

1. 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 on placement, Volunteers, Parents/Guardians, Children and others attending the programs and activities of the Early Years Services.

2. Values:

MTHCS Early Years Services are committed to:

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.

Fostering children's safety and wellbeing through responsive relationships, engaging experiences and a safe and healthy environment

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.

Its duty of care (refer to Definitions) to all children at the Early Years Services, and ensuring that adequate supervision (refer to Definitions) is maintained while children are sleeping, resting or relaxing.

Complying with all legislative requirements, standards and current best practice and guidelines, including recommendations by Red Nose (refer to References).

MTHCS Early Years services offer short periods of rest each day to all children to foster their growth and development.

3. Purpose:

This policy will provide clear guidelines for the implementation of safe relaxation and sleep practices that meet the individual needs of children attending MTHCS Early Years Services.

4. Responsibilities:

Contractors, volunteers and students	Parents/guardians	Early childhood teacher, educators and all other staff

R indicates legislation requirement, and should not be deleted

Ensuring that obligations under the <i>Education and Care Services National Law</i> and <i>National Regulations</i> are met (<i>Regulation 81</i>)	R	R	✓		✓
Ensuring all educators, staff and volunteers comply with the recommendations of Red Nose in relation to safe sleeping practices for children (<i>refer to Sources</i>)	R	✓	✓		✓
Ensuring educators receive information and induction training to fulfil their roles effectively, including being made aware of the sleep and	R	✓			

rest policies, their responsibilities in implementing these, and any changes that are made over time					
Taking reasonable steps to ensure the sleep/rest needs of children at the service are met, with regard to the age of children, developmental stages and individual needs (<i>Regulation 81(1)</i>)	R	✓	✓		✓
Ensuring the premise, furniture and equipment are safe, clean and in good repair (<i>Regulation 103 and National Law: Section 167</i>)	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 adequate supervision of children sleeping and resting, being within sight and hearing distance and are monitoring visually checking the child's breathing and the colour of the child's lips and skin tone (<i>National Law 165</i>)	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 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 	R	✓	✓		✓
Ensuring cots (including evacuations cots) provided at the service comply with the most current Australian/New Zealand Standards (<i>refer to Sources and Attachment 1</i>)	R	✓			
Ensuring that hammocks, prams and strollers are not used to settle children to sleep	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	✓	✓		✓
Removing any hazards identified in the child's resting or sleeping environment and informing the approved provider, as soon as is practicable	R	✓	✓		✓
Ensuring that any hanging cords, mobiles, curtains and blinds are inaccessible to children who are resting or sleeping	R	✓	✓	✓	✓
Ensuring that artificial heating, such as heat bags and hot-water bottles, is not used to provide warmth		✓	✓		✓
Ensuring that each child has their own bed linen, and that the <i>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>refer to Hygiene Policy</i>)	R	✓	✓		✓
Ensuring compliance with WorkSafe Victoria's Children's services – occupational health and safety compliance kit (<i>refer to 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 in relation to safe sleeping practices for children (<i>refer to 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>refer to 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 (<i>refer to Incident, Injury, Trauma and Illness Policy</i>)		✓	✓		✓
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		✓	✓	✓	✓
Encouraging children's independence and assisting children with dressing as needed.		✓	✓		✓

5. Definitions:

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the [Glossary of Terms – Early Years](#).

Adequate supervision: In relation to this policy entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. It requires the educator to be actively involved with children and have knowledge of what each child is doing at any given time of the day.

The adequacy of supervision is determined by a range of factors, including:

- Number of children.
- Ages of children.
- Abilities of children.
- Number and positioning of adults.
- Each child's current activity, for example, physical activities, art activities and playing with others.
- Areas where the children are engaging in the activities, in particular the visibility and accessibility of these areas.
- Adults' knowledge of each child and each group of children.
- Experience, knowledge and skill of each educator.
- Need for educators to move between areas.

Duty of Care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Red Nose: (formerly SIDS and Kids), the recognised national authority on safe sleeping practices for infants and children (refer to References).

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.

6. Procedure:

6.1 Red Nose Recommended Practices

MTHCS Early Years services safe sleep and rest practices are based on recommendations from Red Nose. Practices that conflict with recommendations by Red Nose (such as family beliefs, cultural practices, medical reasons, etc.) can be discussed between families and the Nominated Supervisor.

During the orientation process to any MTHCS Early Years service, the staff member conducting the orientation will discuss the importance of safe sleep and explain that our services follow Red Nose recommended practices.

Following the above conversations, if a family would like to continue to request practices for their child that conflict with Red Nose to be followed at the service, this agreement will be put in writing using the *Safe Sleep Practices Acknowledgement Form*.

Informative safe sleep posters created by Red Nose will be displayed near all designated sleep and rest areas

6.2 Safe Sleep & Rest Practices

- Children will be placed on their back to rest.
- If children turn over during their sleep, allow them to find their own sleeping position, but always lay them on their back when first placing them to rest.
- 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, should be re-positioned onto their back when they roll onto their front or side.

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- At no time will a child's face be covered with bed linen.
- Children will be placed with their feet closest to the bottom end of the cot to prevent them from wriggling under bed linen.
- Light-weight bedding will be used, which must be tucked under the end and sides of the mattress to prevent the child from pulling bed linen over their head.
- Heavy / weighted blankets can be used to settle children, but will be removed once the child is asleep.
- Lamb's wool and cot bumpers will not be used
- Pillows will not be used, unless the child is aged over two years of age and no longer sleeping in a cot.
- Soft toys / comforters will be removed from the sleep area once the child is asleep
- Quiet experiences may be offered to those babies who do not fall asleep.
- Heavy / bulky clothing will be removed – one layer rule (one layer of clothing, warmed by one layer of linen)
- Clothing (hoods, cords, bibs, etc.), dummy chains and jewellery that pose a strangulation hazard will be removed before a child sleeps or rests.
- Sleeping bags/suits will be well fitted around the neck and limbs to ensure it can't be pulled over the child's face
- Children who staff deem at risk of being able to climb out of cots (usually between 18 months – 3 ½ years of age), will be moved from a cot to a bed for sleep and rest. The family will be consulted when making this decision.
- Prams, strollers and bouncers will not be used for children to sleep or rest in.
- New employees will be educated on safe sleep practices during their orientation process by completing a competency checklist. Further training opportunities will be supported and provided to educators if required.
- Educators will monitor children who require a bottle in bed, and remove the bottle immediately after the child has fallen asleep and/or finished the bottle.

6.3 Safe Sleep & Rest Environments

- Lighting: will be at a level that encourages sleep and rest, but also allows for adequate supervision
- Ventilation: A mixture of natural and mechanical ventilation will be used to help fresh air circulate (e.g. open windows, fans, heater/air conditioner, etc.)
- Noise: Soft music will be played to encourage a calm and relaxing sleep/rest environment. Children who continue to play inside during rest or sleep times will be offered quiet indoor activities.
- Temperature: No specific temperature is recommended. Educators will use their professional judgement to dress children appropriately and adjust heating and cooling systems as needed.
- Cots and beds: Educators will conduct a visual safety check of the resting environment and equipment before use. Any cots or beds that are damaged or broken will not be used until it has been repaired or replaced.

A risk assessment of the designated sleep and rest areas will be conducted on an annual basis using the Sleep & Rest Risk Assessment, which will assess the following criteria:

- Location and arrangement of sleep and rest area, ensuring it meets the individual needs of children.
- Safety and suitability of cots, beds and bedding, taking into consideration the ages and developmental stages of the children who will use them.
- Environmental conditions including: physical environment, lighting, temperature and ventilation
- Staff knowledge on safe sleep practices and compliance with safe sleep practices.
- Any potential hazards and how hazards will be managed.

If changes need to be made to the designated sleep and rest area within the period of a current annual risk assessment, a new risk assessment will be conducted prior to any changes being made.

6.4 Settling Children

- Educators will assist children to settle when required in a way that soothes the individual child (e.g. patting or rubbing their back, sitting next to them, gently swaying the cot, etc.)
- Assisted settling of children who don't require it is discouraged, as this forms unworkable habits for educators and can interrupt families sleep practices at home.
- Educators will, as often as possible, avoid holding children to settle them during sleep, as this puts educators at risk of injury.
- Children who have not settled after 30 minutes can resume playing until they present with further signs of needing a rest or sleep (consistent rubbing of eyes, wanting to lay down, heavy eyes, etc.)
- Unsettled children can be challenging and distressing for educators. Educators will support each other to remain calm by sharing the duty of settling children.

6.5 Supervision & Documentation Of Sleeping & Resting Children

- Supervision planning and the placement of educators across a service will ensure educators are able to adequately supervise sleeping and resting children.
- Educators will perform regular checks at 10 minute intervals to monitor the sleeping and resting children, and the sleep and rest environment. During these regular checks, educators must be checking:
 - Each child's breathing is regular.
 - No toys or blankets have covered a child's face.
 - No toys or blankets have become tightly entangled around a child's throat or limbs.
 - Perspiration and skin colour (e.g. remove a blanket if the child is sweating / feels hot or add a blanket if child feels or looks cold). Check a sleeping child's temperature with your hand on their back or stomach, as their hands and feet can naturally feel colder.
 - Children are on their bed/mat properly (e.g. if you have an active sleeper who has rolled off their mat, gently move them back on to the bed).
- Educators will record children's sleep start time, sleep finish time and the 10 minute checks on Story Park under the "routines" tab.

6.5 Hygiene & Cleaning

- Cot frames, mattresses and beds must be cleaned after each use using:
 - Detergent wipes (new wipe must be used between each bed or cot) **or**
 - General purpose cleaning spray and cloth (cloths must be changed between each bed or cot).
- Each child will use their own bed linen.
- Children's bed linen will be returned to families for washing on their last day of care during the week or at the end of week, whichever comes first.
- Services have a limited amount of linen for children to use who haven't supplied their own. Service linen will be washed after each use.

7. 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
- notifying 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)*).

8. Forms & Records

- [link new form] Safe Sleep Practices Agreement
- [link new form] Sleep & Rest Risk Assessment
- [link existing form] Competency Checklist
- [link existing form] Orientation Checklist – Staff / Parent

9. Related MTHCS Policy / Procedure

- [Child Safe Environment Policy](#)
- [Hygiene Policy](#)
- [Incident, Injury, Trauma and Illness Policy](#)
- [Interactions with Children Policy](#)
- [Occupational Health and Safety Policy](#)
- [Supervision of Children Policy](#)
- [link existing policy] Enrolment and Orientation policy

10. References

- Australian Children's Education & Care Quality Authority, *Safe sleep and rest practices*: <https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices>
- Australian Competition & Consumer Commission (2016), *Consumer product safety – a guide for businesses & legal practitioners*: <https://www.accc.gov.au/publications/consumer-product-safety-a-guide-for-businesses-legal-practitioners>
- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia (EYLF)*: <https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>
- Current Australian/New Zealand Standards for cots is available on the SAI Global website at: www.saiglobal.com
- Red Nose: <https://rednose.org.au/>
- *Victorian Early Years Learning and Development Framework (VEYLDF)*: <https://www.education.vic.gov.au/childhood/professionals/learning/Pages/veyldf.aspx>
- WorkSafe Victoria, *Children's services – occupational health and safety compliance kit*: <https://www.worksafe.vic.gov.au/resources/childrens-services-occupational-health-and-safety-compliance-kit>

11. Background & Legislation

11.1 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*)

11.2 Legislation & Standards

Relevant legislation and standards include but are not limited to:

- 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
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 2: Children’s Health and Safety
- 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

12. Attachments

12.1 Cots

There are currently (at the time of printing) two standards that apply to the use of cots:

- Australian/New Zealand Standard – Cots for household use – Safety Requirements (AS/NZS 2172:2010), and
- Australian/New Zealand Standard – Cots for day nursery, hospital and institutional use – Safety Requirements (AS/NZS 2130:1998).

Services can check current standards on the SAI Global website at: www.saiglobal.com

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.

The Institutional Cot Standard allows for cots with a higher base and mattress, but requires these cots to be made of metal, and to have a drop side that can be lowered to the level of the mattress.

The early childhood sector has expressed concerns in relation to the safety of cots with sides that lower to the level of the mattress.

Services should investigate options either for:

- cots that meet the Australian/New Zealand Standard – Cots for household use – Safety Requirements (AS/NZS 2172:2010) and have a higher base and mattress, or

- cots that meet the Australian/New Zealand Standard – Cots for day nursery, hospital and institutional use – Safety Requirements (AS/NZS 2130:1998).

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

ELAA does not recommend 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