

## SLEEP, REST AND RELAXATION POLICY

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### Table of Contents

1	NQS .....	2
2	National Regulations .....	2
3	EYLF .....	2
4	Aim .....	2
5	Related Policies .....	2
6	Implementation .....	2
7	Sleep and rest practices for all children .....	3
8	Management of potential hazards .....	5
9	Working collaboratively with families .....	5
10	Safe sleep and rest environments .....	6
11	Review .....	8
12	Version Control Table .....	8

## 1 NQS

QA2	2.1.1	Each child's well being and comfort is provided for including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
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## 2 National Regulations

Regs	81	Sleep and Rest
	168	Policies and Procedures

## 3 EYLF

LO3	Children recognise and communicate their bodily needs (for example, thirst, hunger, rest, comfort, physical activity).
	Educators engage children in experiences, conversations and routines that promote healthy lifestyles and good nutrition.
	Educators consider the pace of the day within the context of the community.
	Educators provide a range of active and restful experiences throughout the day and support children to make appropriate decisions regarding participation.

## 4 Aim

- 4.1 The aim of this policy is to ensure the safety, health and wellbeing of children and to ensure appropriate opportunities are provided to meet each child's needs for sleep, rest and relaxation in a safe and supportive manner.

## 5 Related Policies

The Kids' Uni Policies and Procedures apply to Kids' Uni North, Kids' Uni South, Kids' Uni CBD, Kids' Uni iC.

Inclusion Policy (CHI-ADM-POL-003)

Death of a Child Policy (CHI-ADM-POL-14)

Medical Conditions Policy (CHI-ADM-POL-038)

Physical Environment Policy (CHI-ADM-POL-046)

Staffing Arrangements Policy (CHI-ADM-POL-055)

Sun Protection and Clothing policy (CHI-ADM-POL-011)

## 6 Implementation

- 6.1 There is much research to inform decision making about safe sleeping environments. All children need sleep and rest for their wellbeing, and this is an area that our organisation carefully considers, monitors, and actively reviews. We recognise that poor sleep procedures and inadequate supervision are serious risk factors for children, which could result in serious

harm or death. As such, our policies, procedures, and decisions are based on the most up to date advice from Red Nose Australia.

- 6.2 The Nominated Supervisor will ensure that all educators implement the procedures outlined in this policy at all times. They will conduct regular risk assessments on sleep practices, to ensure children are protected from risks. Sleep Practices Audits (CHI-ADM-FRM-089) will be conducted once per month. An extensive risk assessment will be completed every 12 months and / or as soon as practicable after becoming aware of any circumstance that may affect the safety, health and well-being of children during sleep and rest. The risk assessment will inform the service's safe sleep and rest procedures. This process will identify and assess risks associated with sleep and rest and specify how the identified risks will be managed and minimised.
- 6.3 Educators will receive a thorough induction upon commencement of their employment with Kids' Uni. The Nominated Supervisor will explain each step within this policy, to ensure that the new educator understands the importance of the guidelines within, and the risks associated with sleep and rest for children.
- 6.4 All Educators will receive Safe Sleep training from a recognised authority, such as Red Nose Australia, at least every two years.
- 6.5 Kids' Uni recognises the unique context of each of our services. As such, this policy will provide overall procedures and guidelines for our organisation, however each Nominated Supervisor will conduct independent risk assessments and determine adaptations required for the environments, children, families and service context.

## **7 Sleep and rest practices for all children**

- 7.1 The service will provide a quiet and restful environment for sleep and rest periods that is within hearing and observation range for educators to closely monitor children. All children will be closely supervised when sleeping.
- 7.2 Educators will work with children to learn about their need for rest and comfort. Through relationships, educators will become attuned to children's individual cues for sleep and rest and respond accordingly. Any cues and patterns identified will be discussed with the child's family. Additionally, educators will recognise any changes in children's behaviour or demeanour that may indicate a child is unwell and adjust their practices accordingly, including supervision of sleep and rest. Refer to the Children Who Are Ill policy for further information.
- 7.3 There will be comfortable spaces for the children to engage in quiet experiences to allow for a balance of active and restful experiences for children throughout the day. We will support

children who require rest outside of designated rest periods in the toddler and preschool environments.

- 7.4 Children who do not require sleep or rest will be provided with appropriate and quiet play experiences with an educator.
- 7.5 The dignity and privacy needs of each child will be respected during dressing and undressing times before and after rest time.
- 7.6 All children will be placed on their back to rest.
  - 7.6.1 If a medical condition exists that prevents a baby from being placed on their back, the alternative resting practice must be directed in writing by the child's registered medical practitioner.
  - 7.6.2 Babies will be placed on their back to sleep when first being settled. Once a baby has been observed to repeatedly roll from back to front and back again on their own, they can be left to find their own preferred sleep or rest position (this is usually around 5–6 months of age). Babies aged younger than 5–6 months, and who have not been observed to repeatedly roll from back to front and back again on their own, will be re-positioned onto their back when they roll onto their front or side.
  - 7.6.3 Children aged 18 months – 6 years, who turn over in their sleep will be allowed to find their own sleeping position, but always encouraged to lie down on their back when first going to sleep.
- 7.7 At no time will a child's face be covered with bed linen.
- 7.8 Children who sleep in a cot, will be placed with their feet closest to the bottom end of the cot to prevent them from wriggling down under bed linen.
- 7.9 If a child has a comforter or soft toy from home that they use to go to sleep, this will be removed from the child's cot as soon as an educator is aware that the child is asleep. If a child has a comforter or soft toy in their cot, they need to be directly supervised (using monitor, through the window, or be present in the sleep environment) until they go to sleep so that the comforter can be removed immediately.
- 7.10 Light bedding is the preferred option, which must always be tucked in at chest height to prevent the child from pulling bed linen over their head. If families provide linen that are too thick/heavy, or cannot be tucked in, it cannot be used in the service.
- 7.11 If a baby is wrapped when sleeping, we will consider the baby's stage of development. We will leave their arms free once the startle reflex disappears at around three months of age, and discontinue to the use of a wrap when the baby can roll from back to tummy to back again

(usually four to six months of age). We will use only lightweight wraps such as cotton or muslin.

- 7.12 Calm relaxing music can be played to create a soothing rest environment. Music will be played at an appropriate volume which allows educators to hear for signs of breathing from children.
- 7.13 Dummies will be provided at the request of families, but they will not be attached to chains.

## **8 Management of potential hazards**

- 8.1 All children who are resting will be supervised by educators.
- 8.2 All children will be closely monitored while sleeping. Breathing checks will be conducted every 10 minutes and recorded for all children aged 0-36 months old when they are sleeping. Educators must enter the cot room, or kneel beside the stretcher bed, and look for visual signs of life such as rise and fall of chest, skin colour and movement. This must occur at every check. If an educator is unsure at any point or cannot hear / see a child's breathing, the educators should lightly touch the child's face so that they move slightly in their sleep.
- 8.3 Baby monitors will be used in all cot rooms, but only for additional assistance. They do not replace direct supervision of sleeping children.
- 8.4 During the orientation process, the Nominated Supervisor will determine if there are factors that place a child at additional risk by gathering information from families (refer to CHI-ADM-FRM-007 and CHI-ADM-FRM-009– 0-2 Year old Routine Form). If a child is identified as being at higher risk, an Individual Risk Minimisation Plan will be created (using CHI-ADM-FRM-022 Medical Conditions Risk Minimisation Plan) and will be followed by all educators.
- 8.5 Educators who smoke will be required to follow the recommendations outlined by Red Nose to eliminate exposure to smoke residue for children of all ages:
  - 8.5.1 wash hands after smoking before entering the classroom
  - 8.5.2 change or remove outer layer of clothing (shirt / jumper / jacket) before entering classroom
- 8.6 As outlined in clause 6.2 of this policy, Nominated Supervisor will conduct regular risk assessments to identify and minimise any potential hazards for children during sleep and rest periods.
- 8.7 Educators will conduct daily safety checks of sleep environments to ensure risks and hazards are minimised. This includes ensuring there are no loose or hanging cords, no footholds which children could use to climb out of cots and no curtains or blankets hanging where children could pull them on their face.

## **9 Working collaboratively with families**

- 9.1 We aim to work collaboratively with families to meet children's needs for sleep and rest, however children's safety is always our first priority. If a family makes a request regarding a child's sleep and rest that is contrary to the recommended guidelines, the Nominated

Supervisor and Educators will draw on this policy to make informed decisions for the best interests of the child. We will consult with families about their child's routine for sleep and rest, and implement consistent practices between home and the service wherever possible and safe to do so, in line with safe sleep practices recommended by Red Nose Australia.

- 9.2 We respect the need for rest and sleep requirements to be aligned with each child's social and cultural background and personal preferences. There may be times when families and educators need to discuss differing perspectives on children's routines and sleep periods:
  - 9.2.1 If a resting child falls asleep without assistance this would indicate that this child requires this rest. In instances where families have requested that their child does not sleep, educators may allow this child to sleep for a period of time they believe will meet the child's needs for their health and well-being. Educators will not immediately wake children up.
  - 9.2.2 If a family requests that a child needs to sleep, educators will make all attempts to encourage this child to sleep. Educators will create a quiet and restful sleep environment, support the child to lay on a bed, sit with the child and comfort the child in a soothing and calm manner. If this child does not fall asleep, we cannot force the child to stay on a bed for a prolonged period of time.
  - 9.2.3 If a family have made a particular request relating to sleep or rest and educators have not been able to accommodate this request then the educators will phone the family to discuss the routine and the variation.
  - 9.2.4 We will communicate regularly with families about their child's routines at the service and home. We recognise that consistent sleep routines are important for children's well-being and development.
- 9.3 Kids' Uni policies and procedures are available for families to access at all time via our website and policy manuals on site at each service. Policy changes are shared with families via Kinderloop for their feedback. Sleep and Rest strategies and practices are outlined in service documents such as Family Handbook, enrolment forms, newsletters, posters and brochures. Information regarding Red Nose Safe Sleeping Practices will be displayed periodically on noticeboards and/or family resource libraries.

## 10 Safe sleep and rest environments

- 10.1 Sleep and rest environments will be arranged in ways that take into consideration environments which are conducive to sleep. Educators can adequately and safely move between resting/sleeping children and there is appropriate ventilation and temperature. Designated cot rooms can be used for children aged birth to two years. Transition to a stretcher bed is done in consultation with a child's family and is based on the needs of individual children.
- 10.2 Research shows a clear link between overheating and an increased risk of sudden unexpected death in infancy, so it is important that children are always dressed appropriately for sleep. Educators will monitor the temperature of the rest environment and address children's clothing needs.
- 10.3 Red Nose Australia does not recommend a specific room temperature for baby's sleep. This is because there is no evidence to show that maintaining a specific room

temperature prevents sudden infant death. Educators will keep all sleeping environments, including cot rooms at a comfortable temperature – not too hot or cold. Our air conditioning units are Kids Uni are generally set to 22 degrees Celsius.

- 10.4 Children will not have hoods and cords from clothing as per our clothing policy. Necklaces of any kind are not permitted in Kids' Uni services regardless of the age of the child.
- 10.5 If a family provides a sleeping bag for the child, educators must ensure the Thermal Overall Grade (TOG) matches the temperature of the sleep environment. The sleeping bag must also be fitted around the neck, and baby's arms fully out of the bag. The following information on TOG rating should be used as a guide only.
  - 0.2 TOG – ideal for room temperatures between 24°C and 27°C
  - 1.0 TOG – ideal for room temperatures between 20°C to 24°C
  - 2.5 TOG – ideal for room temperatures between 16°C to 20°C
  - 3.5 TOG – ideal for room temperatures below 16°C
- 10.6 If educators observe children showing signs that they are too hot, such as flushed and clammy skin, they will remove some bedding or clothing and offer water or breast milk/formula for babies under 6 months.
- 10.7 All sleep and rest environments will be well ventilated, with fresh air from open windows wherever possible. Mechanical ventilation will be used if windows are not present or there is poor air quality outside.
- 10.8 Equipment such as bumpers, infant positioners, inclined sleeps or additional padding or mattresses, pillows and other soft items will not be used during sleep and rest periods.
- 10.9 Weighted blankets will never be used on a sleeping child of any age in our services. The only time that a weighted blanket will be used in our services is when it forms part of a child's individual support plan and when the child is awake. In this instance, weighted blankets will never be placed above the child's waist height, even when they are awake. The weight can compress a child's chest and make breathing difficult. This advice comes from both Kidsafe and Red Nose Australia.
- 10.10 All cots meet Australian Standards for Cots and will be labelled AS/NZS 2172:2010. Cot mattresses meet Australian Standards AS/NZS 8811.1:2013 and should be in good condition, clean, firm, flat and must fit the cot base with no more than a 20mm gap

between the mattress and the sides of the cot. Refer to <https://www.productsafety.gov.au/standards/household-cots> for more information.

- 10.11 Bassinets, hammocks, prams and strollers are not to be used for children to sleep or rest in. Bassinets are not permitted on our premises at any time.
- 10.12 Hygiene practices: Cots are cleaned regularly. Refer to the Physical Environment Policy for cleaning schedules.
- 10.13 Beds and cots are to be set up with adequate spacing between them to avoid cross infection.
- 10.14 All bed linen will be changed between different children using the bedding. Linen will be laundered at the centre, or sheets taken home to be washed by families at least once per week or as needed.
- 10.15 Each child will be supplied with clean, appropriate spare clothes when necessary to ensure their comfort.

## 11 Sources

Education and Care Services National Regulations 2012  
 Early Years Learning Framework  
 Australian Children's Education and Care Quality Authority (ACECQA) – Safe sleep and rest practices  
 Occupational Health and Safety Act 2000  
 Occupational Health and Safety Regulations 2001  
 Australian/New Zealand Standard AS/NZS 2172:2010, Cots for household use—Safety requirements  
 Australian/New Zealand Standard AS/NZS8811.1:2013 Methods of testing infant products – Sleep surfaces – Test for firmness  
 Red Nose – Safe Sleeping [www.rednose.com.au](http://www.rednose.com.au)  
 Kidsafe  
 United Nations Conventions on the Rights of a Child  
 The Australian 24-Hour Movement Guidelines for the Early Years (Birth to 5 years)  
 SLEEP program (Sleep learning for Early Education professionals) – QLD Government

## 12 Review

This policy will be reviewed every 12 months, in line with annual risk assessments. The review will include Management, Employees, Families and Interested Parties.

## 13 Version Control Table

Version Control	Date Released	Next Review	Approved By	Amendment
1	Feb 2012	Feb 2013	Michele Fowler Manager – Kids' Uni	



2	Feb 2013	Feb 2014	Michele Fowler Manager – Kids' Uni	Paragraph inserted re application of policies across all centres. Migrated into new QA format. This policy replaces the Sleep and Rest Policy and the Clothing Policy.
3	Feb 2014	Dec 2015	Michele Fowler Manager – Kids' Uni	Policy reviewed with no changes required. The review period changed to 2 years.
4	Dec 15	Dec 17	M. Gillmore – General Manager	Policy reviewed with no changes required.
5	Oct 17	Oct 19	Kellie Grose - Children's Services Manager	Updated to reflect recommendations from ACECQA regarding safe sleep and rest practices
6	Feb 18	Feb 20	Kellie Grose - Children's Services Manager	Updated to reflect The Australian 24-Hour Movement Guidelines for the Early Years. Updated partnerships with families and managing conflicting views on sleep and rest. Added QLD Govt SLEEP program as a resource.
7	Sept 18	Sept 20	Kellie Grose - Children's Services Manager	Provided more detail around breathing checks for 0-24 month aged children including timing and what the check entails.
8	Jul 2019	Jul 2021	Kellie Grose - Children's Services Manager	Included updated information from recent 'Red Nose Safe Sleep' training.
9	November 2019	Jul 2021	Nicole Bray – Director Kids' Uni iC	Updated to reflect name changes to Kids' Uni iC
10	Sept 21	Sept 23	Kellie Grose - Children's Services Manager	Updated breathing checks to include children aged up to 3 years old Added the exclusion of necklaces from the services Added the risk assessment to be conducted on enrolment to identify children who are at additional risk and the plans that will be put in place in response to this.
11	Jan 23	Sept 23	Kellie Grose - Children's Services Manager	Added the need to remove comforters or soft toys from a child as soon as they fall asleep.
12	Mar 23	Sept 23	Kellie Grose - Children's Services Manager	Outlined procedures around the use of weighted blankets in our services based on research with Red Nose and KidSafe
13	Sept 23	Sept 24	Louise Windisch – Director, Kids Uni North	Aligned policy with new regulatory requirements including compulsory risk assessments and banning bassinets.