

SLEEP AND REST

QUALITY AREA 2

PURPOSE

This policy provides clear guidelines to ensure the safety, health and wellbeing of children attending Barry Beckett Children’s Centre and appropriate opportunities are provided to meet each child’s need for sleep, rest and relaxation.

POLICY STATEMENT

VALUES

Barry Beckett Children’s Centre is committed to:

- complying with all legislative requirements, standards and current best practice and guidelines, including recommendations by Red Nose Australia (*refer to Sources*)
- its duty of care (*refer to Definitions*) to all children at Barry Beckett Children’s Centre, and ensuring that adequate supervision (*refer to Definitions*) is maintained while children are sleeping, resting or relaxing
- consulting with parents/guardians about their child’s individual relaxation and sleep requirements/practices, and ensuring practices at the service are responsive to the values and cultural beliefs of each family
- providing a positive and nurturing environment for all children attending the service
- allowing children to be actively involved in decision making, to provide an environment that encourages them to reach their potential
- providing a safe environment where children feel comfortable and safe to play, talk, or relax
- children’s safety and wellbeing will be fostered through responsive relationships, engaging experiences and a safe and healthy environment.

SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, families, children, and others attending the programs and activities of Barry Beckett Children’s Centre, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Families	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensuring that policies and procedures are in place for managing sleep and rest for children (<i>Regulation 168</i>) and take reasonable	R				

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Families	Contractors, volunteers and students
steps to ensure those policies and procedures are followed (<i>Regulation 170</i>)					
Taking reasonable steps to ensure the sleep and rest needs of children at Barry Beckett Children’s Centre are met, with regard to the age of children, developmental stages and individual needs (<i>Regulation 84A</i>)	R	R	✓		✓
Conducting a sleep and rest risk assessment 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 (<i>Regulation 84C (a)(b)</i>)	R	R	✓		
<p>Ensuring the risk assessment considers the following:</p> <ul style="list-style-type: none"> • the number, ages, and developmental stages of the children • the sleep and rest needs of children (including health care needs, cultural preferences, individual needs and requests from families about a child's sleep and rest) • the suitability of staffing arrangements to adequately supervise and monitor children during sleep and rest periods • the level of knowledge and training of staff supervising children during sleep and rest periods • the location of sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas • the safety and suitability of any cots, beds and bedding equipment, having regard to the ages and developmental stages of the children who will use the cots, bed and bedding equipment • any potential hazards <ul style="list-style-type: none"> ○ in sleep and rest areas ○ on a child during sleep and rest periods • the physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation) (<i>Regulations 84C</i>) (<i>Sources</i>) 	R	✓	✓		✓
Ensuring all risk assessments conducted are recorded and stored (<i>Regulation 84C (4)</i>)	R	✓	✓		✓
Undertaking a risk assessment to mitigate hazardous manual handling (<i>Definitions</i>), such as patting and rocking children to sleep for long periods of time	R	✓	✓		✓
Ensuring all educators, staff and volunteers comply with the recommendations of Red Nose Australia in relation to safe sleeping practices for children (<i>Sources</i>)	R	✓	✓		✓
Ensuring educators receive information and induction training to fulfil their roles effectively, including being made aware of the sleep and	R	✓			

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Families	Contractors, volunteers and students
rest policies, their responsibilities in implementing these, and any changes that are made over time					
Ensuring the premises, furniture and equipment are safe, clean and in good repair (<i>Regulation 103 and National Law: Section 167</i>) including ensuring all equipment used meets any relevant Australian Standards and other product safety standards, such as Australian Competition and Consumer Commission (ACCC) guidelines (<i>Sources</i>).	R	R	✓	✓	✓
Ensuring 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	R	R	✓		✓
Ensuring that rooms used for sleep and relaxation are well ventilated; have adequate natural light; and are maintained at a temperature that ensures the safety and wellbeing of children (<i>Regulation 110</i>)	R	✓	✓		✓
Ensuring sleep and rest environments are free from cigarette, e - cigarette, or tobacco smoke (<i>Regulation 82</i>)	R	✓	✓		✓
Ensuring that the premises are designed to facilitate supervision	R	R			
Ensuring that any choking hazards (such as necklaces, hoodies, and hats with straps) are removed from the child prior to rest, or immediately if the child has fallen asleep unexpectedly		✓	✓		✓
Ensuring adequate supervision of children sleeping and resting, being within sight and hearing distance and are monitoring through visual checks of: <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 	R	R	✓		✓
Ensuring that visual checks of sleeping children occur at least once every ten minutes and that these checks are documented		✓	✓		✓
Ensuring supervision and monitoring procedures are documented, including method and frequency of checking the safety, health and wellbeing of children during sleep and rest periods, as per the risk assessment	R	R	✓		✓
Developing relaxation and sleep practices that are responsive to: <ul style="list-style-type: none"> • the individual needs of children at the service • parenting beliefs, values, practices and requirements • the length of time each child spends at the service 	R	✓	✓		✓

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Families	Contractors, volunteers and students
<ul style="list-style-type: none"> circumstance or events occurring at a child's home consistency of practice between home and the service a child's general health and wellbeing the physical environment, including lighting, airflow and noise levels <p>whilst also maintaining a child safe environment where potential grooming and abuse behaviours (such as lying down beside children while they are resting and using massage/stroking to promote relaxation) do not form any part of relaxation and sleep practices.</p>					
Ensuring cots (including evacuations cots) provided at the service comply with the most current Australian/New Zealand Standards (<i>Sources and Attachment 1</i>)	R	✓			
Ensuring that bassinets, hammocks, prams and strollers are not used to settle children to sleep	R	R	✓		✓
Conducting regular safety checks of equipment used for sleeping/resting, such as cots and mattresses (<i>Regulation 103 and National Law: Section 167</i>)	R	R	✓		✓
Ensuring that bassinets are not on the education and care service premises at any time (<i>Regulation 84D</i>)	R	R	✓		✓
Ensuring that if a sleeping child is brought to the service in a pram or bassinet, the child is transferred into the service's own sleep equipment	R	R	✓		✓
Removing any hazards identified in the child's resting or sleeping environment and informing the approved provider, as soon as is practicable	R	R	✓		✓
Ensuring that any hanging cords, mobiles, curtains and blinds are inaccessible to children who are resting or sleeping	R	R	✓		✓
Ensuring that artificial heating, such as heat bags and hot -water bottles, is not used to provide warmth		✓	✓		✓
Ensuring children's clothing is appropriate during sleep times and does not have any items that are loose, could get tangled and restrict breathing (including but not limited to bibs and jewellery)		✓	✓	✓	✓
Ensuring that each child has their own bed linen, and that the <i>Food Safety and Hygiene Policy</i> and procedures are implemented for the cleaning and storage of cots, mattresses and linen		✓	✓		✓
Ensuring that there is adequate space to store bedding in a hygienic manner (<i>Food Safety and Hygiene Policy</i>)	R	✓	✓		✓

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Families	Contractors, volunteers and students
Ensuring compliance with WorkSafe Victoria's Children's services – occupational health and safety compliance kit (<i>Sources</i>), including in relation to staff lifting children into and out of cots	R	✓	✓		✓
Regularly reviewing practices to ensure compliance with the recommendations of Red Nose Australia in relation to safe sleeping practices for children (<i>Sources</i>)	R	✓	✓	✓	✓
Providing information and training to ensure staff are kept informed of changing practices in relation to safe sleep practices for children	✓	✓			
Providing information to families about the service's relaxation and sleep practices	✓	✓	✓		✓
Ensuring parents/guardians are consulted about appropriate relaxation and sleep practices for their child	✓	✓	✓	✓	✓
Educating families about evidence -based safe sleeping practices	✓	✓	✓		
Assessing whether there are exceptional circumstances for alternative practices where family beliefs conflict with current recommended evidence -based guidelines for safe sleeping practices, seek written support from a medical practitioner and develop a risk management plan	R	✓	✓	✓	✓
Implementing the documented sleep regime and risk management strategies where in exceptional circumstances family beliefs conflict with current recommended evidence -based guidelines for safe sleeping practices	R	✓	✓	✓	
Providing a written medical report if their baby/child is not to be placed on their back during sleep. Parents/guardians must communicate alternative resting practices to staff.				✓	
Ensuring the educational program provides opportunities for each child to sleep, rest or engage in appropriate quiet play activities, as required	R	✓	✓		✓
Ensuring that resting and sleeping practices are not used as a behaviour guidance strategy (<i>Interactions with Children Policy</i>)		✓	✓		✓
Providing a range of opportunities for relaxation throughout the day		✓	✓		✓
Supervising children displaying symptoms of illness closely, especially when resting or sleeping		✓	✓		✓
Documenting and communicating children's rest and sleep times to co-workers during shift changes		✓	✓		✓
Developing communication strategies to inform parents/guardians about their child's rest and sleep patterns, including times and length of sleep		✓	✓	✓	✓

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Families	Contractors, volunteers and students
Encouraging children's independence and assisting children with dressing as needed.		✓	✓		✓

BACKGROUND AND LEGISLATION

BACKGROUND

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.

The Early Years Learning Framework (EYLF) and the *Victorian Early Years Learning and Development Framework (VEYLDF)* include a focus on social, emotional, spiritual and physical wellbeing and health. Development Outcome 3 in both framework documents refers to a child's ability to take increasing responsibility for their own wellbeing. One of the indicators for this capacity is that children "recognise and communicate their bodily needs (for example thirst, hunger, rest, comfort, physical activity)". The EYLF suggests that to promote this, educators should:

- consider the pace of the day within the context of the community
- provide a range of active and restful experiences throughout the day and support children to make appropriate decisions regarding participation.

Holistic approaches recognise the importance of physical, mental and spiritual wellbeing. Educators who provide a range of active and restful experiences throughout the day support children's individual requirements for health, nutrition, sleep, rest and relaxation.

Employers have a responsibility under the *Occupational Health and Safety Act* to provide a safe and healthy working environment. This duty extends to others present in the workplace, including children and volunteers. Providing a safe sleeping environment for children at the service includes complying with current Australian/New Zealand standards in relation to equipment, such as cots and mattresses (*refer to Sources*).

LEGISLATION AND STANDARDS

- Australian Consumer Law and Fair Trading Act 2012
- Australian Consumer Law and Fair Trading Regulations 2012
- Australian/New Zealand Standard – Cots for household use – Safety Requirements (AS/NZS 2172:2010)
- Australian/New Zealand Standard – Cots for day nursery, hospital and institutional use – Safety Requirements (AS/NZS 2130:1998)
- Education and Care Services National Law Act 2010: Section 167
- Education and Care Services National Regulations 2011: Regulation 81
- National Quality Standard, Quality Area 2: Children's Health and Safety – Standard 2.1: Each child's health needs are supported
- Element 2.1.2: Each child's comfort is provided for and there are appropriate opportunities to meet each child's needs for sleep, rest and relaxation
- Occupational Health and Safety Act 2004

The most current amendments to listed legislation can be found at:

Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au

Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au

DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

Hazardous Manual Handling: Manual handling is work where you have to lift, lower, push, pull, carry, move, hold or restrain something. It's hazardous manual handling if it involves:

- repeated, sustained or high force
- sustained awkward posture
- repetitive movements
- exposure to sustained vibration
- handling people or animals
- loads that are unstable, unbalanced or hard to hold.

Red Nose Australia (formerly SIDS and Kids): Recognised national authority on safe sleeping practices for infants and children (*refer to Sources*)

Relaxation: Relaxation or other activity for bringing about a feeling of calm in your body and mind

Rest: A period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep.

SIDS (Sudden Infant Death Syndrome): 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.

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.

SOURCES AND RELATED POLICIES

SOURCES

- Australian Children's Education & Care Quality Authority, Safe sleep and rest practices: www.acecqa.gov.au/resources
- Australian Competition & Consumer Commission (2016), Consumer product safety – a guide for businesses & legal practitioners: www.accc.gov.au
- Belonging, Being & Becoming – The Early Years Learning Framework for Australia (EYLF): www.acecqa.gov.au
- Current Australian/New Zealand Standards for cots is available on the SAI Global website at: www.saiglobal.com
- Red Nose Australia: www.rednose.org.au
- Victorian Early Years Learning and Development Framework (VEYLDF): www.acecqa.gov.au
- WorkSafe Victoria, Children's services – occupational health and safety compliance kit: www.worksafe.vic.gov.au
- Australian Children's Education & Care Quality Authority, Sleep and rest risk assessment Template - Sleep Rest Risk Assessment Template
- Australian Children's Education & Care Quality Authority, Risk Assessment and Management Tool - www.acecqa.gov.au/media/32166
- Kids Safe Australia - www.kidsafe.com.au

- Compliance code: Hazardous manual handling -<https://www.worksafe.vic.gov.au/resources/compliance-code-hazardous-manual-handling>
- Hazardous manual handling risk assessment and control tool – www.worksafe.vic.gov.au

RELATED POLICIES

- Administration of First Aid
 - Child Safe Environment and Wellbeing
 - Emergency and Evacuation
 - Enrolment and Orientation
 - Food Safety and Hygiene
 - Incident, Injury, Trauma and Illness
 - Interactions with Children
 - Occupational Health and Safety
 - Staffing
 - Supervision of Children
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EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
 - monitor the implementation, compliance, complaints and incidents in relation to this policy
 - keep the policy up to date with current legislation, research, policy and best practice
 - revise the policy and procedures as part of the service's policy review cycle, or as required
 - notify all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).
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ATTACHMENTS

- Attachment 1: Child safety and children's rest/sleep at BBCC
 - Attachment 2: Cots
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AUTHORISATION

This policy was adopted by the approved provider of Barry Beckett Children's Centre on 18/03/2026.

REVIEW DATE: September 2027

ATTACHMENT 1. CHILD SAFETY AND CHILDREN'S REST/SLEEP AT BBCC

Barry Beckett Children's Centre is committed to minimising or, wherever possible, eradicating risks of harm to a child at our service by any adult. This commitment is reflected in ongoing critical reflection, not just of what we do as early childhood professionals but how we do it.

There are moments during a child's time with us that they are particularly vulnerable. Diapering/toileting, getting changed, and resting/sleeping are some of these moments. These are some of the ways that we minimise risk of harm to children during sleep and rest times:

Not lying beside children while they rest

Lying beside children while they are resting contributes to two particular outcomes that increase the risk of harm to children. The first is that it is very difficult to adequately supervise children from this position. The second is that normalising this behaviour can be part of grooming, or could contribute to a child believing that this behaviour is an appropriate way for any other person to interact with them.

Instead of lying down beside a child while they rest or sleep, educators are encouraged to sit (either on the floor or on a chair) so that they are able to effectively supervise the children and other adults in the group.

Not using massage/stroking to promote relaxation

Massaging a child's back or stroking their forehead while they start to rest are strategies that are sometimes used by people to encourage a child to feel relaxed. These strategies are done to a child, rather than with them, and require a child to say or indicate no if they feel uncomfortable. This is often quite challenging for children to do, but it is important for educators to recognise that asking someone to stop touching them becomes impossible when the freeze response is activated. These strategies also normalise a child being touched during a particularly vulnerable moment when touch is not required.

Instead of massaging or stroking a child to promote relaxation, educators are encouraged to create a calm environment for resting in. Dimming lights in the room, ensuring that fairy lights are programmed not to flash, keeping the temperature in the room between 20° and 22°, and playing white/brown/pink noise on a low volume are ways that the environment can be altered to support children to rest.

Not tapping/patting children's bodies

Sometimes referred to as 'shush pats', tapping or patting young children while they are preparing to go to sleep is intended to mimic the heartbeat of their mother and provide a gentle, consistent rhythm to encourage sleep. This short-term intervention is sometimes used to support infants to develop sleep independence. It is not recommended that tapping or patting children's bodies be included as part of a sleep or rest routine for anyone over the age of 6 months (it is most effective for infants under the age of 4 months old) or for anyone who has already developed sleep independence, as this can lead to reliance on other people for a child to fall asleep.

Please see the above section (massage/stroking) for further reasons that we do not tap/pat children's bodies during rest or sleep at BBCC.

Instead of tapping/patting children's bodies, educators are encouraged to work with families to find a suitable alternative. Some examples include tucking a blanket tightly around the child and dressing the child in a sleep sack or sweatshirt (not a hoodie), depending on the child's age, to provide non-human sensorial pressure.

Responding to family requests that are contrary to these guidelines

Some families might engage one or more of these strategies to help their child fall asleep at home. Families are encouraged to speak to educators in their child's room to create a plan to support their child to transition to care before commencing the orientation process. Part of the transition could include making slight adjustments to rest routines at home out of recognition that these and similar strategies will not be used at BBCC, out of an abundance of caution for children's safety.

Educators are encouraged to speak to families about our commitment to children's safety and to share this information sheet with families who would like more information about the reasons that these sleep/rest strategies are not used at BBCC.

ATTACHMENT 2. COTS

Household cots usually have a lower base and mattress, and WorkSafe Victoria have expressed concern for staff in relation to the manual handling risks posed when working with cots at a lower height.

Employers should make sure workplaces use cots which minimise the distance employees need to bend and reach.

- Cots should be of a height that will enable employees to lift and lower children into and out of the cots with minimal forward bending of the employee's back.
- If cots have two base positions, set the base to the higher position for infants unable to stand. The higher base position will reduce the need for employees to reach into cots.
- Cots should have sides that drop to reduce the need for employees to bend and reach over the cot side to lift and lower children. At its dropped level, the top of the cot's lowered side should be at least 250mm above the top of the mattress to ensure children cannot roll out of the cot.
- Ensure there is enough clearance under cots for employees to stand with their feet under the edge of the cot to minimise reaching distance.
- Prepare cots in advance so sides are down before employees lift children in or out.
- If cots have wheels, ensure the wheels have locks and keep wheels in the locked position when the cot is not being moved.
- Regularly check and maintain cot wheels, wheel locks and drop-down sides to ensure cots are safe and secure.
- Assess floor surfaces to ensure minimal friction and resistance when wheeling cots. Change floor surfaces so employees can easily move cots.
- Ensure cots meet all relevant structural safety requirements.

No alterations should be made to purchased cots under any circumstances, as this may have serious consequences in relation to liability if an incident occurs.

It is not recommended that services use portable or folding cots, as they present an increased risk of injury or death to a child if erected incorrectly. Portable cots also pose an increased risk of manual handling injuries to staff. If a service requires an extra cot to be available for occasional use, it is possible to purchase a cot that meets the Australian/New Zealand Standard – Cots for household use, and folds flat for easy storage.

Further information on portable or folding cots is available as outlined below:

- Red Nose: <https://rednose.org.au/article/portable-cots>
- Australian Competition and Consumer Commission: www.productsafety.gov.au

Note: 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