 5 mm, unless they are designed not to snag clothing • accessible sharp edges or points
Safety and performance	Cots must not have any hazardous gaps: • between 30 mm and 50 mm that can entrap a child's limbs • greater than 95 mm that could trap a child's head or neck
Informative labels	The cot must come with information about: • safe assembly • safe use • recommended mattress size (either on a leaflet with the cot, swing tag or label attached to the cot, external packaging that comes with the cot, and cot base)
Safety markings	Cots must have legible, durable and prominent markings on the mattress base which has information about: • the supplier • recommended mattress size and thickness • recommended use of adjustable bases on cots that have this feature

Additional requirements for folding cots

Folding cots must also meet the requirements of one of the following:

- AS/NZS 2195:2010, Folding cots – Safety requirements
- ASTM F406-22, Standard Consumer Safety Specification for Non-Full-Size Baby Cribs/Play Yards
- BS EN 716-1:2017 Furniture. Children's cots and folding cots for domestic use

Folding cot requirements	
Mattresses, padding and cushioning material	The mattress and all padding and cushioning material must be firm enough to stop them forming to the shape of a child's face. The base must provide a firm flat support for a mattress or should incorporate a mattress. The mattress must touch the cot on every side and fit snugly. Folding cots must not have a mattress or other parts within the folding cot that are inflatable. Manually inflating and self-inflating mattresses are not allowed.

Depth of folding cot lower position	When no mattress is fitted, the vertical distance from the top of the base to the top edge of the lowest side or end must be a minimum of 550 mm. When a mattress is fitted, the vertical distance from the top of the mattress to the top edge of the lowest side or end must be a minimum of 500 mm.
Depth of folding cot upper position	With or without a mattress fitted, the vertical distance from the upper base to the top of the lowest side or end must be a minimum of 250 mm
Footholds	There must be no features up to 500 mm above the mattress base that create a potential foothold that would allow a child to climb out
Locking devices	The locking devices that operate the folding mechanism must be designed so that the folding cot doesn't collapse inadvertently. All locking devices should: • have a clearly distinct locked position • be designed so that a child inside the cot can't open or activate the mechanism.
Safety and performance	To stop children climbing out of the folding cot, specific minimum height measurements apply to: • the sides or ends of folding cots in relation to the lower cot base and any upper base position • the position of features that might be used as footholds
Safety markings	Folding cots must be permanently, prominently and legibly marked on the inside so that users will see the marking when erecting the cot. The marking must include: • instructions for assembly and locking procedures • a warning to check before each use that the cot is correctly assembled and that locking devices are fully engaged • either a warning to only use a mattress of specified dimensions or a warning to only use the mattress supplied with the product - both are allowed • a warning not to add an extra mattress as this may cause suffocation.

PROCEDURE – Setting up a safe sleep and rest environment

When to use this procedure

- When setting up and maintaining a sleep space for children

IMPORTANT! *Sleep and rest environments must be arranged appropriately with consideration to the ages, developmental stages and individual needs of children and in accordance with protecting against any specific risks identified in sleep and rest risk assessments*

Setting up cots, foldable cots, beds, mattresses and non-sleep inclined products

1. Check that all cots and foldable cots meet the current Australian Standards (AS/NZS 2172:2013 for cots and AS/NZS 2195:2010 for foldable cots) and that there is a label attached to prove it
2. All new cots, foldable cots (and their mattresses) and non-sleep inclined products, such as rockers, swings, bouncers, hammocks, we buy from 19 January 2026 onwards must have a warning and safety label attached to prove they meet the mandatory Safety Standards introduced in 2024. Keep these labels attached at all times
3. Cots, foldable cots, mattresses and non-sleep inclined products bought before 19 January 2026 should be assessed for safety against the mandatory code to make sure they are still safe for use
4. Mattresses must be the size and depth recommended by the cot manufacturer, firm, clean and fit as follows:
 - For household cots, there should be no more than 20mm space from any cot side or end when the mattress is centred on the mattress base, and 40mm from any cot side or end when the mattress is pushed to one side
 - For foldable cots, mattresses should touch all sides
5. Do not use any mattress that can fold or separate when laid on, and do not elevate or tilt the mattress
6. Do not use bassinets (these are banned)
7. Assemble cots and portable folding cots according to the manufacturer's instructions (without modification) and keep instructions in a location that staff can easily access
8. Remove plastic packaging from cots and mattresses
9. Waterproof mattress protectors must be strong, not torn and a tight fit
10. Do not use foldable portable cots on a permanent basis – that is, no more than few days
11. Set up cots/beds as follows:
 - With enough room for educators to walk around safely
 - At least 30cm clear space away from objects and furniture so children can't reach things

- Toe to toe to prevent the spread of infectious diseases, if possible
 - Don't use any pillows, soft toys, sleep aids, bumpers, infant positioners, inclined sleepers padding, pillows, weighted products, extra bedding (e.g., folded quilts, doonas, sheepskin rugs) for children under 2 years
 - Don't use electric blankets, water bottles, heat packs, restraints, straps
 - Don't add additional padding or a mattress under or over the mattress
 - Make sure any locking mechanisms are secured
 - Keep evacuation cot(s) in accessible location(s) that are known to staff
12. Regularly check all cots, portable foldable cots, beds and mattresses to make sure they are still safe to use, including:
- All parts are intact and not broken or missing
 - The base is not sagging
 - Locking devices and safety latches work
 - There are no loose parts and material is not torn or too worn
 - Mattresses are clean and not damp, torn, mouldy or saggy
13. Check for product recalls and immediately stop using any products that have been recalled
14. Check any sleep support equipment brought from home (e.g., comforters, sleep bags, special bedding) for safety before using it

Setting up safe sleep and rest spaces

1. Make sure that sleep and rest areas are well-ventilated (e.g., open windows if safe or through mechanical ventilation). Monitor for stuffiness or draughts and adjust ventilation where necessary
2. Check lighting is appropriate. It should be dark enough to ensure children can sleep or rest undisturbed, but light enough that educators can see when they are supervising and doing their physical checks
3. Check the room temperature is comfortable – not too hot or too cold
4. Play calm, relaxing music and keep voices low
5. Remove or secure all hazards such as:
 - Hanging cords from blinds, curtains or electrical appliances
 - Falling objects such as mobiles, bunting, pictures, or mirrors
 - Large furniture, such as shelves, chests of drawers, tables
 - Electrical appliances and power points
6. Educators must ensure sleep and rest areas are free from
 - Tobacco smoke

- Vaping aerosols
 - Strong chemical smells
 - Excessive dust and air contaminants
7. Provide comfortable spaces for children to engage in quiet activities if they're not sleeping or resting

Outdoor sleeping and rest to promote learning and wellbeing

1. Don't allow children to sleep outdoors if weather conditions are unsuitable (e.g., too hot, cold or raining) or if the quality of children's sleep and rest time will be affected by being outdoors
2. Place beds in clean and shaded areas, not in wet dirt or mud
3. Supervise children at all times
4. Wash bed linen at the end of the day if it is dirtied outside
5. Clean beds afterwards

PROCEDURE – Meeting children’s individual sleep and rest needs and preferences

When to use this procedure

- When a new child is enrolled
- When managing requests from a family regarding their child’s sleep or rest
- Daily as part of our routine sleep and rest arrangements

At enrolment

1. Collect the following information when child is first enrolled:
 - Details about the child’s sleep needs, routines and health
 - Usual sleep times, settling approaches and their sleep environment at home
 - Any preferences of the family for the child’s sleep and rest at our service (e.g., wrapping/not-wrapping, dummies, music, patting, cultural preferences)
 - Any health needs or medical conditions (see [Medical Conditions Policy](#)) and how these might affect sleep or rest
 - Any risk factors for SUDI or SIDS
2. Give families information about our safe sleep practices and routines, including our obligations to follow Red Nose and ACECQA guidelines
3. If a baby has known risk factors for SUDI (e.g., under 7 months, born prematurely or with low birthweight, exposed to smoke or with a significant medical condition), the nominated supervisor will include this in the child’s risk minimisation plan. This known risk must also be covered in our risk assessments for sleep and rest

Managing requests from families

1. Where reasonably practicable, accommodate each child’s and family’s preferences for rest, sleep and clothing, including cultural and religious preferences, to the extent they are consistent with the [Sleep and Rest Policy](#)
2. If a family requests a sleep practice that is at odds with our safe sleep practices (e.g., they ask that the baby has a soft toy or to be wrapped even though they are rolling), explain that we have a legal obligation to follow Red Nose guidelines
3. Where there is a disagreement with a family, escalate the matter to the room leader or nominated supervisor to consider. The nominated supervisor has the final say about children’s sleep and rest and must make sure arrangements are consistent with our [Sleep and Rest Policy](#)
4. See Red Nose’s factsheet [‘Safe Sleep Conversations’](#)

Meeting the individual needs of children – a flexible approach to sleep and rest

1. Consider the age, developmental stage and individual needs of the child, and develop rest and sleep routines that match - in collaboration with their family
2. Be aware that children's sleep and rest needs will change over time and vary across children, influenced by the child's age, genetics, developmental stage and health, temperament, activity level, home environment, family and cultural background, and daily experiences
3. Children need enough sleep, rest and relaxation to manage their emotions, and reduce feelings of irritability and frustration
4. Offer children opportunities for:
 - Rest
 - Quiet play
 - Relaxation activities
 - Sleep
5. Respond to children's cues for sleep (such as yawning, rubbing eyes, irritability, crying, seeking comfort)
6. Allow the child to sleep or rest for a reasonable period if a child is displaying signs of tiredness, even if this falls outside of the routine rest or sleep time
7. Provide children who do not require sleep or rest with quiet, meaningful activities – e.g., reading, storytelling, puzzles, colouring, craft, music or similar calm experiences
8. Educators must not compel any child to rest, relax or sleep against their wishes or needs
9. Make rest and sleep practices positive experiences for children
10. Acknowledge and respond to children's emotions or distress about sleep and rest. Comfort children if they are upset or having trouble sleeping
11. Be aware that younger children will settle well when they are securely attached to their carers
12. Encourage older children to communicate their needs for sleep and rest and make appropriate decisions about these needs
13. Facilitate rest, relaxation or sleep for children outside the designated times if it is in the best interests of the child

Documenting and communicate children's sleep and rest

1. Communicate daily with families about their child's sleep and rest both at home and at the service
2. Record the times and duration of children's sleep and rest and provide this information to families

3. Promote and educate families about safe sleep practices through our usual communication channels
4. The nominated supervisor should send regular reminders to parents to update educators on their child's sleeping routines and patterns when these change, and to let educators know when their child has not slept well during the night

PROCEDURE – Safe sleep for infants 0-12 months

When to use this procedure

- Daily as part of our routine sleep and rest arrangements for infants under 12 months

IMPORTANT! Always follow Red Nose's safe sleep guidelines

Critical information

1. Place the baby on their back to sleep – this keeps their airway clear and ensures their protective reflexes work, and reduces the risk of suffocation, overheating or choking
2. Keep the baby's face and head uncovered – babies control their temperature through their face and head so keeping these areas uncovered reduces the risk of overheating. It also helps to keep their airway clear to reduce the risk of suffocation
3. Position the baby with their feet at the bottom of a safe cot with a safe mattress
4. Remove anything loose or soft in the cot (e.g., doonas, loose blankets, pillows, cot bumpers, lambs' wool, extra cushioning), toys or comforters, dummy chains, hoods, jewellery, bibs, scarves, hats etc. Do not give bottles in the cot
5. If the baby takes a dummy, this should be given to them but don't worry about reinserting it if it has fallen out
6. Only use lightweight bedding, firmly tucked in and only pulled up to the baby's chest
7. Wrap baby safely (see below) or use a safe sleeping bag (see below)
8. Do not use sleeping products such as inclined sleepers, nests, pods, sleep positioners, head rests, additional mattresses or mattress toppers
9. Do not use electric blankets, weighted blankets or sleeping bags, wheat bags, or hot water bottles
10. Do not allow babies to sleep in a bassinet, non-sleep inclined product, beanbag, pillow, couch, hammock, car seat, capsule, pram or stroller or on an inclined mattress
11. Check the spaces for all hazards, and ensure that there is adequate ventilation, lighting and the temperature is comfortable

Wrapping babies safely

1. Can wrap babies until they start to roll (usually at about 3-4 months). Do not use wraps after baby starts to roll
2. Keep babies' arms free from wrapping once the startle reflex disappears (usually at about 3 months)
3. Do not wrap above the baby's shoulders and make sure their face is uncovered

4. Only use light fabrics such as muslin or light cotton sheets or wraps
5. May use a safe infant sleeping bag instead of a wrap
6. Never use bunny rugs or blankets
7. Wraps should be firm, but not tight, and should allow for the baby's chest and hips to expand. Loose wraps are dangerous
8. Do not overdress babies under their wraps (e.g., nappy and singlet in hotter weather)
9. Never wrap a baby while they are in a sleeping bag
10. Never use swaddles that restrain the baby's arms with Velcro or zips
11. Implement cot/stretcher and bed clothes cleaning procedures (in [Health, Hygiene and Cleaning Policy](#))

Safe sleeping bags

1. A safe sleeping bag is recommended by Red Nose as a way to reduce the risk of SUDI and can be used from birth
2. Make sure that the baby's sleeping bag:
 - Has a fitted neck and armholes or sleeves. The sleeping bag should have a snug fit to prevent baby's head slipping down or arms getting caught inside, which can pose a suffocation or entrapment risk
 - Is hoodless to keep the face and head uncovered and reduce the risk of overheating
 - Has the appropriate TOG rating to match the room temperature and reduce the possibility of the baby overheating or being too cold
 - Is the correct size for the baby's age and size
 - Allows for unrestricted arm movement so that the baby's airway stays clear. This can be a sleeping bag with fitted armholes or firm fitting sleeves for cooler conditions
 - Includes warning labels about correct use, inflammability, and other relevant safety information
 - Does not have any cords or buttons, and that zips are secure
 - Is made from lightweight and (preferably) natural fabrics, such as cotton or bamboo
3. Don't wrap the baby if they are in a sleeping bag and don't add extra blankets on top

When babies start rolling or pulling themselves up

1. Re-position the baby onto their back when they roll onto their front or side if they cannot repeatedly roll from back to front to back (this usually occurs around 5-6 months of age)
2. Once the baby is rolling on their own for several weeks, they can be left to choose their own sleeping position, but still put them down on their back at first

3. Don't wrap the baby if they can roll
4. Once the baby can pull themselves up, the cot should be lowered to the lowest position (if it is at the top height)
5. Once a baby can climb out of the cot, it is time to move them to the stretcher/floor bed

PROCEDURE – Safe sleep for children over 12 months

When to use this procedure

- Daily as part of our routine sleep and rest arrangements for children over 12 months

IMPORTANT! Always follow Red Nose's safe sleep guidelines

Critical information

1. Children over 12 months do not need to be placed onto their back to sleep, unless there is a medical reason to do so
2. When child can climb out of the cot, it is time to move them to them the stretcher/floor bed
3. The cot/bed and mattress should be safe and meet safety standards
4. Only use lightweight bedding, firmly tucked in and only pulled up to the child's chest
5. Don't wrap children over the age of 12 weeks. Toddlers may sleep in a safe sleeping bag
6. Remove any items from the child that pose a suffocation, choking, strangulation or overheating risk (e.g., hoodies, very small toys, ties, jewellery, soft bedding, scarves, bibs, cords)
7. May use a soft toy or comforter over 12 months, but remove it if the child:
 - Covers their face or head with it
 - Is unable to move it away from their face or head
 - Rests their head on it like a pillow, creating a chin on chest position and reducing air intake
 - Uses the comforter to lift themselves up in the cot and risks falling out, or
 - Puts the toy into their mouth, potentially blocking their airway or becomes a choking hazard
8. Do not use electric blankets, weighted blankets or sleeping bags, wheat bags, or hot water bottles
9. Check the spaces for all hazards, and ensure that there is adequate ventilation, lighting and the temperature is comfortable
10. If a child doesn't want to sleep, they should be offered quiet time instead
11. Implement cot/stretcher and bed clothes cleaning procedures (in Health, Hygiene and Cleaning Policy)

PROCEDURE – Supervision and physical checks during sleep and rest

When to use this procedure

- Daily as part of our routine sleep and rest arrangements for children

IMPORTANT! Always follow Red Nose's safe sleep guidelines

Critical information

1. Ensure airways are clear at all times
2. Implement our medical emergency procedure if a child shows difficulty in breathing or has a blue skin colour
3. If a child has a medical management plan in place that requires different or additional sleep or rest practices, implement these

Provide continuous supervision and monitoring

1. Provide continuous supervision and be in a position where you can see and hear sleeping and resting children
2. Supervision should not be done via CCTV, baby monitors, or a viewing window. Educators should be in the same room as the children they are supervising
3. If you can't see the children because the light is too poor, report this immediately to the nominated supervisor to fix
4. Do not be distracted by other duties
5. Ensure that the child's head and face remain uncovered
6. Monitor the environment for hazards, ventilation and temperature

Physical bedside checks

1. Use a timer to conduct 10-minute checks for all children.
2. Physically check the child from the side of the cot or bed – i.e., not via windows, CCTV, monitors
3. Check more frequently if there are increased risk factors, e.g., if stipulated in a child's medical management or risk minimisation plan, infants or children with known SUDI risk factors, or if the child has a transient illness or a sleep issue
4. Check the following:
 - Breathing
 - Body temperature
 - Colour of skin and lips

- Head and face uncovered
- Sleep position (back or tummy, depending on the age of the child)
- Head position
- State (sleeping, awake, unsettled, crying)

5. Make a record of every physical check with the following information:

- The time
- Date
- Name of the educator

Staff supervision, support and compliance monitoring

1. The approved provider and nominated supervisor must ensure:
 - That required ratios are maintained and rostering enables educators to provide continuous supervision and monitoring during sleep and rest
 - Sleep spaces are set up and light enough to allow supervision and for educators to properly conduct their physical checks
 - Spot checks and regular audits are conducted to ensure that educators are conducting physical checks and continuous supervision according to our procedures