



## 7.5 (a) Safe Sleeping and Rest Time Policy

<b>Policy number:</b> 7.5 (a)
<b>Date last reviewed:</b> October 2024
<b>Reviewed by:</b> Child Care Team

This policy relates to	
Family Day Care/Venue Care/ In Home Child Care	
National Quality Standards	<p>2.1 Each child’s health and physical activity is supported and promoted.</p> <p>2.1.1 Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s need for sleep, rest and relaxation.</p> <p>2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented.</p> <p>2.2.1 At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.</p> <p>3.1.1 Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.</p> <p>6.1.2 The Expertise, culture, values and beliefs of families are respected and families share in decision-making about their child’s learning and wellbeing.</p> <p>7.1.3 Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.</p>
Policies	<p>Health and hygiene</p> <p>Providing a child safe environment</p> <p>Supervision</p> <p>Interactions with children</p> <p>Enrolment and orientation</p>
Resources	<ul style="list-style-type: none"> <li>▪ Red Nose – Safe Sleeping Practices <a href="https://rednose.com.au/section/safe-sleeping">https://rednose.com.au/section/safe-sleeping</a> <a href="https://rednose.org.au/article/safe-sleep-practices-save-lives">https://rednose.org.au/article/safe-sleep-practices-save-lives</a></li> <li>▪ Health Direct – Sudden Infant Death Syndrome (SIDS) <a href="https://www.healthdirect.gov.au/sudden-infant-death-syndrome-sids">https://www.healthdirect.gov.au/sudden-infant-death-syndrome-sids</a></li> </ul>



## **Purpose**

Procedures are set to ensure that all children have a safe sleeping environment. An approved service must take reasonable steps to ensure that children's needs for sleep and rest are met, having regard to each child's age, development and needs.

On enrolment children's sleep and rest, routines will be discussed with parents and educators will try to meet individual needs to assist with sleep patterns. Sleep assessments will be completed as part of the care agreement and discussed between the educator and parent.

## **Background**

Educators are required to follow recommendations by Red Nose with regards to safe sleeping. Circumstances for children with specialist needs for sleeping will need to have support documentation for any practice that is outside of the policy and Safe Sleeping recommendations. Changes will not occur based on parent's direction due to risks to children.

## **Policy**

Discussion is to occur with families at enrolment time to include usual sleep practices at home and to ensure they are aware of policy requirements. We respect that parents may have different practices at home and that making changes may cause some difficulties in settling a child into care; however, these policies are based on meeting regulatory responsibilities in relation to child safety requirements and will need to be followed by the educator. If educators or families have any concerns, they are very welcome to call the Beaucare Family Day Care office and discuss further.

## **Safe Sleep Risk Management**

To ensure compliance with regulation 84A, 84C, 84C(3), 84C(4) of the Education and Care Services National Regulations the Service and the educator must take reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for by the service are met, having regard to the ages, development stages and individual needs of the children.

To ensure the safety of children during sleep and rest:

- All educators who will be caring for children under the age of 2 years old are required to complete safe sleeping training prior to commencing the care of children. Training is required to be updated every 18 months.
- An *Annual Sleep and Risk Check* will be conducted by the coordination unit. Identified concerns will be raised with the educator immediately and monitored to ensure safety.
- A *Sleep and Rest Risk Assessment* will be completed by the coordination unit and educator in relation to the sleep and rest areas within their approved service. In completing the risk assessment, coordination unit and educators will consider:
  - the number, ages and development stages of children being educated and cared for, including at each education and care service and FDC residence or approved FDC venue of the service.



- the sleep and rest needs of children at the service (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest) including at each education and care service and FDC residence or approved FDC venue of the service.
- the suitability of educator arrangements required to adequately supervise and monitor children during sleep and rest periods.
- the level of knowledge and training of the educator supervising children during sleep and rest periods.
- the location of the sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas, including at each education and care service and FDC residence or approved FDC venue of the service.
- the safety and suitability of any cots, beds and bedding equipment and having regard to the ages and developmental stages of the children who will use them.
- 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 at each education and care service and FDC residence or approved FDC venue of the service.
- for FDC services, that provide overnight care to a child, any risks that the overnight care provided at the family day care residence or approved venue may pose to the safety, health or wellbeing of the child.

Educators are required to complete Safe Sleeping training prior to providing care for children under 2 years of age. Coordinators will schedule occasional visits to coincide with sleep time to observe educator's safe sleeping practices. Educators should have available Red Nose resources and information in their service and encourage parents to practice safe sleeping techniques at home.

### **All Children**

Educators are to complete the *Sleep and Rest Assessment - Care Arrangement Form* with new families to identify any issues prior to the family starting care so that there can be discussion about Safe Sleeping requirements. Families may be able to transition routines prior to the child starting care to assist with settling the child into care e.g. if a child is used to going to sleep with a bottle in their cot, this would not be able to occur in Family Day Care and the family may be able to make changes to the practice so that it is easier for the child when they start care.

- Children must sleep and rest with their face uncovered.
- Linen for individual children should be stored in a bag with their name on it, if not being used.

### **Individual Children**

Ensure that children who do not wish to sleep are provided with alternative quiet activities and experiences, while those children who do wish to sleep are allowed to do so, without being disrupted. If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest (if required). It is important that the opportunities for rest and relaxation, as well as sleep, are provided.

Consider that there are a range of strategies that can be used to meet children's individual sleep and rest needs.

Look for and respond to children's cues for sleep (e.g., yawning, rubbing eyes, disengagement from activities, crying, decreased ability to regulate behaviour and seeking comfort from adults).

Avoid using settling and rest practices as a behaviour guidance strategy because children can begin to relate the sleep and rest environment, which should be calm and secure, as a disciplinary setting.

Minimise any distress or discomfort.

Acknowledge children's emotions, feelings and fears.

Understand that younger children (especially those aged 0-3 years) settle confidently when they have formed bonds with familiar educators.

### **Sleep Rooms**

- Ensure the physical environment is safe and conducive to sleep. This means providing quiet, well-ventilated, and comfortable sleeping spaces. Wherever viewing windows are used, all children should be visible to supervising educators.
- Children's sleep and rest environments must be free from cigarette or tobacco smoke.
- Sleep and rest environments and equipment must be safe and free from hazards.
- Doors to sleep rooms must remain open unless the room is fitted with a functioning smoke detector that is tested annually.
- Sleep rooms need to allow for a comfortable and safe sleep environment this includes ventilation of air and regulated temperatures of the room as well as the ability to close curtains or darken the room in some way to create a restful environment.

### **Supervision**

- Supervision requirements of sleeping children will be included in the *Sleep and Rest Risk Assessment* as well as the *Sleep and Rest Assessment - Care Arrangement Form sheet* which will include information relating to each child's circumstances and needs to determine any risks. Factors to be considered include the age of the child, medical conditions (e.g.

small babies or children with colds; chronic lung disorders), individual needs and history of health and/or sleep issues. A higher level of supervision may be required while the child is sleeping.

- Educators should closely monitor sleeping and resting children and the sleep and rest environments. Listening for children is not a fail-safe form of supervision for young children. Visual checking/inspecting at regular 10 minutes is the recommendation and should occur for all children in care when they sleep and be documented using *The Sleep Checklist*. Documenting physical sleep checks is a legislative requirement.
- When conducting sleep checks the sleeping children should always be within sight and or hearing distance so that educators can assess the child's breathing and colour of their skin to ensure their safety and wellbeing. Rooms that are very dark and have music playing may not allow adequate supervision of sleeping children.
- Checking infants regularly is every 10 minutes to ensure that the child has not rolled onto their stomach and is breathing comfortably. *The Sleep Checklist* is to be used to document regular checking of all children in care when they sleep recommended every 10 minutes.
- If an infant, particularly under the age of 6 months, has rolled onto their stomach, they need to be placed back on their back.
- Infants that fall asleep in a pram, baby swing, or car seat are to be removed and placed on their back in the cot.

### **Older Children**

- No child is to sleep on a waterbed, beanbag, or lounge.
- Individual beds and bedding should be provided for each child needing a rest.
- Children over the age 12 months are generally old enough to sleep on a mattress on the floor, or in a regular bed with guard-rails. Children able to climb out of a cot can be transitioned to a floor bed if over the age of 12 months.
- Cots that meet Australian safety standards are the safest option for children under the age of 2 years and should be used for as long as developmentally appropriate for the child. Children should not move onto a floor mat at 12 months if they are not developmentally ready or if there are increased risks to the child- small items in the room etc.
- Due to risk of falls, the top bunk needs to be made inaccessible. Children under 9 years should not be allowed on the top bunk of bunk beds. (The risk and incidence of bunk bed injuries does not substantially reduce until children reach nine years of age).
- Beds should be in good condition and easily cleaned. Beds must meet the needs for the age, size and comfort of each child.

## Babies and Toddlers

- Babies or young children should not be moved out of a cot into a bed too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot. Download the Red Nose brochure [“Cot to Bed Safety: When to Move Your Child Out of a Cot”](#) for more information.

[Red Nose Six Safe Sleep Recommendations | Red Nose Australia](#)

To reduce the risk of SIDS, educators are to follow the outlined recommendations in the brochure “Red Nose Safe Sleeping” for all children under the age of 2 years which states:

### ***Always place baby on their back to sleep on a flat safe sleeping environment***

Babies should be placed on their back with feet at the bottom of the cot when first being settled. Red Nose does not recommend using positional devices such as items that fasten baby in a sleeping position, as there are no Australian Standards for these products. Once a baby has been observed to repeatedly roll from back to front and back again, on their own, they can be left to find their own preferred sleep or rest position (this is usually around 5 to 6 months of age). Babies aged younger than 5 to 6 months, and who have not been observed to repeatedly roll from back to front and back again on their own, should be re-positioned onto their back when they roll onto their front or side.

NOTE: Healthy babies placed to sleep on their back are less likely to choke on vomit than tummy-sleeping infants. Actively supervised tummy time is important and encouraged for all babies when they are awake.

If a medical condition exists that prevents a baby from being placed on their back, the child’s medical practitioner should confirm the alternative practice **in writing** with the service.

Placing babies on their back to sleep helps keep their airway clear and ensures their protective reflexes work. Back sleeping reduces the risk of suffocation, overheating and choking.

## **New product safety rules**

[New mandatory standards](#) for infant sleep products and inclined non-sleep products were introduced on 18 July 2024.

The new standards aim to reduce the risk of death and injury from products that babies do or may fall asleep in.

### **Risks of inclined sleep surface**

Why isn’t it safe- when a baby is placed on an inclined surface, their body naturally shifts downward. This can cause the weight of the head to tilt forward, potentially leading to a restricted airway, which can obstruct their breathing and increase the risk of suffocation. Furthermore, the lack of support for their developing muscles means that they are unable to reposition themselves safely if they begin to struggle to breathe. Despite being marketed as sleep aids, these products are not safe and have been linked to several infant deaths.

### **What is an inclined sleep surface and why is it dangerous**

An inclined sleep surface refers to any sleep product designed with a sloped angle, where the baby's head and upper body are elevated higher than their lower body. This slope can range in degree, but products that incline more than seven degrees are dangerous to a baby by restricting the airway.

### **Inclined Sleepers: a major safety concern**

Red Nose has long advocated against the use of inclined baby products for sleep. Despite being marketed as safe, these products have been linked to infant deaths. The new standards ensure that all sleep products- such as cots, and mattresses are safe and flat.

### **What does this mean for educators?**

While it might seem convenient to leave a baby in a car capsule, usher, or bouncer after they fall asleep, it's important to remember that these are not safe sleep environments and not supported by ACECQA's Sleep and Rest Legislation requirements. Babies should always be transferred to a firm, flat, and clear sleep surface as soon as possible. [Safe Sleep Training – Red Nose Learning Products that are safe for baby to sleep in guide | ACCC Product Safety](#)

### ***Keep baby's face and head uncovered.***

Babies control their temperature through their face and head, keeping baby's face and head uncovered during sleep helps reduce the risk of overheating. It also helps keep their airways clear which reduces the risk of suffocation.

Ensure there are no pillows, bumpers, blankets quilts, doonas, duvets, pillows, cot bumpers, lamb's wool/sheepskins, and soft toys in the cot. Dress baby appropriately to avoid the need for blankets or use a safe baby sleeping bag. Remove all head coverings and hooded clothing before sleeping.

Babies over 4 months of age can generally turn over in a cot. When a baby is placed to sleep, educators should check that any bedding is tucked in secure and is not loose. Babies of this age may be placed in a safe baby sleeping bag (i.e., with fitted neck and armholes, but no hood). At no time should a baby's face or head be covered (i.e., with linen). To prevent a baby from wriggling down under bed linen, they should be positioned with their feet at the bottom of the cot.

If a baby is wrapped when sleeping, consider the baby's stage of development. Leave their arms free once the startle reflex disappears at around 3 months of age and discontinue the use of a wrap when the baby can roll from back to tummy to back again (usually 4 to 6 months of age). Use only lightweight wraps such as cotton or muslin. Visit the Red Nose website to download the information article ["Wrapping Babies" and the brochure "Safe Wrapping"](#) for more information.

### ***Keep Baby Smoke Free Before and After Birth***

Smoking during pregnancy and around baby once they are born increases the risk of sudden infant death – this includes second-hand smoke.

Ensure the environment is free of tobacco smoke, alcohol, and illicit drugs at all times. There is an increased risk of SIDS when babies are exposed to tobacco smoke.

### ***Safe sleeping environment night and day.***

*The safest place for baby to sleep is in their own safe space, with a safe mattress, and safe bedding. Baby should always be placed on their back to sleep, with their feet at the bottom of the cot.*

- Safe cot Meets Australian standard AS/NZS 2172:2003.
- Safe mattress Firm, flat, right size for your safe cot, meets voluntary Australian standard (AS/NZS 8811.1:2013).
- Safe bedding Lightweight bedding, firmly tucked in and only pulled up to the chest.
- Safe sleeping bag Well fitted across the neck and chest, with baby's arms out, and no hood.

Cots, mattresses and environments that are unsafe increase the risk of sudden unexpected infant death. Refer to the information contained in "Safe Cot", "Safe Mattress" and "Safe Bedding" sections included in this policy.

### ***Sleep baby in their own safe sleep space in the parent or caregiver's room for the first 6 months***

The safest place for baby to sleep is in their own safe space, in the same room as their parents or adult caregivers for the first 6 months.

### ***Encourage Breastfeeding***

Ensure breastfeeding is encouraged in the Family Day Care environment, as studies have shown that breastfeeding reduces the risk of SIDS.

### **Safe Cots**

Babies spend time alone in cots, so it is important that a safe sleeping environment is provided. Statistics show that babies can get into dangerous situations when sleeping. Risks include:

- Suffocating under bedding.
- Choking on toys or other objects.
- Becoming caught between the cot side and mattress.
- Becoming strangled on cords and ribbons.
- Entrapment hazards - spaces between panels or bars which a child's head, limbs or hands can get caught.
- Snag points – protrusions on which clothing can catch and hang a child.

Don't use any soft items in the cot. Soft items in the sleep space are dangerous and increase the risk of suffocation and overheating.



To ensure safe sleeping environments for babies and young children, all cots sold in Australia must meet the current mandatory Australian Standard for Cots (AS/NZS 2172), and carry a label to indicate this, and be used for the age and weight of children specified on the cot's directions.

### **Portable cots**

Beds and cots are only to be used for the recommended age and weight of the child.

Port-a-cots are recommended for children who are less than 85 cm in length, less than 13.5 kg in weight, under 18 months of age and who are not able to climb out of the cot.

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

It is recommended when purchasing porta cots that they have mostly mesh sides for breathability.

All portable cots sold in Australia must meet the current mandatory Australian Standard for children's portable folding cots, AS/NZS 2195, and should carry a label to indicate this. Port-a-cots may only be used with children who weigh less than 13.5 kilos, are less than 85cm in length or who are generally less than 18 months. Educators need to ensure that this is discussed with families prior to starting care.

A portable cot, which has been specifically designed as an infant sleeping environment, can be used for daytime sleeps and moved from room to room for adult supervision. If a baby needs to be slept in a separate room, they should always be within hearing of the educator and should be visually checked/inspected every 10 minutes which is to be documented using The Sleep Checklist.

There has been an identified risk of wear and tear issues with portable cots folding mechanisms, due to this reason educators must risk assess the mechanisms and only use porta cots if in very good condition where the folding mechanisms are in good condition and working order.

No porta cots can be used if the cots are not in good condition and completely safe.

Educators must have the instructions and Australian standard information for any portable cots being used. This is to ensure that the educator knows how to correctly use the portable cot with locking mechanisms and the recommended weight for children.

It is recommended to not have portable cots being put up and down on a regular basis because this creates wear and tear on the folding mechanisms.

If a portable cot is used regularly this will also create additional risks due to wear and tear.

Portable cots are only to be used where a parent has signed the sleep assessment on the care agreement.

**Portable cots are not to be used for any over night care.** Full size cots must be used.

### **ACCC guidelines must be followed.**

- Set up according to manufacturers instructions and checked to ensure the locking mechanisms work correctly.
- In good condition and safe working order, in line with ACCC guidelines
- Only use the mattress that came with the porta cot
- No other items should be placed in the cot

Folding cots are subject to wear and tear due to:

- Repeated folding
- Unfolding the cot
- Portability.

They are generally less robust than permanent sleeping enclosures such as household cots, so they should be regularly checked for signs of damage and to make sure that the folding and locking mechanisms work correctly. Infants can be trapped and strangled if a cot collapses.

Daily safety checklist is to be completed by the educator when using portable cots

Coordinators will also do a checklist on the monthly visits to check the porta cot.

Never place toys, sleep positioners or extra bedding like pillows, blankets and bumpers in a cot as these increase the risk of suffocation for babies. Make sure the cot is clear of these items before placing baby for sleep.

**Wooden cots** should be set the lowest height as soon as the baby is able to sit. Wooden cots can be used at the lowest height until a child is 2 years of age or the child poses a climbing risk.

Babies are not to be left in a hammock, pram/stroller, swings or car seat to sleep as these are not safe substitutes for a cot, they do not meet the requirements of Safe Sleeping and may increase risks to children.

Cots used at a service should meet current standards. Download the guide to infant and nursery products publication – [“Keeping Baby Safe”](#) - for more information from the Australian Competition and Consumer Commission’s website.

### ***Legislation Restriction – October 2023***

**Bassinets are not permitted in Family Day Care premises** at any time that children are being educated and cared for by the Family Day Care Educator. All bassinets are covered by this prohibition.

The common design and characteristics of a bassinet may include, but are not limited to:

Size- smaller than a regular cot

Shape- may be basket- like, oval or shaped like a regular cot.

Structure- may have handles, foldable or fixed legs or casters or ability to glide/rock.

Portability- easy to carry or move and may be attached on a frame or a pram.

Purpose- specifically intended for infants under 4-6 months old (before they show signs of rolling) and may be a stand-alone item, or an accessory (for example as a fitting on a pram).

### ***Critical Cot Dimensions***

- Minimum depth: should be at least 500mm from the top of the mattress to the lowest point on any side. Only use the size of mattress recommended by the manufacturer.
- Space between bars: need to be between 50mm and 85mm (any wider and a serious head entrapment is created).
- Spaces between bars and mattress sides: Should not be more than 25mm. An infant can roll face down into a gap and have difficulty rolling over.
- Finger traps: There should be no spaces between 5mm and 12mm.

- Arm and leg traps: There should be no spaces between 30mm and 50mm.
- Protrusions: There should be no protrusions more than 8mm within the cot that are accessible to the child. Clothing can be caught on these and strangle a child.

### **Maintenance**

- Ensure there are no more than two legs with castors or that the castors have brakes engaged.
- Ensure bases on adjustable base cots are moved to their lowest setting as soon as the child is able to sit unaided. There should only be two base height positions.
- If the cot has been painted, ensure the paint is lead free. Lead paint is toxic and when babies are teething, they may chew the cot bars and swallow the lead paint. If unsure if the paint is leaded, do not use the cot until it has been checked (the paint can be tested).
- Make sure that all bolts and screws are tight and that catches on the cot-side cannot be undone by small fingers.
- Ensure the cot does not have any sharp edges or corners, or holes that fingers can be poked into.
- Ensure cots have high sides i.e., from the top of the mattress to top of cot side needs to be at least 500mm. This is important because as babies grow and can pull themselves to a standing position in the cot, they are at risk of falling over the side.
- Cots should be always kept clean and safe. Cots are only to be used for infant sleeping and are not to be used to store toys/equipment. Cots should not be used as a play area for babies or children.

### **Safe Cot Mattresses**

Mattresses should be in good condition; and completely free from tears as exposed foam padding can lead to choking and is harmful to infants. They should be clean, dry, dust free, firm and flat, and fit the cot base with not more than a 20mm gap between the mattress sides and ends. A firm sleep surface that is compliant with the new AS/NZS Voluntary Standard (AS/NZS 8811.1:2013 Methods of testing infant products – Sleep surfaces – Test for firmness) should be used.

Mattresses should not be elevated or tilted. Testing by hand is not recommended as accurate in assessing compliance with the AS/NZ Standard.

Remove any plastic packaging from mattresses.

Ensure waterproof mattress protectors are strong, not torn, and a tight fit.

Do not add any additional padding under or over the mattress or an additional mattress.

If a cot is used for more than one child, sheets and bedding must be cleaned, changed and the cot disinfected after each child's use.

Sheets and bedding are to be washed as needed or weekly.

### **Safe Bedding**

Light bedding is the preferred option; it should be tucked into the mattress to prevent the child from pulling bed linen over their head.

Remove pillows, doonas, loose bedding or fabric, lamb's wool, bumpers and soft toys from cots.

Soft and/or puffy bedding in cots is not necessary and may obstruct a child's breathing. For more information, download the following articles from the Red Nose website.

<https://rednose.org.au/article/pillow-use>

<https://rednose.org.au/article/can-my-baby-have-a-soft-toy>

<https://rednose.org.au/article/bedding-amount-recommended-for-safe-sleep>

### **Safe Placement/Location of Bedding**

Cots must only be placed in rooms that have been safety checked and approved by the coordination unit. Ensure a *Sleep and Rest Risk Assessment* has been conducted.

- Cots and mattresses are not to be placed near windows, heaters, electrical appliances, or power points (to reduce the risk of injuries from falls, burns and electrocutions).
- Cots and mattresses must not be placed near any hanging cords or strings from curtains, blinds, mobiles, or electrical devices to avoid risks of strangulation.
- The space above the cot must be free of objects such as pictures or mirrors that could fall on the child.
- Toys, cushions, pillows, and cot bumpers are not to be used in infant cots as part of SIDS guidelines.
- Small objects that could cause the child to choke should not be placed in the cot or anywhere accessible to the child. (Anything smaller than a ping pong ball is a choking hazard to an infant).
- Electric blankets, hot water bottles and wheat bags must not be used for babies or young children while in cots or on mattresses.
- Do not place anything (e.g., amber teething necklaces) around the neck of a sleeping child. The use of teething bracelets (e.g., amber teething bracelets) is also not recommended while a child sleeps. If parents have requested specific items not be removed for cultural and/or religious requirements, speak with the coordination unit for additional guidance.
- Children under 2 years of age, sleeping on floor beds are at a high risk of choking. The area being used must be checked for small items and made inaccessible/ out of reach.

- Cushions should be removed from sleep areas where children may be able to pull onto themselves or other children.

### **Planning for Rest Times**

Rest times are to be planned for as part of the daily routine, with consideration given to safety, lighting, sound, temperature, and ventilation for all children resting. Educators should accommodate individual children's needs, especially infant, toddler routines, and the needs of children who do not sleep.

- Children who have suffered a high temperature or head injury should not be going to sleep in care and need to be sent home as they may require medical attention.
- If a child has been unwell in the morning it is better for the child to leave care prior to rest time, small children may not be able to verbalise that they are feeling unwell and temperatures can increase when an infant is sleeping, bringing on risks for febrile convulsions.
- Consideration should be given to the temperature of the room/day prior to putting a child to sleep, check clothing for safety and temperature.
- Checking with parents in the morning about the child's previous day/night is important to know when they might be tired. Expecting a child to go to sleep at the exact same time each day is not reasonable and can create stress for the child and educator e.g. if the child has slept in until late morning, they may not go back to sleep for a morning rest at care.
- Many variances can affect a child's sleep routine, changes in the home, routine, weather, if they are hungry, health changes, noise, level of activity in the environment prior to rest time, during rest time, nappy change requirements/toileting. If a child is not settling well, all factors should be considered.
- If a child is not settling for a rest time it is reasonable in some situations to contact the parent to discuss if there have been any changes that might be affecting the child.
- There are times that parents ask for children not to rest in care due to sleep issues occurring at nighttime or at home. It should be explained to the parent that it is a requirement for all children to have a rest time, this might look differently for individual children based on their needs. Children will not be forced to have a sleep, but a quiet rest time is a healthy practice for all children. Educators are not expected, nor should they try to keep children awake when they are showing signs of being tired and want to go to sleep.
- The coordination unit are happy to assist educators and families to develop good practice to assist children to have a happy, safe and restful time when they are in care.
- Children who do not sleep and just have a rest time can be given quiet activities to do while other children sleep, this can depend on how the educator plans for this time of day.

### **Children sleeping overnight**

Overnight care must be approved prior by the service to ensure that the environment is appropriate to meet the needs of the children in care including:

- A risk assessment
- *Overnight Care information checklist* signed by both the parent and the educator.
- *Individual beds/full size cots must be used for overnight care and must be approved by the service provider.*
- ***Porta cots and floor mats cannot be used for overnight care.***

### Relevant Legislation

Education and Care Services National Law Act  
Education and Care Services National Regulations  
51(1)(a) Conditions on service approval (safety, Health and wellbeing of children)  
166 Offence to use inappropriate discipline  
167 Offence relating to protection of children from harm and hazards  
81 Sleep and rest  
84a Sleep and rest  
84b Sleep and rest policies and procedures  
84C (3) and 84C(4) Sleep risk assessment  
87-Inciden, injury, trauma and illness record  
103-premises, furniture and equipment to be safe, clean and in good repair  
106-Laundry and hygiene facilities  
107-space requirements- indoor space  
110-Ventilation and natural light  
115-Premises designed to facilitate supervision  
116-Assessments of family day care residences and approved family day care venues  
168(2) (a) (v) Education and care service must have policies and procedures in relation to sleep and rest for children.  
169-Additional policies and procedures- family day care  
170-Policies and procedures to be followed  
171-Policies and procedures to be kept available  
172- Notification of change to policies or procedures.

### Key Resources

[Regulatory Bulletin \(vision6.com.au\)](http://vision6.com.au)  
[www.productsafety.gov.au](http://www.productsafety.gov.au)  
<https://www.productsafety.gov.au/products/babies-kids/kids-furniture/folding-cots>  
[www.fairtrading.qld.gov.au](http://www.fairtrading.qld.gov.au)  
[www.fairtrading.qld.gov.au/Product-safety-warnings.htm](http://www.fairtrading.qld.gov.au/Product-safety-warnings.htm)  
Red Nose Safe Sleeping brochure and information sheets for Safe Sleeping Practices  
[www.rednose.com.au/section/safe-sleeping](http://www.rednose.com.au/section/safe-sleeping)  
Kid Safe Qld  
<https://kidsafeqld.com.au/resources/>

Health Direct – Sudden Infant Death Syndrome (SIDS)

<https://www.healthdirect.gov.au/sudden-infant-death-syndrome-sids>

Family Day Care Australia

[www.fdca.com.au](http://www.fdca.com.au)

Aussie Childcare Network

<https://aussiechildcarenetwork.com.au/articles/child-health-and-safety/cots-and-cot-mattresses#:~:text=The%20law%20states%20that%20all%20cots%20sold%20in,and%20the%20maximum%20height%20protrusions%20to%20prevent%20strangulation.eight%20protrusions%20to%20prevent%20strangulation>

Product Safety Recalls Australia

<https://www.productsafety.gov.au/recalls>

Australian Competition and Consumer Commission – Keeping Baby Safe, a guide to infant and nursery products

<https://www.productsafety.gov.au/about-us/publications/keeping-baby-safe-a-guide-to-infant-and-nursery-products>

Red Nose information article - Pillow Use

[www.rednose.com.au/article/pillow-use](http://www.rednose.com.au/article/pillow-use)

Red Nose information article - Soft Toys in the Cot

[www.rednose.com.au/article/soft-toys-in-the-cot](http://www.rednose.com.au/article/soft-toys-in-the-cot)

Red Nose information article – Bedding Amount Recommended for Safe Sleep

[www.rednose.com.au/article/bedding-amount-recommended-for-safe-sleep](http://www.rednose.com.au/article/bedding-amount-recommended-for-safe-sleep)

Red Nose information article – Wrapping or Swaddling Babies

[www.rednose.com.au/article/wrapping-babies](http://www.rednose.com.au/article/wrapping-babies)

Red Nose information article – Making Your Home Safe Before Moving a Child From a Cot to a Bed

<https://rednose.org.au/article/making-your-home-safe-before-moving-a-child-from-a-cot-to-a-bed>

Red Nose information brochure – Cot to bed safety, when to move your child out of a cot

[https://rednose.org.au/downloads/RN3356\\_Cot\\_Bed\\_DL\\_Oct2018\\_web.pdf](https://rednose.org.au/downloads/RN3356_Cot_Bed_DL_Oct2018_web.pdf)

### **Related Policies**

[Appendix H Safe Work Practice](#)