



4.10 Relaxation, Rest and Sleep

Written By

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Aim

All children have individual sleep and rest requirements. Children need a comfortable relaxing environment to enable their bodies to rest. This environment must be safe and well supervised to ensure children are safe, healthy and secure in their environment. Rest/sleep time is part of the preschool's program. If a child shows signs of requiring a rest/sleep or if parents would like their child to rest/sleep, staff will cater for these needs.

A balance of passive/active play and experience will be available for the children throughout the day. Following lunch time the children are encouraged to participate in "quiet" activities, relaxation, rest or sleep. Puzzles, books and passive activities will be provided. Individual sleep routines will also be catered for outside of this time, in consultation with families.

The education and care service will ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs. The education and care service will provide beds and cots that comply with Australian Standards. The risk of *Sudden Infant Death Syndrome (SIDS)* will be minimised by following practices and guidelines set out by health authorities.

Strategies

The Approved Provider will:

- "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, development stages and individual needs of the children." (Regulation 81.)
- Ensure there are adequate numbers of cots and bedding available to children that meet Australian Standards.
- Ensure that all cots meet **AS/NZS 2172**.
- Ensure that areas for sleep and rest are well ventilated and have natural lighting.
- Ensure that supervision windows will be kept clear to ensure safe supervision of sleeping children.

The Nominated Supervisor will ensure that:

- "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, development stages and individual needs of the children." (Regulation 81.)
- Maintain up to date knowledge regarding safe sleeping practice and communicate this information to educators and families.

Educators will:

- Consult with families about children's sleep and rest needs. Educators will be sensitive to each child's needs so that sleep and rest times are a positive experience.
- Ensure that beds/mattresses are clean and in good repair.
- Ensure that bed linen is clean and in good repair. Bed linen is for use by an individual child and will be washed before use by another child.
- Arrange children's beds and cots to allow easy access for children and staff.
- Create a relaxing atmosphere for resting children by playing relaxation music, reading stories, cultural reflection, turning off lights and ensuring children are comfortably clothed. The environment should be tranquil and calm for both educators and children. Educators will sit near resting children and support them by encouraging them to relax and listen to music or stories.
- Remember that children do not need to be "patted" to sleep. By providing a quiet, tranquil environment, children will choose to sleep if their body needs it.
- Encourage children to rest their bodies and minds for 20-30 minutes. If children are awake after this time, they will be provided quiet activities for the duration of rest time.
- Maintain adequate supervision and maintain educator ratios throughout the rest period.
- Assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required.
- Communicate with families about their child's sleeping or rest times and the service policy regarding sleep and rest times.
- Respect family preferences regarding sleep and rest and consider these daily while ensuring children feel safe and secure in the environment. Conversations with families may be necessary to remind families that children will neither be forced to sleep nor prevented from sleeping. Sleep and rest patterns will be recorded daily for families.
- Encourage children to dress appropriately for the room temperature when resting or sleeping. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing. The temperature of the sleep environment will be maintained between 18-22°C.

Principles to inform procedures

The following principles may inform sleep and rest policies and procedures at your service.

- Effective sleep and rest strategies are important factors in ensuring a child feels secure and is safe at a service.
- Approved providers, nominated supervisors and educators have a duty of care to ensure children are provided with a high level of safety when sleeping and resting and every reasonable precaution is taken to protect them from harm and hazard.
- Approved providers are responsible for ensuring sleep and rest policies and procedures are in place.
- Policies and procedures should be based on current research and recommended evidence-based principles and guidelines. [Red Nose](#) (formerly SIDS and Kids) is considered the recognised national authority on safe sleeping practices for infants and children.
- Regularly review and update sleep and rest policies and procedures to ensure they are maintained in line with best practice principles and guidelines.
- Nominated supervisors and educators should receive information and training to fulfil their roles effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time.
- Services should consult with families about their child's individual needs and be sensitive to different values and parenting beliefs, cultural or otherwise, associated with sleep and rest.

If a family's beliefs and requests conflict with current recommended evidence-based guidelines, the service will need to determine if there are exceptional circumstances that allow for alternate practices. For example, with some rare medical conditions, it may be necessary for a baby to sleep on his or her stomach or side, which is contrary to Red Nose recommendations. It is expected that in this scenario the service would only endorse the practice, with the written support of the baby's medical practitioner. The service may also consider undertaking a risk assessment and implementing risk minimisation plans for the baby.

In other circumstances, nominated supervisors and educators would not be expected to endorse practices requested by a family, if they differ with Red Nose recommendations. For example, a parent may request the service wrap or swaddle their baby while they are sleeping. However, according to Red Nose recommendations, this practice should be discontinued when a baby starts showing signs that they can begin to roll (usually around four to six months of age, but sometimes earlier). Nominated supervisors and educators should be confident to refer to the service's Sleep and Rest Policies and Procedures if parents make requests that are contrary to the safety of the child. Child safety is always the priority.

Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns, which nominated supervisors and educators need to consider within the service. As per Standard 2.1 (element 2.1.2) of the National Quality Standard, each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs.

Current recommended evidence-based practices safe sleep and rest practices

All children

- Children should sleep and rest with their face uncovered.
- Children's sleep and rest environments should be free from cigarette or tobacco smoke.
- Sleep and rest environments and equipment should be safe and free from hazards.
- Supervision planning and the placement of educators across a service should ensure educators are able to adequately supervise sleeping and resting children.
- Educators should closely monitor sleeping and resting children and the sleep and rest environments. This involves checking/inspecting sleeping children at regular intervals, and ensuring they are always within sight and hearing distance of sleeping and resting children so that they can assess a child's breathing and the colour of their skin. Service providers should consider the risk for each individual child, and tailor Sleep and Rest Policies and Procedures (including the frequency of checks/inspections of children) to reflect the levels of risk identified for children at the service. Factors to be considered include the age of the child, medical conditions, individual needs and history of health and/or sleep issues.

Babies and toddlers

- Babies should 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, should be re-positioned onto their back when they roll onto their front or side.
- 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.

- Babies over four months of age can generally turn over in a cot. When a baby is placed to sleep, educators should check that any bedding is tucked in secure and is not loose. Babies of this age may be placed in a safe baby sleeping bag (i.e. with fitted neck and arm holes, but no hood). At no time should a baby's face or head be covered (i.e. with linen). To prevent a baby from wriggling down under bed linen, they should be positioned with their feet at the bottom of the cot.
- If a baby is wrapped when sleeping, consider the baby's stage of development. Leave their arms free once the startle reflex disappears at around three months of age, and discontinue the use of a wrap when the baby can roll from back to tummy to back again (usually four to six months of age). Use only lightweight wraps such as cotton or muslin. Visit the Red Nose website to download an information statement – Wrapping Babies – and the brochure – Safe Wrapping – for more information.
- If being used, a dummy should be offered for all sleep periods. Dummy use should be phased out by the end of the first year of a baby's life. If a dummy falls out of a baby's mouth during sleep, it should not be re-inserted.
- Babies or young children should not be moved out of a cot into a bed too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot. This usually occurs when a toddler is between 2 and 3 ½ years of age, but could be as early as 18 months. Download the brochure – Cot to bed safety: When to move your child out of a cot – for more information.
- Give bottle-fed children their bottles before going to bed. Children will not be put in cots or in beds with bottles as per the Dental health policy.
- Ensure that cot rooms and sleep rooms must have operational baby monitors on at all times.
- Observe children at 10 minute intervals while they sleep in these rooms. Educators must go into the rooms and physically see babies breathing. The educator will then officially record this.
- Ensure that cot mattresses are clean, firm and the correct size for the cot frame.
- Make up cots to comply with SIDS (Red Nose Australia) safe sleeping guidelines. Babies will be placed on their backs to sleep, but they will be able to find their own sleeping position. No loose bedding is to be available to the child. Bed linens will be firmly tucked under the mattress to reduce the risk of a child covering their face. Put the baby's feet at the bottom of the cot so the baby cannot slip down under the covers. Tuck the baby in securely so bed linen is not loose. No doonas, duvets, pillows or cot bumpers will be placed in cots.
- Securely lock cots sides into place to ensure children's safety.
- Cot rooms will be maintained at the safe sleeping temperature between 18-22°C.
- Be aware of manual handling practices when lifting babies in and out of cots.
- Participate in staff development about safe sleeping practices. The education and care service will access the Red Nose resource kit and provide information to families on safe sleeping practices.

Safe environments and equipment

Safe cots

- All cots sold in Australia must meet the current mandatory Australian Standard for Cots (AS/NZS 2172), and should carry a label to indicate this.
- All portable cots sold in Australia must meet the current mandatory Australian Standard for children's portable folding cots, AS/NZS 2195, and should carry a label to indicate this.
- Cots used at a service should meet current standards. Download the guide to infant and nursery products publication – Keeping Baby Safe – for more information from the Australian Competition and Consumer Commission's website.
- Bassinets, hammocks and prams/strollers do not carry safety codes for sleep. Babies should not be left in a bassinet, hammock or pram/stroller to sleep, as these are not safe substitutes for a cot.

Safe cot mattresses

- Mattresses should be in good condition; they should be clean, firm and flat, and fit the cot base with not more than a 20mm gap between the mattress sides and ends. A firm sleep surface that is compliant with the new AS/NZS Voluntary Standard (AS/NZS 8811.1:2013 Methods of testing infant products – Sleep surfaces – Test for firmness) should be used.
- Mattresses should not be elevated or tilted. Testing by hand is not recommended as accurate in assessing compliance with the AS/NZ Standard. For information on testing adequate mattress firmness, watch this video or refer to written instructions.
- Remove any plastic packaging from mattresses.
- Ensure waterproof mattress protectors are strong, not torn, and a tight fit.
- In portable cots, use the firm, clean and well-fitting mattress that is supplied with the portable cot. Do not add any additional padding under or over the mattress or an additional mattress.

Safe bedding

- Light bedding is the preferred option; it should be tucked in to the mattress to prevent the child from pulling bed linen over their head.
- Remove pillows, doonas, loose bedding or fabric, lambs wool, bumpers and soft toys from cots.
- Soft and/or puffy bedding in cots is not necessary and may obstruct a child's breathing. Download the information statements – Pillow Use, Soft Toys in the Cot and Bedding Amount Recommended for Safe Sleep – for more information on the Red Nose website.

Safe placement

- Ensure a safety check of sleep and rest environments is undertaken on a regular basis.
- If hazards are identified, lodge a report as instructed in the service's policies and procedures for the maintenance of a child safe environment.
- Ensure hanging cords or strings from blinds, curtains, mobiles or electrical devices are away from cots and mattresses.
- Keep heaters and electrical appliances away from cots.
- Do not use electric blankets, hot water bottles and wheat bags in cots.
- Do not place anything (e.g. amber teething necklaces) around the neck of a sleeping child. The use of teething bracelets (e.g. amber teething bracelets) is also not recommended while a child sleeps.

Meeting children's sleep, rest and relaxation needs

Individual children

- Ensure that children who do not wish to sleep are provided with alternative quiet activities and experiences, while those children who do wish to sleep are allowed to do so, without being disrupted. If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest (if required). It is important that opportunities for rest and relaxation, as well as sleep, are provided.
- Consider that there are a range of strategies that can be used to meet children's individual sleep and rest needs. This may include outside rest/sleep areas, designated preferred sleep spaces/places and individual family requests where possible.
- Look for and respond to children's cues for sleep (e.g. yawning, rubbing eyes, disengagement from activities, crying, decreased ability to regulate behaviour and seeking comfort from adults).
- Avoid using settling and rest practices as a behaviour guidance strategy because children can begin to relate the sleep and rest environment, which should be calm and secure, as a disciplinary setting.
- Minimise any distress or discomfort.
- Acknowledge children's emotions, feelings and fears.
- Understand that younger children (especially those aged 0–3 years) settle confidently when they have formed bonds with familiar carers.
- Ensure that the physical environment is safe and conducive to sleep. This means providing quiet, well-ventilated and comfortable sleeping spaces. Wherever viewing windows are used, all children should be visible to supervising educators.

Relevant Legislation

Education and Care Services National Regulation
Children (Education and Care Services National Law Application) Act

Resources & References

Education and Care Services National Regulations
Children (Education and Care Services National Law Application) Act
Being, Belonging and Becoming: The Early Years Framework for Australia.
Early Childhood Australia's Code of Ethics
Red Nose Safe Sleeping Kit – <https://rednose.org.au/>
Standards Australia – www.standards.org.au
The Children's Hospital at Westmead – Safety factsheet – Cots and Cot Mattresses, <http://kidshealth.schn.health.nsw.gov.au/sites/kidshealth.schn.health.nsw.gov.au/files/safety-factsheets/cots-and-cot-mattresses.pdf>
Australian Competition and Consumer Commission (ACCC) – www.accc.gov.au - Cot safety PDF

Relevant Documentation

It is available in the Parent Handbook, Policies and Procedures, Staff Handbook and on the Preschool website

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