2-P12: Safe Sleep and Rest Procedure

Responsible	Nominated Supervisor, Centre Team		
Accountable 1	Chief Operating Officer	**A**ccountable 2	Nominated Supervisor
Consulted	Compliance Team, Policy Committee, Quality Team, Operations		
Informed	All staff, students, volunteers, families		

Policy Statement

The objective of this procedure is to articulate Affinity Education Group's compliance with National Law and Regulations, including amendments, from the Education and Care Services National Regulations 2011 and the Education and Care Services National Regulations WA 2012 and to ensure the safety, health and wellbeing of children attending services and appropriate opportunities are provided to meet each child's need for sleep, rest and relaxation.

Research has proven that sleep and rest is crucial for healthy brain development as well as physical and emotional well-being in children. Sleep and rest boost the immune system, aids in focus and concentration and restores energy. Too little rest and sleep can result in difficulty regulating emotions, poor concentration and poor co-ordination.

Affinity Education Group understands babies and young children depend on responsive and nurturing adults to provide for their physical needs and to keep them safe. All children have individual sleep and rest needs as well as unique rituals and practices. Children require a balance of noisy, active play and quiet, restful periods. Opportunities for rest throughout the day allow children to listen to their bodies and make the decision to rest when they feel they need it. A sleep period will also allow the children the choice to sleep.

Affinity Education Group's policy and procedure are guided by Red Nose recommendations to maintain safe sleeping environments and practices with the goal to prevent sleeping incidents including Sudden Unexpected Death in Infancy (SUDI) and Sudden Infant Death Syndrome (SIDS). A risk assessment for each service will be conducted to ensure safety strategies are identified and applied specific to the centre context. The control measures listed in the risk assessment will outline how children will be protected from identified risk in addition to practices outlined within this procedure.

Educators are also guided by the Early Childhood Australia Code of Ethics as well as the United Nations Convention on the Rights of Child regarding acting in the children's best interests, allowing children to be involved in decisions about their care and respecting families' rights to make decisions affecting their children.

Affinity Education and each Nominated Supervisor must take reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for by the service are met, having regard to the ages, developmental stages and individual needs of the children.

Procedure Strategies

1.0 Babies in nurseries/cots/cot rooms:

Skills, knowledge and training

- All educators and employees, students and volunteers working with babies must be familiar with Red Nose recommendations and this policy and procedure. This policy and procedure form part of induction training that is recompleted at least annually.
- It is recommended that employees working with babies complete Sleep for Babies and Children on the Learning Hub.
- Safe sleeping information must be displayed in the sleeping area of babies. Refer to resources section.
- Safe sleeping information and this procedure will be made available to families and promoted to employees, families and visitors to the centres.
- A Safe Sleep Audit is conducted with employees working with babies to assess knowledge, environments and practices at least weekly or more often as new staff commence or any change to the environment. Any missed or not met items must be addressed immediately.

Safe Sleeping Environments

- Cots will meet Australian Standards (AS/NZS 2172). The mattress on each cot will be flat and not curved, firm, clean and in good condition. Cots will be cleaned after each use by a different child by wiping bars and mattresses with soapy water. Mattresses will have a plastic cover or covered with a mattress protector. If fitted with castors or wheels, at least 2 must be fitted with brakes/locking mechanisms.
- Lights will be dimmed, and natural light is preferred, where possible. The environment will be sufficiently lit to ensure clear visibility.

- Quiet, restful music may be played and will be kept at a volume that does not disrupt or prevent sleep. The radio will not be played. Paid streaming subscriptions e.g. Spotify are permitted where a set playlist checked for age-appropriate content is chosen. Free streaming sites with advertising and pop ups are not to be used.
- The environment will be temperature controlled depending on the climate and weather conditions by using air conditioning or opening a window. The area will be adequately ventilated.
- Linen provided by the service will be laundered on the last day of the child's attendance for the week.
- Cots will be spaced apart to prevent children from reaching out to other cots, away from cords or curtains, out of reach of hanging mobiles and to allow educators to walk between them.
- The railing of the cot will be lowered when placing the child into the cot and then raised and closed securely to prevent the child from falling or climbing out.
- Cots and mattresses will be inspected prior to each use. Damaged or malfunctioning cots and mattresses will not be used and will be reported and replaced or repaired.
- Cots will be made up using the short-sheet technique, with babies' feet at the bottom of the cot to prevent them wriggling down under the covers.
- No quilts, doonas, weighted blankets, pillows, towels, lamb's wool, bumpers, sleeping positioners, soft toys or heat/wheat bags or electric blankets will be used in the cots.
- Cots and cot rooms will not be used for storage.
- Emergency cot/s must be fit for purpose, labelled as emergency cot and able to be manoeuvred out of the cot room and effectively through the evacuation route.
- No infant or child will be exposed to cigarette smoke whilst attending the service. If educators are smokers, they will wear an alternative shirt during their break away from the centre and will wash their hands thoroughly prior to contact with a baby. Smoking, including the use of e-cigarettes, is not permitted on the premises.
- Bassinets will not be present in the centre.
- Inclined products such as bouncers, hammocks, rockers and swings will not be used for sleep.

Routines, practices and safe positioning

- Individual babies' routines will be accommodated as much as possible. Families will communicate individual sleep and rest needs and rituals to educators.
- Individual babies' rituals (practices carried out to support sleeping) will be discussed with families and accommodated where they align with Red Nose safe sleeping recommendations and this policy and procedure. Where requests for rituals do not align, alternative suitable practices will be negotiated, agreed and documented on an individual sleep plan. Practices that contradict Red Nose recommendations cannot be accommodated unless instructed in writing by the child's doctor. An individual risk assessment will be required in this instance which will outline how the child will be protected from risk.
- Individual routines and rituals will be documented and communicated with all educators and updated as required. A 2-F54 Individual Sleep Plan is displayed to communicate individual sleep practices according to age, development and individual needs.
- All babies will be placed on their back in the cot or bed.
- 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, should be gently re-positioned onto their back when they roll onto their front or side. This is documented on the 2-F54 Individual Sleep Plan.
- If a medical condition exists that prevents a baby from being placed on their back, the alternative practice should be confirmed in writing with the service, by the child's medical practitioner and a risk assessment and management plan must be completed.
- Place babies with higher individual needs in cots that are positioned closer to the door for ease of supervising and quicker access.
- If babies fall asleep in a pram, bouncer or on a cushion, for example, they will be transferred to a cot. Sleeping in anything other than an approved cot does not meet with safe sleeping practices. Bassinets will never be in the centre.
- It is recommended to have several lighter layers rather than one heavier layer. Coverings may include:
  - A sheet in warmer weather or a sheet and light blanket/s in cooler weather, tightly tucked in
  - An approved, correct fitting infant sleeping bag if they have fitted neck and armholes therefore low risk of the child's face being covered
  - A swaddle or wrap (see below) with or without other light layers, according to weather
- Bibs, hooded jumpers, jewellery or accessories will be removed from the child during sleep and rest. These may include, but are not limited to, amber teething necklaces, fashion or cultural jewellery, hair clips or dummy chains.

- Sleep and rest times and rituals will be calm, soothing and relaxing. Educators will transition the children to sleep or rest in a nurturing manner, with quiet voice and smooth movements. Cots will not be shaken or vigorously rocked to settle babies to sleep.

Individual rituals may include:

  - Times: Educators can support sleep times as requested by families. If children are sleeping on a mattress or stretcher beds on the floor, these can be set up in a quiet area in the room or floor of the cot room if space allows. Children will be allowed to wake on their own accord and will not be woken up. Children's natural rhythms will be supported.
  - Comfort: Educators can rock, pat, stroke, sit with, sing to or have minimal physical contact with the child as per the family's request providing it does not compromise the safety, supervision or dignity of the child or other children.
  - Comforters: Dummies may be taken to bed with the child. Soft toys and comforters in cots contravene the safe sleeping guidelines and will not be left in cots with children unsupervised. Babies under 7 months of age will not have soft toys or comforters in the sleep environment. When working in partnership with families, if a decision is made to offer small soft toys and comforters to an older infant (over 7 months of age, corrected for prematurity), Red Nose best practice guidance recommends conducting an individual risk assessment and providing continuous supervision with bedside physical checks during sleep and rest. (https://rednose.org.au/safe-sleep-and-safer-pregnancy/newborn-to-1-year/soft-toys-and-comforters/)
  - Wrapping or swaddling: a lightweight cotton or muslin wrap can be used for babies 3 months or younger. The wrap must be firm but not too tight, allowing movement in the baby's hips and chest. The wrap must not be higher than the baby's shoulders and must not go over the child's head or face. Arms can be wrapped in or out as preferred. The baby will no longer be wrapped once they show signs of beginning to roll over at around 3-4 months of age. The child will always be placed on their back.
  - Milk/ bottle: Children can be nursed with a bottle prior to their sleep but they will not be propped up with a bottle on a lounge or cushion or put to bed (cot or floor mattress) with a bottle.
- Document individual rituals suitable to meet the age, stage and needs of each child on the 2-F54 Individual Sleep Plan.

Supervision and Monitoring

- Appoint a Sleep Check Supervisor who is responsible for conducting and recording the 5- and 10-minute checks. This person will wear a lanyard or scrunchie on their wrist (something to indicate that they are assigned this role). They should also be a permanent member of staff, familiar with safe sleep practices and familiar with the safe sleep risk assessment. When this person leaves the nursery room such as when going on lunch break, they communicate to the person replacing them about children asleep in the cot room and hand over the lanyard/ scrunchie.
- Where possible, plan for staffing arrangements that allow for continual supervision of babies.
- Where an educator is not continually present in the cot room, sleeping babies will be checked through a viewing window every 5 minutes to monitor for children in distress or in unsafe sleeping positions. Viewing windows will be unobstructed by curtains, posters, paint or other decoration at all times.
- An educator will physically enter the cot room and stand at the bedside of each child to observe breathing patterns and skin and lip colour and secure loose bedding of all babies at 10-minute intervals. More frequent checking may be necessary depending on the child's health e.g. lung disorders, common cold. 5-minute physical checks may be required where size and layout of the room compromises viewing through windows.
- Consider the use of an alarm to remind of 5-minute intervals.
- Consider size and layout of room and supervision challenges to determine whether the door should be open or closed to the cot room, as well as the type of door e.g. solid or large glass window.
- The 5-minute and 10-minute checks are recorded and signed on the Nursery Sleep Chart form.
- Accurate sleep times will be recorded to provide families with specific information and to provide evidence of who was sleeping during the sleep checks.
- Baby monitors will not be used.
- Where babies are asleep in cot rooms, an educator must be present in the main room and within hearing of the cot room.

Transitioning to floor bed

- Families can request for babies to sleep in a cot or mattress/ stretcher on the floor, providing the floor bed is firm and the baby is able to be adequately supervised.
- The age a child transitions from a cot to a floor bed may vary according to individual needs. Children should transition to a bed when they are showing signs of climbing out of the cot or when preparing to transition to another room without cots.
- The process to transition children from a cot to a bed is done through consultation with the family and assessment of the child's readiness. Families will be consulted via Child Notes in Storypark including the child's development and readiness to

transition and strategies to support the transition. The outcome of the consultation will be communicated with all educators caring for the child and can be included on the Individual Sleep Plan.
- Strategies involved in the process of transition will depend on age, temperament and preferences of the child.

For more information on safe sleeping recommendations and use of cots, refer to https://rednose.org.au/.

Procedure in the Event of SUDI/SIDS
- Educators will commence resuscitation as per CPR training which will continue until the ambulance arrives.
- All other children will be removed from the area, as best as possible, and kept safe and calm.
- The Nominated Supervisor or Responsible Person will call 000 and request an ambulance & police, informing the operator that the child is not breathing, giving the name, address and phone number of the service.
- The family will be called and asked to come to the service immediately, as their child has stopped breathing, resuscitation is underway and the ambulance has been called.
- A person will be outside to meet the ambulance and guide them to the child. Keep the area clear of anybody else except for emergency personnel at all times.
- The Nominated Supervisor or Responsible Person will help the ambulance officers with anything they need whilst at the centre.
- The Nominated Supervisor or Responsible Person will fill out the Incident Report and log it on Service Now. Contact the Incident Support Team for advice if required. The Incident Support Team will report the I01 to ACECQA via the NQA ITS.
- The Nominated Supervisor or Responsible Person will give the police a copy of the Incident Report and answer any questions and help with the report.
- The Nominated Supervisor or Responsible Person must contact the Area Manager to report the situation.
- Centre Support Office will support the Nominated Supervisor or Responsible Person and educators and encourage them to seek counselling. Counselling will be arranged for families and employees via EAP.

2.0 Children sleeping and resting out of cots

Skills, knowledge and training
- All educators and employees will be familiar with this policy and procedure. This policy and procedure form part of induction training and is recompleted at least annually.

Environment
- Stretcher beds or mattresses that meet AS/NZS 2172 are provided for children to sleep on. These will be checked for damage daily and cleaned after each use with soapy water and paper towel.
- Linen provided by the centre will be laundered after each use or alternatively, if allocated to the same child on consecutive days, will be laundered on the last day of their attendance for the week.
- The room size and layout will be considered when planning for and providing sleep and rest opportunities. Beds will be set up to allow for maximum supervision and in an area of the room that is clear of hazards and will not block entry or exit from the room, including fire exits. Adequate spacing between beds will ensure that educators and children can move freely around the room. Children will also be encouraged to sleep 'top to toe' to prevent cross-contamination while sleeping or resting.
- Lights will be dimmed or turned off, ensuring enough natural light to allow clear visibility.
- Quiet, restful music may be played and will be kept at a volume that does not disrupt or prevent sleep. The radio will not be played. Paid streaming subscriptions e.g. Spotify are permitted where a set playlist checked for age-appropriate content is chosen. Free streaming sites with advertising and pop ups are not to be used.
- Children will be comfortably dressed to suit the climate and weather conditions with bulky or restrictive clothing, clothing with cords, bibs and hats removed prior to sleep and rest.
- It is recommended that children on stretcher beds or mattresses do not wear fitted sleeping bags, however, when working in partnership with families, if a decision is made to continue wearing a sleeping bag for rest times, it must be removed before the child gets off their bed to avoid any tripping hazards.
- The temperature in the environment will be controlled by using an air-conditioner and/or opening or closing windows as appropriate. Ventilation will be adequate to allow fresh air and avoid cross-contamination.

Routines and Practices
- Opportunities for quiet play and rest will be available at all times throughout the day, in both the indoor and outdoor environments. Children can choose to engage in rest whenever they feel the need.
- A sleep/rest period will be offered for children who wish to sleep or rest on a mattress/stretcher bed.

- Educators will promote the importance of sleep and rest on the children's health and well-being and, with the educator's support, the children can choose whether they sleep, rest or engage in other quiet, restful experiences.
- Consultation with families will be ongoing to ensure their needs and expectations are met regarding sleep and rest.
- While respecting families' requests where possible, communication with families will ensure their understanding that children will not be forced to sleep or prevented from sleeping. Children will be allowed to wake on their own accord. Children's natural rhythms will be supported. Any practice outside of this recommendation must be mutually agreed on and acceptable practice be recorded in writing between the educator and family.
- Educators will be sensitive to the child's needs and support their transition to sleep or rest. Children in this age group will be allowed to have comforters as required.
- Comfort may be provided to each child consistent to that used at home or as requested by the child such as patting or rubbing their back, singing lullabies, sitting with the child, rubbing/stroking their forehead or no contact at all. Not all children require patting or assistance to sleep.
- Children will be encouraged to rest and restore their minds and bodies but will not be forced to remain on their beds if they have not fallen asleep after 30 minutes.
- Children who prefer not to sleep will have the opportunity to engage in quiet activities such as books, puzzles or drawing so they can rest, recharge and not disturb sleeping and resting children.
- Children's sleep times will be recorded for families to view on the Daily Information Sheet.

Supervision

- Children will be fully supervised and physically checked at 10-minute intervals when sleeping and resting. Checks may be conducted more frequently depending on the child's health e.g. lung disorders, common cold.
- Physical checks require standing by each bedside to monitor the breathing patterns and skin and lip colour and to secure loose bedding, or bedding covering faces.
- Checks will be recorded on the 2-F15a Children's Sleep Chart.
- Viewing windows will not be obstructed by curtains, posters, paint or other decoration.

School aged children

For centres who provide before school and/or after school care and/or vacation care, opportunities will be provided for children to engage in quiet, restful activities both in the indoor and outdoor environments. Children can be encouraged to relax their bodies and minds and to restore their energy but will not be requested to rest on beds.

Suitability of resources

Cots and mattresses must be purchased for the centre via Coupa to ensure the products are approved and meet required Australian Safety Standards. The Compliance Team are notified of any product bans, recalls or changes in Australian Safety Standards and will communicate to centres to ensure awareness of same.

Risk Assessments

All risk assessments must address items included in Regulation 84C. The column titled 'Elimination/ Control Measures' outlines how children will be protected from identified risk in addition to the practices outlined in this procedure. All risk assessments will be valid for a period of 12 months where all details of the risk assessment remain the same. At any time circumstances significantly change or a situation arises that affects the health or safety of babies or children, the risk assessment will be reviewed and revised. The risk assessment may inform policy updates. The approved provider must keep a record of each risk assessment conducted.

Relevant Legislation

- Education and Care Services National Regulations 2011
- Education and Care Services National Regulations WA 2012
- United Nations Convention on the Rights of the Child
- Early Childhood Australia Code of Ethics

Resources

The Australian Children's Education & Care Quality Authority: http://www.acecqa.gov.au/
NHMRC. 'Staying Healthy: 6th Edition'.
https://www.nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/ch55-staying-healthy.pdf
NSW. Dept. of Education. 2021. 'Policy and Procedure Guidance for ECE Services and Providers.'
https://education.nsw.gov.au/early-childhood-education/operating-an-early-childhood-education-service/policy-and-procedure?mc_cid=20e7c1c283&mc_eid=UNIQID retrieved July 2021

2-P12: Safe Sleep and Rest Procedure

Red Nose 2025 'Safe Sleeping Environment for Babies'. https://rednose.org.au/safe-sleep-and-safer-pregnancy/pregnancy-to-birth/what-is-a-safe-sleeping-environment-for-babies/
Red Nose 2025 ' Safe Sleeping Guide' https://rednose.org.au/resources/safe-sleeping/
Red Nose 2025 'Soft Toys and Comforters' https://rednose.org.au/safe-sleep-and-safer-pregnancy/newborn-to-1-year/soft-toys-and-comforters/
Red Nose 2025 'Wrapping or Swaddling Babies'https://rednose.org.au/safe-sleep-and-safer-pregnancy/newborn-to-1-year/wrapping-or-swaddling-babies/
Red Nose 2025 'Ensuring Safe Sleep: Best Practices for Supervising Sleeping and Resting Children in ECE'https://rednose.org.au/safe-sleep-and-safer-pregnancy/articles/ensuring-safe-sleep-best-practices-for-supervising-sleeping-and-resting-children-in-early-childhood-education/
ACCC 2025 'Infant sleep products mandatory standards' https://www.productsafety.gov.au/business/search-mandatory-standards/infant-sleep-products-mandatory-standards#toc-mandatory-standards-details

Version Control	Date	Author	Description of Change
1	Oct 2013	AEG	Update ECSNR
1.2	Dec 2014	AEG	Update ECSNR
V9.15	Sep 2015	AEG	Revision
V11.16	Nov 2016	AEG	Review
V11.17	Nov 2017	AEG	Updated
V10.18	Oct 2018	AEG	Reviewed
V2.19	Feb 2019	AEG	Minor update
V3.19	Mar 2019	AEG	Minor update
V5.20	May 2020	AEG	Scheduled review
V5.21	May 2021	AEG	Scheduled review
V7.21	July 2021	AEG	10-minute sleep checks
V2.22	Feb 2022	AEG	Transition to bed
V7.22	Jul 2022	AEG	Doors and supervision
V9.22	Sept 2022	AEG	Roll baby to back
V11.22	Nov 2022	AEG	Merged with SUDI and SIDS
V2.23	Feb 2023	AEG	Amended guidance on music streaming
V6.23	June 2023	AEG	Added recommendation from Regulatory Authority
V10.23	Oct 2023	AEG	Regulatory change – conditions to be included in policy and risk assessment; procedure name change
V11.23	Nov 2023	AEG	Minor revision
V6.24	June 2024	AEG	Changed audit to weekly, remedy actions immediately
V12.24	Dec 2024	AEG	Extended on transition from cots to floor beds
V13.0	Dec 2025	AEG	Amended guidance around use of comforters in cots and use of sleeping bags on floor mattresses. Introduced additional requirements around safe sleep environments in alignment with new infant sleep products mandatory standards

Responsible = those who are responsible for carrying out the task
Accountable level 1 = the owner and person accountable for the sign off or approval of a task
Accountable level 2 = the person who is accountable for the task being carried out
Consulted = the person to be consulted with and whose input, opinions and feedback are crucial to the task
Informed = the person who should be informed and made aware of the task and any updates

Policy Written by:	**Position:**	**Date:**
Policy Team	Policy	Dec 2025
Approved by:	**Approved Date:**	**Next review date:**
Affinity Education Group	Dec 2025	Dec 2026

Educators to sign: