

# SAFE SLEEP, REST AND RELAXATION POLICY

National Quality Standard: QA2 - Children's Health and Safety

Policy Owner: Safety and Compliance

A light blue speech bubble with a white outline, containing the text 'Why this is important' in a dark blue, cursive font.

Why this is important

## 1.0 Introduction and Purpose:

Educators provide calm, individualised sleep and rest spaces for each child, designed to ensure they are always protected from harm and hazards. Creating safe sleep environments is essential, as unsafe practices can increase the risk of Sudden Unexpected Death in Infancy (SUDI), which includes Sudden Infant Death Syndrome (SIDS) and fatal sleep accidents. SUDI remains the leading cause of death for infants aged 1–12 months.

In line with the paramount consideration, the safety, wellbeing, and best interests of each child take precedence in all sleep and rest practices. Our approach aligns with Red Nose recommendations and recognised best practice standards to minimise risks and provide a safe, supportive environment for all children.

## 2.0 Who does this policy apply to:

Team Members, Families, Children, Board members, Contractors

## 3.0 What is our Policy:

### 3.1 General Policy Statements

We are committed to ensuring that all children experience safe, responsive, as well as age and stage appropriate sleep and rest practices. All team members will be equipped with the knowledge and skills required to implement these practices consistently and in accordance with regulatory requirements.

All decisions, actions, and practices relating to sleep and rest are guided by current evidence-based research and recognised best practice. The centre adopts the recommendations of Red Nose Australia as the authoritative standard for safe sleeping practices for infants and young children.

Team members will prioritise the safety, health, and wellbeing of each child at all times, considering their age, developmental stage, and individual needs. Sleep and rest practices will be responsive and flexible while ensuring that safety is not compromised.

We acknowledge the importance of each child's socio-cultural background and family context. Team members will, where appropriate, incorporate children's individual routines, preferences, and cultural practices into sleep and rest arrangements to promote continuity of care and emotional security, provided these practices align with safe sleep requirements.

### 3.2 Safe Sleep Training Requirements

We are committed to ongoing training that ensures safe sleep practices are consistently applied. All training aligns with the latest Red Nose Recommendations and our centre's policies, procedures, and supporting documents.

To ensure team members understand and implement safe sleep practices according to each child's individual needs, we provide a variety of training and development opportunities.



All team members, according to their role, are required to complete our online sleep, rest, and relaxation training during induction and as part of mandatory safety training. The training is tailored to the age groups they work with 0–2 years and 2–5 years.

Safe sleep and rest training forms part of mandatory training requirements and must be completed successfully. Where a team member fails training, this may result in performance management in accordance with People and Culture requirements. Safe sleep and rest in in two parts that consists of an online module and a Practice Check that verifies each team member’s knowledge and skills in safe sleep and rest practices. Records of completed Practice Checks will be retained in each team member’s record folder. As the training consists of two parts, both the online training and practice check should be completed each time the online training is undertaken.

If a team member is found to have insufficient knowledge, either due to incorrect or inconsistent practices, or changes in policy or practice, they must retake both parts of the training to ensure full compliance.

### **3.3 Partnerships with Families**

The centre is committed to building respectful, collaborative partnerships with families in relation to children’s sleep and rest practices. Families are recognised as the primary source of information about their child’s routines, preferences, and needs.

Information regarding each child’s sleep and rest patterns, cultural practices, and comfort needs will be gathered during enrolment and orientation and will be reviewed regularly through ongoing communication.

Team members will engage in open and respectful discussions with families to establish a shared understanding of safe sleep expectations. Where possible, practices will align with those used at home, provided they are consistent with regulatory requirements and the recommendations of Red Nose Australia.

Where a family’s request is inconsistent with safe sleep guidance, team members will:

- a. Clearly explain the risks associated with the requested practice
- b. Outline the centre’s duty of care and legal obligations
- c. Work collaboratively with the family to identify safe and appropriate alternatives

Where a child has a diagnosed or confirmed medical condition that impacts sleep practices, the centre will follow the *Medical Conditions Policy*, including the development of a *Risk Minimisation and Communication Plan*. Where medical advice differs from standard safe sleep guidance, consultation with families and relevant health professionals will occur to assess and manage risks appropriately. This will include documenting considerations for sleeping supervision including where a child needs strengthened

In the absence of medical evidence, all sleep and rest practices will align with the recommendations of Red Nose Australia.

### **3.4 Safe Sleep Clothing, Bedding, Cot Items and Transition Practices**

The centre will ensure that children are dressed and settled for sleep in a manner that promotes safety and minimises the risk of overheating, in accordance with Red Nose Australia recommendations.

Clothing must be appropriate to the room temperature, well-fitted, and suitable for the child’s size and developmental stage. Loose, bulky, or ill-fitting clothing will be removed or adjusted prior to sleep. Children will not be placed in a cot with a bottle.

## Cots

Cots will be maintained as a clear and hazard-free sleep environment. Only a well-fitted sheets are permitted. Pillows, doonas, quilts, cot bumpers, and loose bedding are not permitted. Where sleep bags or wraps are used, they must be appropriately sized, fitted correctly, and used in accordance with safe sleep guidance. Red Nose Recommendations will be followed.

## Comfort Items

The use of comfort items will be guided by age and risk:

a. **0–12 months:**

No toys, comforters, or soft items are permitted in cots due to suffocation risk. For children over seven months (corrected for prematurity) who show significant separation anxiety issues advice must be sought from the Centre Manager and then from Compliance in writing as a small soft toy as a transitional object to support infant settling.

Upon approval this must be documented in a risk assessment and only used for settling a child and removed when a child goes to sleep.

b. **12–24 months:**

One small comfort item may be permitted following a documented risk assessment. The item must be small, lightweight, breathable, free from cords or detachable parts is small in size, not pillow-like, and does not have a blanket or long fabric attachments (e.g. unstuffed ears, legs) that a baby can fold into its mouth, and must not be capable of covering the child's face or head.

c. **Over 2 years (where still using a cot):**

A small comfort item may be used where it supports emotional wellbeing, provided it does not introduce or pose a risk.

Comfort items will be removed when, where the child or baby:

- a. covers their face or head with it,
- b. is unable to move it away from their face or head,
- c. rests their head on it like a pillow creating a chin on chest position and reducing air intake
- d. uses the comforter to lift themselves up in the cot and risks falling out, or
- e. puts the toy into their mouth, potentially blocking their airway or becomes a choking hazard.

At all times, bulky items, multiple toys, or items that pose choking or entanglement risks are not permitted. Team members will monitor and, where appropriate, remove comfort items once the child is asleep.

Where these processes are in place download the *Comfort Item and Clothing Risk Assessment* that and ensure that this is kept in the learning space with the *Sleep and Rest Risk Assessment*.

## Clothing and sleep

### Safe Sleep Clothing – Babies (0–2 years)

Loose or inappropriate clothing presents a significant risk during safe sleep and must be carefully managed. In line with Red Nose Australia guidance, babies should be dressed in safe sleep clothing such as a well-fitted onesie, jumpsuit, or a correctly sized infant sleeping bag with no hood. Clothing must be appropriate to the room temperature and not require additional loose bedding. Items should be firm-fitting, lightweight, and free from ties, cords, or loose fabric that could cover the baby's face or become entangled. Clothing that is too large or bulky can ride up and pose a suffocation risk.

All jewellery, including necklaces, must be removed before a baby is placed to sleep, as these items present a clear strangulation hazard. The use of amber teething necklaces or beads is strictly prohibited due to the risk of strangulation and choking.

### **Safe Clothing for Sleep and Rest – Children on Beds (Over 2 years)**

Children sleeping or resting on beds must be dressed in safe, practical clothing that supports comfort while minimising risk. Shoes must be removed before lying down. Clothing should be well-fitted and free from hazards such as cords, drawstrings, ties, scarves, or loose accessories that could catch on bed frames or pose a strangulation risk. Items with hoods should be avoided where possible.

Jewellery, including necklaces and bracelets, must also be removed prior to sleep and rest times. Educators should ensure clothing is suitable for the room temperature and does not restrict movement or circulation, supporting both safety and the child's ability to rest comfortably.

### **Transition from Cots to Beds**

Children will be supported to transition from a cot to a bed, trundle, mattress in a planned and developmentally appropriate manner. This process normally occurs from 18 months or sometimes younger depending on the child's development and typically occurs between 2 and 3½ years of age.

A transition will occur when a child demonstrates readiness, particularly when attempting to climb out of the cot and appears capable of doing so, as this presents a significant safety risk. The transition process will be undertaken in consultation with families to ensure consistency and support the child's emotional wellbeing, while maintaining the centre's obligation to provide a safe environment.

Children using beds or trundles must be under direct supervision at all times, meaning they are within sight and hearing of team members.

### **Use of Floor Mattresses**

Where a floor mattress is used:

- It must be positioned directly away from walls to prevent entrapment
- The surrounding area must be kept clear of hazards, including soft toys, plastic bags, or loose items

Soft objects can mould around a child's face and create a suffocation risk. For this reason, the sleep space must remain clear and uncluttered.

### **Beds and Bedding (2–5 years)**

Bedding must be age-appropriate, safe, and in good condition. Sheets and light blankets may be used. Excess or unsafe bedding will be removed.

## **3.4 Our Spaces for Sleeping**

The centre will provide safe, well-maintained, and appropriately designed sleep environments that promote children's safety, wellbeing, and comfort while supporting effective supervision by team members.

Sleep areas will maintain appropriate lighting where children can be easily seen, ventilation, and temperature to support a comfortable and safe resting environment. While there is no strict temperature requirement, a general guideline of 18–22°C will be maintained to prevent overheating, in line with Red Nose Australia recommendations. Team members will regularly check environmental conditions and adjust heating, cooling, or ventilation as required to ensure optimal comfort and safety for all children.

Cot rooms must remain free from visual and physical obstructions that may impede supervision. Windows and viewing panels will be kept clear. If blinds and frosting are in place on viewing windows, they must not impede supervision and allow uninterrupted sightlines. This includes that blinds are kept raised to a level where all children can be seen and that frosting does not impact the ability to see children in cots.

Where a document must be placed on a window this will be placed in a way that minimises impacts to see sleeping children. Cot rooms will also be arranged to minimise noise and distractions so that children can be heard while sleeping, ensuring team members can respond promptly if assistance is required.

All cots used in the centre will comply with Australian Standards and be positioned to maximise visibility and supervision from the indoor learning space. Cots purchased from February 2026 will be stamped with Australian Standards compliance requirements. Cots will be arranged to prevent overcrowding and to allow safe access to each child. Evacuation cots will be arranged so that they can be used for easy evacuation.

Bassinettes will not be used in any centre.

Where sleep areas are separate from main learning spaces, cot monitors will support safe monitoring practices.

Children who sleep on beds will access mattresses or beds that are recommended for their age and team members will ensure that the beds and bedding is in good working order. The decision to transition children from a cot to a bed or trundle will be in accordance with Red Nose Recommendations and in consultation with the parent. Children who sleep and rest on beds and trundles must be directly supervised. That means that the children are in direct sight and sound supervision. Sleeping equipment will be detailed in the centre *Sleep and Rest Risk Assessment*.

Any plans to offer outdoor sleep or rest experiences must be carefully considered, discussed and approved by the centre management. The *Outdoor Sleep Self-Assessment* must be completed and any documented outcomes detailed in the risk assessment. This assessment must address environmental safety, supervision strategies, protection from weather extremes, and emergency procedures to ensure that outdoor sleeping is managed in line with best practice and regulatory requirements.

Children under 2 years of age in cots are excluded from routinely sleeping outdoors.

### 3.5 Safety, Supervision, and Sleep

The safety and wellbeing of children is of paramount importance, including during times of sleep, rest, and relaxation. All team members must ensure that sleep checks are consistently conducted and documented.

Sleep Checks:

- Children under 2 years: A physical and visual check every 10 minutes, with the team member placing a hand on the child to assess colour and breathing.
- Children over 2 years: A visual check every 10 minutes of sleeping and resting children

All sleep checks must be recorded on the *Sleep Check Record* or if applicable the *Over 2's Sleep Check*.

#### Supervision Requirements:

- a. Cot monitors must be available in all sleeping spaces where cots are in a separate room.
- b. Each cot must display an “I can / I can't roll” poster with a current photo of the child to indicate whether they can roll independently. Where a child is listed as not being able to roll, the team member must roll the baby onto their back
- c. Ensure that once a baby can roll from back to front and back again on their own (usually around 5–6 months), they can be left to find their own preferred sleep or rest position and can be placed in a safe baby sleeping bag (i.e., with fitted neck and arm holes or sleeves and no hood)
- d. Supervision must be tailored to each child's age, stage, and individual needs. For example, children who are unwell should be placed directly at the entrance of a cot room or in the learning space

- e. Direct supervision is required for all children on beds and trundles; children must not be left in spaces where they cannot be seen, even if 10-minute sleep checks are being performed
- f. Supervision strategies must be documented and implemented using the *Sleep and Rest Risk Assessment*.

#### **Environmental Safety:**

- a. Cot rooms and sleep spaces must be checked daily before use to ensure they are hazard-free and that all equipment is in good order
- b. Unsafe cots such as those where the side of the cot will not stay up or where the cot is unsteady must not be used, with a clear sign indicating that the cot must not be used and that it is broken
- c. Any hazards identified before or during sleep periods must be removed or managed immediately.

#### **Educational Resources:**

- Centres will display Red Nose information in cot rooms, including guidance on:
  1. Safe sleeping
  2. Safe wrapping
  3. Making up a baby's cot

For guidance on evacuation cots, refer to Emergency Management Policy, Section 3.13.

### **3.7 Sleep and Rest Risk Assessments**

Each centre is required to use, update and maintain the *Sleep and Rest Risk Assessment* focused on sleep and rest practices. This risk assessment must document how children will be protected from any risk identified in the risk assessment. Centres must add their centres own unique implemented practices to the document. This assessment documents the risk management strategies for sleep and rest arrangements for children of all age groups. It must be reviewed annually or more frequently if circumstances change. The risk assessment should address, but is not limited to, the following areas:

- The management of potential hazards in sleep and rest areas; and on a child during sleep and rest periods
- Staffing arrangements
- Training of team members
- Provision of safe equipment (compliant with Australian Standards and excluding Bassinettes)
- Physical safety, including temperature, adequate lighting, and ventilation
- Location and placement of sleep and rest areas
- Supervision practices
- Cultural needs and requirements
- Health care needs of children

All team members must have access to the sleep and rest risk assessments. These must be in each learning space or the adjoining preparation rooms (if applicable) and be understood and implemented by all team members.

## **4.0 Responsibilities:**

### **4.1 Approved Provider will:**

1. Provide training and information that clearly sets out expectations for sleep, rest, and relaxation procedures. Ensure training reflects current industry guidance and recommendations from recognised authorities such as Red Nose
2. Maintain training records including completion rates
3. Ensure there are adequate cots, beds, and bedding available for all children. Endorse expectations that cots

meet Australian Standards (AS/NZS 2172 or any superseding standard)

4. Ensure sleep and rest areas are designed in a way that are well-ventilated, have appropriate lighting, and that expectations set out that these spaces should be kept at a comfortable temperature suitable for sleep
5. Ensure the design of sleep and rest spaces supports safe sleep practices
6. Keep this policy up to date to reflect current legislative requirements, research, and advice from recognised authorities

### 5.2 Centre Manager / Nominated Supervisor will:

1. Ensure “I can / can’t roll” forms are clearly displayed adjacent to each cot and support understanding of children’s sleep practices.
2. Display Red Nose posters in all cot rooms or when cots are placed in the learning space ensure that Red Nose posters are accessible and available
3. Provide all team members with an induction that includes a comprehensive overview of the sleep, rest, and relaxation policy and procedures, and document completion
4. Ensure all educators complete mandatory training requirements, including Safe Sleep, Rest, and Relaxation training, and the applicable Practice Check (0–2s or 2–5s) when access is provided
5. Monitor team members’ practice to ensure compliance with this policy and provide additional education, coaching, or support as required
6. Ensure that *Sleep and Rest Check* or *Supervision Check* (as outlined in this policy) is completed whenever a child is sleeping or resting in a cot or on a bed. Commence these checks from the time that the baby or child is placed in their cot or on their bed
7. Ensure that all children are checked at least every 10 minutes in accordance with this policy
8. Ensure team members communicate our principles and expectations of safe sleep to families during centre tours, upon enrolment, throughout orientation, and while the child remains enrolled
9. Require team members to conduct a risk assessment if children choose to sleep in non-traditional ways (e.g., outdoors, on the floor, using pillows) to ensure safety and well-being. Practices must comply with Red Nose recommendations
10. Where a centre has a separate cot room, ensure each room is equipped with a cot monitor
11. Ensure the *Sleep and Rest Risk Assessment* is completed and documents all identified risks
12. Ensure the educational program provides opportunities for each child to sleep, rest, and relax according to their individual needs and preferences
13. Ensure there are sufficient cots, mattresses, and bedding for all children. All equipment must meet Australian Standards (AS/NZS 2172 or any superseding standard), be in good repair, and be cleaned regularly
14. Where a child/ren have a comfort item download the *Comfort Item and Clothing Risk Assessment* that and ensure that this is kept in the learning space with the *Sleep and Rest Risk Assessment*.
15. Regularly monitor sleep and rest areas to ensure they are:
  - a. Well-ventilated
  - b. Appropriately lit
  - c. Maintained at a comfortable temperature suitable for sleep or rest
16. Ensure viewing windows are kept clear and free from obstructions such as closed curtains, blinds, paint, posters, or artwork
17. Use a firm sleep surface that complies with AS/NZS voluntary standards (AS/NZS 8811.1:2013 – Methods of testing infant products: Sleep Surfaces – Test for firmness) and Australian Standards for beds and cots

### 5.3 Team members will:

1. Always follow sleep and rest best practice information and current Red Nose recommendations, guidelines, and posters
2. Ensure children are placed to sleep in accordance with Red Nose recommendations and that 10-minute

checks are conducted for all children and these are documented accurately and consistently

3. Ensure that as part of the 10-minute checks that babies sleeping position is checked. Where a child is listed as 'I can't roll' they should be turned onto their back if they have invertedly rolled over
4. If a medical condition prevents a baby from being placed on their back, educators will follow the *Medical Conditions Policy*
5. Babies or children should not be left in a hammock or pram/stroller, couch, cushion to sleep, as these are not safe substitutes for a cot or bed
6. When a young child falls asleep outside their cot, team members will move the child onto a cot
7. When setting up and checking children during sleep, monitor the temperature of the room and ensure that lighting is sufficient. Make immediate adjustments if the room is too cold, too hot, or too dark to see the children easily
8. Raise with your line manager immediately if it is noted that the cot room is too dark so you cannot see children sleeping, or the room is too hot or cold, particularly where you are unable to make changes to the environment
9. If children are sleeping outdoors, educators will consider weather conditions when deciding whether outdoor sleep is appropriate (i.e., sun exposure, temperature extremes, possible rain) in accordance with the *Outdoor Sleeping Self-Assessment*
10. Ensure that no child or baby will be placed in a cot or bed with a bottle
11. Respect a child's dignity and rights by ensuring children:
  - a. Older children have independent and safe access to beds, bedding, and comforters that are age- and size-appropriate
  - b. Are not expected or forced to rest on a bed if they choose not to (for any length of time)
  - c. Are not patted, rocked, or physically forced to close their eyes by an educator
  - d. Are not photographed or videoed while sleeping unless for medical or health reasons with consent from the child and parent
  - e. Are given time and encouragement to make and pack away their own bed and bedding
12. Make intentional programming decisions to ensure children who do not sleep, or rest can engage in learning without disrupting the comfort of sleeping children
13. Engage in meaningful conversations with families during orientation visits and on an ongoing basis to understand each child's individual needs so that routines can evolve as the baby grows such as sleep frequency, comfort items and other developmental milestones
14. Where a child/ren have a comfort item ensure that you have read, understand and implement the *Comfort Item and Clothing Risk Assessment* that and ensure that this is kept in the learning space with the *Sleep and Rest Risk Assessment*.

#### 5.4 Families will:

1. Follow the policies and procedures relating to medical conditions if their child has a medical condition that prevents them from sleeping on their back
2. Be aware that Red Nose recommendations and safety procedures will always be prioritised over sleep preferences
3. Understand that educators will neither force a child to sleep nor prevent a child from sleeping

## 6.0 Definitions

**Red Nose:** Red Nose is the Recognised Authority that provides best practice recommendations related to safe sleep for infants

## 7.0 Tools and Resources

<p><b>The most important documents I need are:</b></p> <ul style="list-style-type: none"> <li>I can roll posters</li> <li>Over 2 Sleep Check Template</li> <li>Sleep and Rest Check</li> <li>Safe Sleep, Rest and Relaxation Practice Check for 0 – 2s and 2 – 5s</li> <li>Sleep and Rest Risk Assessment</li> <li>Comfort Item and Clothing Risk Assessment</li> </ul>	<p><b>Other supporting documents will include:</b></p> <ul style="list-style-type: none"> <li>Information Sheet: Safe Sleep and Rest.</li> <li>Safe Sleeping</li> <li>Safe Wrapping</li> <li>Making Up Baby’s Cot</li> <li>Tummy Time</li> <li>Outdoor Sleeping Self-Assessment</li> </ul>
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**8.0 Sources**

Red Nose [Home](#) | [Red Nose Australia](#)

**9.0 Links to the National Law and Regulations**

- Section 51(1)(a) Conditions on service approval (safety, health and wellbeing of children).
- 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 162 Health Information to be kept in the enrolment record.
- Section 166 Offence to use inappropriate discipline.
- Regulation 168 (2) Education and care service must have policies and procedures.

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