



These guidelines are part of a series intended to assist in the development of your service's policies and procedures required under regulations 168 and 169. They set out the main components to be included in your policies and procedures, and considerations for each component.

They should guide how you develop, reflect on and improve your policies and procedures, and are not an exact format to be followed.

SLEEP AND REST FOR CHILDREN

POLICY GUIDELINES

Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for managing sleep and rest for children (regulation 168) and take reasonable steps to ensure those policies and procedures are followed (regulation 170).

The approved provider, nominated supervisor and family day care educator must take reasonable steps to ensure children's needs for sleep and rest are met, having regard to each child's age, developmental stages and needs.

Basing your service's sleep and rest for children policy on recognised and evidence-based principles is an important way of demonstrating that you are taking reasonable steps.

Red Nose Australia (formerly SIDS and Kids) is the recognised national authority on safe sleeping practices for infants and children. Red Nose Australia resources should be consulted when reviewing and updating sleep and rest policies and procedures.

You will also need to consider safety requirements for relevant equipment, such as cots, mattresses, bedding and evacuation cots. How these work in practice will be in your procedures.

Your policies and procedures should address these requirements, as well as quality practices relating to sleep and rest for children that align with the National Quality Standard.

Every service is different, so it is not sufficient to apply generic policies and procedures to multiple services. You will need to contextualise your policies and procedures to your service's operations and its unique context. This will include adapting your policy and procedures to suit the circumstances of all children at your service, for example, older children attending OSHC.

1. Title

Sleep and rest for children policy

2. Policy statement

The policy statement will reflect your service's philosophy about sleep and rest for children.

For example:

The purpose of the *Sleep and rest for children policy* is to ensure the safety, health and wellbeing of children attending our service and appropriate opportunities are provided to meet each child's need for sleep, rest and relaxation.

3. Background

Your policy needs to include a statement of why this policy is in place.

For example:

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for children's sleep and rest.

Our *Sleep and rest for children policy* provides our educators, management, coordinators, other staff, families and the community with the information they need to support children's needs for sleep and rest while attending the service.

There is now much research available to inform decisions about safe sleeping environments, including research that identifies poor sleep procedures and inadequate supervision as risk factors, which can result in, or contribute to, serious harm to young children. All children need rest and sleep for their wellbeing and health, and this is an area of service policy and procedure that our service very carefully considers, monitors and actively reviews to ensure risks are appropriately addressed at all times. We value feedback from families and ensure that our policies, procedures, practices and decisions are based on the most up to date advice from recognised authorities, such as Red Nose Australia.

4. Legislative requirements

Your policy must be consistent with, and refer to, legislative requirements for sleep and rest for children.

Examples include, but are not limited to:

Section 165	Offence to inadequately supervise children
Section 167	Offence relating to protection of children from harm and hazards
Regulation 82	Tobacco, drug and alcohol-free environment
Regulation 84A	Sleep and rest
Regulation 84B	Sleep and rest policies and procedures
Regulation 84C	Risk assessment for purposes of sleep and rest policies and procedures
Regulation 84D	Prohibition of bassinets
Regulation 87	Incident, injury, trauma and illness record
Regulation 103	Premises, furniture and equipment to be safe, clean and in good repair
Regulation 105	Furniture, materials and equipment
Regulation 106	Laundry and hygiene facilities
Regulation 107	Space requirements – indoor space
Regulation 110	Ventilation and natural light
Regulation 115	Premises designed to facilitate supervision
Regulation 116 (FDC only)	Assessments of family day care residences and approved family day care venues
Regulation 168	Education and care service must have policies and procedures
Regulation 169	Additional policies and procedures – family day care
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies or procedures

When writing your policy you will need to break down what is required under each regulation and how your service will meet these requirements. How these work in practice will be in your procedures.

As you reflect on the *Sleep and rest for children policy*, it might highlight the need to split its various areas into different policies that can be readily accessed by all staff members to follow. For example, you may wish to have separate policies for *Safe sleeping practices* and *Physical environments*.

5. Principles to inform your policy

All decision-making about your procedures should be carried out in accordance with the principles of your service's *Sleep and rest for children policy*. Examples of principles could include, but are not limited to:

- Our approach to supporting and promoting children's health and physical activity, including safe sleep and nutrition, is informed by current recognised guidelines and up-to-date information.
- Our service's safe sleep and rest procedures and practice follow Red Nose Australia guidelines, the recognised national authority in this area.
- Effective sleep and rest strategies are important factors in ensuring each child feels secure and is safe at our service.
- Educators, staff and management have a shared duty of care to ensure all children are provided with a high level of safety when sleeping and resting, including adequate lighting to enable effective supervision by staff and ventilation for children, and every reasonable precaution is taken to protect them from harm and hazard.
- Children sleeping and resting will always be adequately supervised so that educators can supervise children's safety and wellbeing. Educators will be able to visually check the child's sleeping position, breathing and the colour of the child's lips and skin, body temperature, head position, airway and the child's head and face, ensuring they remain uncovered.
- Child safety is our first priority. Educators can confidently refer to the service's *Sleep and rest for children policy* and *procedures* if families make requests that are contrary to the safety of the child.
- Opportunities will be provided to meet each child's sleep, rest and relaxation needs and ensure children feel secure and safe.
- Physical spaces are designed to support supervision, with consideration given to how educators may position themselves within the physical space.
- We will consult with families about their child's routine for sleep and rest at home and carry this out at the service where possible and safe to do so, in line with the prevailing safe sleep practices recommended by Red Nose Australia.

General considerations

- The circumstance and needs of each child should be considered to determine any risk factors that may impact the adequate supervision of sleeping and resting children. For example, babies or children with colds, chronic lung disorders or specific health care needs might require a higher level of supervision while sleeping.

Considerations for overnight or extended care

- Services providing overnight or extended care should develop sleep and rest policies and procedures specific to this type of care (or incorporate overnight care into overarching policies and procedures), as overnight practices will differ to those used during the day.
- Approved providers must ensure that a sleep and rest risk assessment is conducted to inform the sleep and rest policies and procedures relating to sleep and rest, including any risks that the overnight care provided at the family day care residence or approved venue of the service may pose to the safety, health and wellbeing of children.
- Policies and procedures should consider: a safe sleep environment, including a safe cot/bed, safe mattress, and safe bedding; the physical safety of the child's sleeping environment, including adequate lighting to enable physical checks, adequate ventilation, and removal of any potential hazards.
- Educators should develop a plan for safe high-quality overnight supervision. Plans should consider the supervision of the child while they are sleeping, including how they will be monitored during the night; the child's access to other parts of the house or centre during the night; other people's access to the child's sleeping environment; and night time emergency evacuation procedures/lockdown (or just emergency) (e.g. in the case of a fire, intruder etc).

Considerations for family day care

- A family day care service should have an agreed and documented practice for the supervision of sleeping children, tailored to the unique layout and safety considerations of each family day care residence or venue, as well as the ages and developmental stages of the children in care. For example, the service should ensure that children are not placed in the educator's bedroom if they would have access to medication or other dangerous items.
- A family day care educator must consider and have a documented procedure for the manner in which they will adequately supervise and conduct checks of sleeping children, whilst also maintaining adequate supervision of other children in their care.

Considerations for the physical environment

- Include information about the bedding equipment and how it will meet the relevant Australian Standards that govern the use and maintenance of equipment. Providers and services should not use any equipment or products in a way that was not originally intended by the manufacturer, have been recalled, or do not meet relevant safety standards (including AS/NZS 2172, AS/NZS 2195 and AS/NZS 8811 1:2013).

- A cot that meets Australian mandatory standard AS/NZS 2172 is the safest option for infants, and for children who are not yet attempting to climb. Mattresses should meet the Australian voluntary standard for mattress firmness.
- Bassinets must not be on the education and care service premises (including centre based care and family day care) at any time that children are being educated and cared for by the service.
- Portable cots that meet the Australian mandatory standard may be used to enhance the ability of the educator to supervise the sleeping infant or child, but must be set up properly, in a safe location, and in good condition. According to Australian Competition and Consumer Commission (ACCC) [guidelines](#), portacots are generally less robust than standard 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 become trapped and strangled if cots accidentally collapse when they are not properly assembled and locked into place. Risks associated with using portacots should be addressed in sleep and rest risk assessments.
- The care environment, including sleep and rest areas, should be well ventilated, either with fresh air from open windows if safe to do so, or using mechanical ventilation if needed.
- Infants should be dressed with consideration to the room temperature. The infant should be warm but not hot to touch centrally (i.e. on the chest or abdomen). Bedding or clothing should be removed if the infant is hot to touch, or is flushed or sweating. Any clothing or jewellery that could pose a strangulation or choking hazard must be removed before the infant or child is placed in the sleep space.
- Whether soft toys and comforters can be used in the sleep space should be decided by referring to:
 - » best practice guidance by recognised authorities, such as Red Nose Australia; and
 - » the service's sleep and rest policy and procedure, including sleep and rest risk assessments.
- Equipment such as bumpers, infant positioners, inclined sleepers, or additional padding, mattresses, pillows and other soft items should not be used in the sleep and rest environment for children under 2 years of age.
- All children have rights and where appropriate, should have choice about sleeping and resting within the day.
- Questions to consider include:
 - » How does your service ensure the physical environment caters for non-resting children? (Consider separate resting spaces or quiet activities after a short rest.) How will quality practice be reflected in your policy?
 - » How does your service policy and procedures reflect the diversity of the children and families, for example inclusive and cultural practices, and diverse age groups? Will this influence the physical environment? Is there a possible conflict with your safe sleeping guidelines and, if so, how is this addressed?

Considerations for the risk assessment

In line with the requirements of regulation 84A, approved providers 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, and have regard for a child's age; capabilities and developmental or individual needs. Approved providers must ensure a risk assessment is prepared in relation to sleep and rest. Risk assessments must identify and assess risks in relation to sleep and rest, and specify how the identified risks will be managed and minimised. The risk assessment must include assessment of the matters set out below and how risks will be managed and minimised:

- a. the number, ages and developmental stages of children at the education and care service, including, for a family day care service, at each residence and venue;
- b. the individual sleep and rest needs of children at the service (including specific health care needs, cultural preferences and requests from families);
- c. the staffing arrangements required to adequately supervise and monitor all children during periods of sleep and rest
- d. the level of knowledge and training of the staff supervising children during periods of sleep and rest
- e. the location of the sleep and rest areas, and the arrangement of the cots and beds within the areas
- f. the safety of cots, beds and bedding equipment and whether it is appropriate for the ages and developmental stages of the children who will use them
- g. any potential hazards in the sleep and rest areas, cots, beds and bedding equipment
- h. any potential hazards on the child, such as clothing or jewellery
- i. physical safety and suitability of sleep and rest environments, including the temperature, lighting and ventilation of the areas
- j. for FDC residences and venues, overnight care and the potential for other children or people (e.g., residents of an FDC residence) to access children during periods of sleep and rest or access of the child to other parts of the FDC residence.

The risk assessment should be customised for the individual circumstances of the service and proactive steps should be taken to identify any additional risks and mitigation strategies identified and implemented.

Key terms

To make it easier for your audience, provide definitions of key terms that may not be used every day. For example:

Term	Meaning	Source
ACECQA – Australian Children’s Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.	acecqa.gov.au
Infant	A young child between the ages of birth and 12 months, however, definitions may vary and may include children up to two years of age	
Rest	A period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep.	
Relaxation	Relaxation or other activity for bringing about a feeling of calm in your body and mind.	
Sudden and Unexpected Death in Infancy (SUDI)	A broad term used to describe the sudden and unexpected death of a baby for which the cause is not immediately obvious.	What Does Sudden Unexpected Death in Infancy (SUDI) Mean?
Sudden Infant Death Syndrome (SIDS)	The sudden and unexpected death of an infant under one year of age with an onset of a fatal episode occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history.	What is Sudden Infant Death Syndrome (SIDS)?

7. Links to other policies

Refer to related policies and procedures, for example:

- The administration of first aid
- Enrolment and orientation
- Interactions with children
- Providing a child safe environment
- Staffing
- Emergency and evacuation

8. Induction and ongoing training

Include information about induction training and frequency of ongoing training and information sharing to assist managers, coordinators, educators and other staff (including casual/relief educators and family day care assistants) to fulfil their roles effectively.

9. Policy created/reviewed

Include the date the policy was created, reviewed or changes were made.

10. Monitoring, evaluation and review

State when the policy will be reviewed and who will be responsible for this. Update the policy if required and document your service strengths and areas for improvement in your QIP or self-assessment information.

11. Checklist

Have you referenced the relevant regulations and are these reflected in the policy?

Does the title provide a clear and concise statement identifying the intent of the policy?

Have you checked the policy requirements and referenced related legislation that applies to your service type?

Does your policy statement provide a framework for decision-making and ensure consistent practice?

Does your policy statement reflect your service’s philosophy?

Is it clear why this policy exists?

Are best practice principles for sleep and rest for children reflected in your policy?

Do your policies and procedures implement recommendations and advice from Red Nose Australia (the recognised national authority for safe sleep)?

SLEEP AND REST FOR CHILDREN

PROCEDURES GUIDELINES

Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for sleep and rest for children. These guidelines are part of a series intended to assist in the development of your policies and procedures required under regulations 168 and 169. They are to guide how you develop your policies and procedures, and are not an exact format to be followed.

Your procedures should be written in clear and concise language, making them easy to read and understand.

You will need to be specific within your induction and ongoing training and procedure so that educators who are casually employed, new to a service or moving between rooms, can refer to this document when they are unsure about their role and responsibilities at the service.

The steps and guidelines you document will not only guide your practice, but also inform regulatory authorities of roles and responsibilities.

When thinking about your procedures for sleep and rest for children, they need to be practical and achievable. For example, if your procedures outline recorded sleep checks are undertaken every 10 minutes, then this will need to be observed and evidence of documentation needs to be available.

1. Title

Sleep and rest for children procedures

2. Reference to policy and philosophy

Here you refer to your *Sleep and rest for children policy* as seen in your policy documents. You can reference where you will find the policy to help those looking for it.

Your procedures will also reflect your service's overall philosophy and supervision and action plans for specific children.

3. Procedures

This is where you detail the way you will implement the *Sleep and rest for children policy*.

It is the 'How to' in your service and includes specific step-by-step procedures for each age group. Some areas that will be outlined here will include:

- where the procedures will be kept
- when they were last reviewed
- how you are using the procedures as part of your educator and staff inductions (including for casual and relief staff)

- templates or documents that might be required and/or used as a part of the procedures (e.g. Sleep and Rest Time Check chart or digital device/app)
- resources required for the implementation of procedures, where necessary
- systems to monitor the implementation of procedures
- how the service will share procedures with families.

Age is a particularly important consideration for sleep and rest procedures due to the risk of SIDS and SUDI associated with the younger age group.

Your procedures need to reflect the safe sleep recommendations and guidelines set out by Red Nose Australia, the recognised national authority on safe sleep, the Australian Competition and Consumer Commission (ACCC) and these guidelines.

As you reflect on the *Sleep and rest for children policy*, it might highlight the need to split its various areas into different procedures, which will be displayed or accessed by educators and staff to follow in relation to their required actions. For example, your service's bed and linen cleaning procedures may need to be displayed in the storeroom where the beds are kept.

4. Roles and responsibilities

This is where you will designate specific roles and responsibilities for the people who hold different positions within your service. This needs to align with the *Education and Care Services National Regulations* (see pp. 7–8 below).

It is important to note that it is the legal responsibility of approved providers to ensure systems are in place to minimise risk and ensure health and safety procedures are implemented by the responsible people in services including family day care (FDC) environments (if applicable). Ultimate responsibility lies with the approved provider to ensure their service/s are meeting the requirements under the *Education and Care Services National Law*.

When developing this section consider the following questions:

- What are the roles and responsibilities of the approved provider, responsible person, nominated supervisor, family day care coordinators, educators, family day care educators or other staff (including casual and relief staff) in your service in relation to managing children’s sleep and rest?
- How will you clearly define these roles and expectations and where will it be documented?
- Why are clear and robust procedures for children’s sleep and rest important for children’s health, safety and wellbeing?
- How will you learn from the administration of these procedures to improve your practices?
- How will you ensure that the necessary tools are available so educators and staff can follow the procedures in relation to children’s sleep and rest? How will educators and staff be made aware of the procedures?
- Do the roles and responsibilities reflect your service type?
- Are the procedures tailored and specific to your individual service?
- How are families consulted in the development and review of the procedures?

An example of roles and responsibilities could include, but is not limited to:

Roles	Responsibilities
Approved provider	<ul style="list-style-type: none"> • undertake a risk assessment to ensure adequate supervision and monitoring of children during periods of sleep and rest is conducted and documented, including the method and frequency of checking children’s safety, health and wellbeing • ensure that obligations under the Education and Care Services National Law and National Regulations are met • ensure educators (including casual/relief staff) receive information and induction training to fulfil their roles effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time • take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the policy and procedures • ensure the needs for sleep and rest of children being educated and cared for by the service are met, having regard to the ages, developmental stages and individual needs of the children • ensure the premises, furniture and equipment are safe, clean and in good repair, including ensuring all equipment used meets any relevant Australian Standards and other product safety standards, such as Australian Competition and Consumer Commission (ACCC) guidelines. According to ACCC guidelines, portacots are generally less robust than standard 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 become trapped and strangled if cots accidentally collapse when they are not properly assembled and locked into place. Risks associated with using portacots should be addressed in sleep and rest risk assessments • ensure the cots, beds, bedding and bedding equipment being used for sleep and rest are safe and appropriate for the ages and developmental stages of children who will use them (considering for example, if the children might roll, climb out of a cot, fall from a high sleep surface, become trapped between a sleep surface and wall, become trapped face down in bedding, are over the recommended weight limit for sleeping surfaces, or if children’s breathing might become impeded from weighted sleep products) • ensure that bassinets are not on the education and care services premises (including centre based care and family day care) at any time that children are being educated and cared for by the service • ensure that each child has access to sufficient furniture, materials and developmentally appropriate equipment suitable for the education and care of that child • ensure that the indoor spaces used by children are well ventilated; have adequate natural light; and are maintained at a temperature that ensures the safety and wellbeing of children • ensure sleep and rest environments are free from cigarette or tobacco smoke • ensure that the premises are designed to facilitate supervision

Roles	Responsibilities
Approved provider, cont.	<ul style="list-style-type: none"> • ensure children are supervised during periods of sleep and rest. This should include ensuring clear procedures and processes are in place for regular physical bed-side checks of children and recording all checks at the time they occur • ensure copies of the policy and procedures are readily accessible to nominated supervisors, educators, staff and volunteers, and available for inspection • [for FDC services] considers best practice guidelines for safe sleeping environments and equipment when undertaking assessments and reassessments of FDC residences and approved FDC venues • notify families at least 14 days before changing the policy or procedures if the changes will: <ul style="list-style-type: none"> » 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/ FDC coordinator	<ul style="list-style-type: none"> • ensure the needs for sleep and rest of children being educated and cared for by the service are met, having regard to the ages, developmental stages and individual needs of the children • ensure sleeping spaces have sufficient light to allow supervision • ensure sleep practices, environments and equipment continue to be safe and in line with best practice guidelines • ensure that bassinets are not on the education and care service premises (including centre based care and family day care) at any time that children are being educated and cared for by the service • ensure educators understand and follow the service’s policies and procedures • ensure procedures are tailored to the specific service or home environment. For FDC services, ensure FDC coordinators work with FDC educators to consider the unique layout and safety consideration of each family day care residence or venue. • ensure educators understand their legal roles in the implementation of the policies and procedures • ensures children are supervised during periods of sleep and rest. This should include ensuring clear procedures are in place for checks of children and documenting of all checks at the time they occur. • [for FDC coordinators] considers best practice guidelines for safe sleeping environments and equipment when undertaking assessments and reassessments of FDC residences and approved FDC venues.

Roles	Responsibilities
Educators	<ul style="list-style-type: none"> • ensure procedures are relevant to their particular service type and venue. If not, discuss this with the nominated supervisor/family day care coordinator • have a good understanding of the service’s policy and procedures, and embed practices that support safe sleep into everyday practice • identify and suggest any potential improvements to service procedures and practice • identify and remove potential hazards from sleep environments • ensure that bassinets are not on the education and care service premises (including centre based care and family day care) at any time that children are being educated and cared for by the service • document children’s sleep and rest needs and provide information to families about their child’s sleep and rest patterns • consult families to gather information about individual children’s needs and preferences • model and promote safe sleep practices and make information available to families • ensure the needs for sleep and rest of the children being educated and cared for by the service are met, considering the ages, developmental stages and individual needs of the children • maintain supervision of sleeping and resting children including regular physical bed-side checks including visual inspection of the child’s: <ul style="list-style-type: none"> » sleeping position » skin and lip colour » breathing » body temperature » head position » airway » head and face, ensuring they remain uncovered
Educators, cont.	<ul style="list-style-type: none"> • ensure sleeping spaces have adequate light to allow supervision • ensure children’s clothing is appropriate during sleep times and does not have any items that are loose and could get tangled and restrict breathing (including but not limited to bibs and jewellery) • report issues with day to day sleep practice, environment and equipment to the nominated supervisor or provider • [for FDC educators] work with FDC coordinator to develop an agreed and documented procedure for the supervision of sleeping children, tailored to the unique layout and safety considerations of their family day care residence or venue, as well as the ages and developmental stages of the children in their care. For examples, considerations of how they will supervise and conduct checks of sleeping children, whilst also maintaining supervision of other children in their care.
Families	<ul style="list-style-type: none"> • regularly update the service on their child’s sleeping routines and patterns • provide informal updates on the previous night’s sleep to assist with sleeping during the day • provide specified bedding if required by the service • dress child appropriately for the weather conditions and provide additional clothing • review the service’s policies and procedures relating to sleep and rest.

The following table will assist you in developing procedures specific to your service's needs and context. Referring to the relevant sections of the *Education and Care Services National Law* and *Education and Care Services National Regulations* when you are writing your procedures will assist you to ensure you are meeting your obligations.

Areas to include in your procedures	Things to consider and outline in each area (this will be specific to the context of your service)	Strategies for monitoring and implementing procedures	Related policy and/or procedures
<p>Beds and linen</p> <p>Act: 167</p> <p>Regs: 103, 105,106</p> <p>QA2: 2.1.1, 2.1.2</p> <p>QA3: 3.1.1</p> <p>QA7: 7.1.3</p>	<ul style="list-style-type: none"> • Where bedding is stored. • When and how the cots and beds are made. • The cleaning process for cots, beds and linen. • Compliance with Australian standards for cots (AS/NZS 2172 and AS/NZS 2195) and other bedding equipment, including ACCC guidelines. 	<ul style="list-style-type: none"> • Clearly defined roles and responsibility statements. • Consider creating shift descriptions or checklists that include these responsibilities. • Periodic workplace health and safety checks of the physical environment, furniture and resources. • Manufacturer standards checked upon purchasing new furniture, linen and resources. 	<ul style="list-style-type: none"> • Providing a child safe environment. • [for FDC services] Assessment and reassessment of FDC venues and residences.
<p>Sleeping environment/s are fit for purpose</p> <p>Act: 165, 167</p> <p>Regs: 84C, 103, 105, 106, 107, 110, 115, (116 FDC only)</p> <p>QA3: 3.1.1, 3.1.2</p>	<ul style="list-style-type: none"> • How your overall sleep / rest environment and sleep equipment is fit for purpose. This includes: <ul style="list-style-type: none"> » risk assessment for purposes of sleep and rest policies and procedures » how these spaces are ventilated, temperature controlled, lighting and any other considerations, specific to your service environment » consider how the beds and cots will be placed to minimise infection » an appropriate sleep and rest environment, including sufficient spaces in sleep and rest areas that are flexible for the age group » other considerations, specific to your service environment, e.g. number of cot rooms in centre based services, or the unique layout and safety considerations of each FDC residence or venue and the ages and developmental stages of the children attending. • That all hazards (e.g. blinds, cords, necklaces/jewellery, doonas or other loose bedding) are removed or controlled. • Whether soft toys and comforters can be used in the sleep space. This should be decided by referring to best practice guidance by recognised authorities, such as Red Nose Australia. • How you intend to meet regulations 106, 107, 110, 115. • How you reflect diversity within these areas. 	<ul style="list-style-type: none"> • Clearly defined roles and responsibility statements, checklists or shift descriptions. • Responsibility included in shift descriptions. • Periodic WHS checks of the physical environment, furniture and resources. (For FDC services, this should also be included as part of reassessment of FDC venues and residences. 	<ul style="list-style-type: none"> • Providing a child safe environment. • [for FDC services] Assessment and reassessment of FDC venues and residences.

Areas to include in your procedures	Things to consider and outline in each area (this will be specific to the context of your service)	Strategies for monitoring and implementing procedures	Related policy and/or procedures
<p>Health, safety and supervision</p> <p>Act: 165, 167</p> <p>Regs: 82, 84A, 84B, 84C, 84D, 87, 170, 171</p> <p>QA2: 2.1.1, 2.1.2</p> <p>QA3: 3.1.2</p> <p>QA6: 6.1.2</p> <p>QA7: 7.1.3</p>	<ul style="list-style-type: none"> • How you will keep your children safe during their sleep and rest times including: <ul style="list-style-type: none"> » identifying the different practices for the varying ages and sleep needs and preferences for children. Refer to Red Nose Australia for best practice guidance, including in relation to checks of sleeping children, sleep position, sheets, swaddling and clothing. • How do you develop your partnerships with families with regard to sleep and rest routines including: <ul style="list-style-type: none"> » how you will explain to families that you cannot comply with requests that are contrary to safe sleep guidance without the written authorisation of the child’s medical practitioner. • How will your service reflect inclusion and children’s agency, e.g. children’s need or want to sleep or rest. • Outline effective supervision for sleeping and resting children including: <ul style="list-style-type: none"> » how you will closely monitor and record sleeping children and ensure safe sleep practices are being implemented. (section 165; Guide to the NQF) » sleep practices and sleep check routines to ensure monitoring is happening » ensuring sufficient lighting to allow supervision 	<ul style="list-style-type: none"> • ShapeMake sure your policy and procedures are available for all to access. • Clearly defined roles and responsibility statements or shift descriptions. • Periodic WHS checks of the physical environment, furniture and resources. (For FDC services, this should also be included as part of reassessment of FDC venues and residences) • Collecting information from families through questions in enrolment documents. • Opportunities for family input and involvement embedded in practice. • Consider creating checklists to ensure health and safety measures are being met. • Supervision plans. • Daily ratio checks. • Sleep check charts. • Staff sign in/out sheets. • Clearly marked First Aid Access and Management Plans. • Safe sleep practices information included in educator and staff induction pack and training. • Regular meeting agenda items to discuss safe sleep practices and any changes to service procedures. • [For FDC services] Regular support from FDC co-ordinators and meetings with other FDC educators and FDC educator assistants in the service to discuss safe sleep practices and any changes to service procedures. 	<ul style="list-style-type: none"> • Providing a child safe environment. • Staffing • Interactions with children. • Enrolment and orientation. • Dealing with medical conditions in children. • [for FDC services] Assessment and reassessment of FDC venues and residences.

Areas to include in your procedures	Things to consider and outline in each area (this will be specific to the context of your service)	Strategies for monitoring and implementing procedures	Related policy and/or procedures
Health, safety and supervision, cont.	<ul style="list-style-type: none"> » supervision plans tailored to the unique layout and safety considerations of your space, as well as the ages, developmental stages and needs of the children in your care » remaining up-to-date with best practice guidelines and safe sleep recommendations from recognised authorities such as Red Nose Australia and the ACCC. • Think about the differences between the rooms and/or age groups in your service. You may need to consider specific information for: <ul style="list-style-type: none"> » Family day care: Monitoring and recording sleep checks, safe sleep environment, supervision of sleeping children, mixed age groups, sleep routines, diverse family and cultural preferences. » Infants: Monitoring and recording sleep checks and sleep routines, diverse family and cultural preferences. Consideration should be given to infants' room routines based on individual children's needs. » Toddlers: Monitoring and recording sleep checks, options for rest, supervision for children who choose not to rest. 	<ul style="list-style-type: none"> • [For FDC services] Regular support from FDC coordinators and meetings with other FDC educators and FDC educator assistants in the service to discuss safe sleep practices and any changes to service procedures. 	

5. Procedures created/reviewed

Include the date the procedures were created or reviewed.

6. Monitoring, evaluation and review

Your service, in consultation with educators and other key staff, families and other stakeholders, should review the effectiveness of these procedures within a set timeframe or earlier if there is a change in relevant legislation.

State when the procedure will be reviewed and who will be responsible for this.

7. Checklist

Do the *Sleep and rest for children procedures* align with your *Sleep and rest for children policy*?

Have your procedures been written in plain English and can they be easily implemented by an educator new to your service?

Is it clear who is responsible for the implementation of the procedures?

Are all educators and other staff aware of the procedures and can implement them and explain them to families if required?

Do you need to develop any resources to monitor and record the procedures?

REFERENCES AND RESOURCES

Include links to useful resources that have helped inform the development of your policy. Be mindful of any state or territory specific content.

Some examples include, but are not limited to:

- ACECQA [Guide to the National Quality Framework](#)
- ACECQA [Opening a new service](#)
- ACECQA [Sleep and rest legislative requirements](#)
- Kidsafe – visit kidsafe.com.au and refer to your jurisdiction-specific Kidsafe website
- Kidsafe – [Kidsafe Family Day Care Safety Guidelines](#) (7th ed.)
- New South Wales Government – [NSW Health Safe sleep for babies](#)
- Northern Territory Government – [Safe sleeping](#)
- Queensland Government – [Meeting children’s sleep, rest and relaxation needs](#)
- Queensland Government – [Sleep health and sleep development](#)
- [Red Nose Australia](#) is considered the recognised national authority on safe sleeping practices for infants and children. Approved providers and service leaders are encouraged to use Red Nose Australia resources to regularly develop, review and maintain the most up-to-date sleep and rest policies and procedures
- South Australian Government – [South Australian Safe Infant Sleeping Standards](#)
- Tasmanian Government – [Tasmanian Department of Health and Human Services SIDS and Safe Sleeping](#)
- Victorian Government – [Victorian Department of Education and Training Safe sleeping for babies](#)
- Western Australian Government – [Western Australia Department of Local Government and Communities Safe Infant Sleeping Policy](#)
- [Australian Competition and Consumer Commission guidelines on folding cots](#)