

SLEEP AND REST POLICY

All children have individual sleep and rest requirements. Our objective is to meet each child's need for sleep, rest and relaxation by providing a comfortable, relaxing and safe space to enable their bodies to rest. This environment will also be well supervised ensuring all children feel secure and safe at our Service.

NATIONAL QUALITY STANDARD (NQS)

| QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY | | |
|--|-----------------------|--|
| 2.1 | Health | Each child's health and physical activity is supported and promoted |
| 2.1.1 | Wellbeing and comfort | Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation. |
| 2.2 | Safety | Each child is protected. |
| 2.2.1 | Supervision | At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. |

| QUALITY AREA 3: PHYSICAL ENVIRONMENT | | |
|--------------------------------------|--------|---|
| 3.1 | Design | The design of the facilities is appropriate for the operation of a service. |
| 3.1.2 | Upkeep | Premises, furniture and equipment are safe, clean and well maintained. |

| EDUCATION AND CARE SERVICES NATIONAL REGULATIONS AND NATIONAL LAW | |
|---|--|
| Section 165 | Offence to inadequately supervise children |
| Section 167 | Offence relating to protection of children from harm and hazard |
| 82 | Tobacco, drug and alcohol-free environment |
| 84A | Sleep and Rest |
| 84B | Sleep and rest policies and procedures |
| 84C | Risk assessment for purposes of sleep and rest policies and procedures |
| 84D | Prohibition of bassinets |
| 87 | Incident, injury, trauma and illness record |
| 103 | Premises, furniture and equipment to be safe, clean and in good repair |

| | |
|-----|--|
| 105 | Furniture, materials and equipment |
| 106 | Laundry and hygiene facilities |
| 107 | Space requirements-indoor space |
| 110 | Ventilation and natural light |
| 115 | Premises designed to facilitate supervision |
| 168 | Education and care service must have policies and procedures |
| 170 | Policies and procedures to be followed |
| 171 | Policies and procedures to be available |
| 172 | Notification of change to policies or procedures |
| 176 | Time to notify certain information to Regulatory Authority |

RELATED POLICIES

| | |
|--|--|
| Administration of First Aid Policy Child Safe Environment Policy Enrolment Policy Death of a Child at the Service Policy Dental Health Policy Emergency and Evacuation Policy Family Communication Policy Furniture and Equipment Safety Policy | Health and Safety Policy Interactions with Children, Family and Staff Policy Physical Environment Policy Respect for Children Policy Staffing Arrangements Policy Tobacco, Drug and Alcohol-Free Policy Work Health and Safety |
|--|--|

PURPOSE

The *Education and Care Services National Regulations* requires approved providers and nominated supervisors to ensure their services have policies and procedures in place for children’s sleep and rest having regard to the ages, developmental stages and individual needs of the children. Our *Sleep and Rest Policy* will assist management, ~~and~~ educators and other staff to ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs whilst attending the service.

Our Service will ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs. The risk of Sudden Infant Death Syndrome (SIDS) for infants will be minimised by following practices and guidelines set out by the national authority on safe sleeping practice for infants and children- Red Nose (formerly SIDS and Kids). Our policy sets out quality practice and is informed by recognised and evidence-based principles. Safe Sleep practices are informed by Red Nose and guidance from ACEQCA.

We 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. In meeting the Service's duty of care, it is a requirement that all educators implement and adhere to this policy and associated procedures to ensure we respect and cater for each child's specific needs and ensure all risks are appropriately addressed at all times.

SCOPE

This policy applies to children, families, educators, staff, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

IMPLEMENTATION

'Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns that Nominated Supervisors and educators need to consider within the Service. As per Standard 2.1 (Element 2.1.1) 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.'
(ACECQA).

Our Service defines 'rest' as a period of inactivity, solitude, calmness, or tranquillity, and can include a child being in a state of sleep. Considering the busy and energetic nature of children's day, we feel that it is important for children to participate in a quiet/rest period during the day in order to rest, relax, and recharge their body. Effective rest strategies are important factors in ensuring a child feels secure and safe in an early childhood environment.

Our Service will consult with families about their child's individual needs, ensuring all parties are aware of the different values, cultural, and parenting beliefs and practices, or opinions associated with sleep requirements.

SLEEP AND REST SPECIFIC RISK ASSESSMENT

The approved provider, in conjunction with educators of the service, will conduct a comprehensive risk assessment in order to identify any potential risk/s or hazards and ensure the safety of all children during sleep and rest.

The risk assessment will be reviewed at least annually or after being aware of an incident or circumstance where the health, safety or wellbeing of children may be compromised during sleep or rest. All risk

assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our service. If a risk concerning a child's safety during sleep and rest is identified during the risk assessment, the approved provider must update the *Sleep and Rest Policy* and procedure as soon as possible. The risk assessment must be stored safely and securely and kept for a period of 3 years.

Our risk assessment will consider and include the following information:

- the number, age, developmental stages and individual needs of children
- the sleep and rest needs of individual children being educated and cared for (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest)
- the suitability of staffing arrangements to adequately supervise and monitor children during sleep and rest periods
- the level of knowledge and training of staff supervising children during sleep and rest periods
- the location of sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas
- the safety and suitability of any cots, beds and bedding equipment, having regard to the ages and developmental stages of the children who will use the cots, bed and bedding equipment
- any potential hazards
 - in sleep and rest areas
 - on a child during sleep and rest periods (such as jewellery, clothing)
- the physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation)
- for services that provide overnight care (such as services located in hospitals catering for shift workers) the risk assessment must address management of risks relating to overnight care

(ACECQA 2023)

BASSINETS

Effective 1 October 2023, approved providers and nominated supervisors must ensure bassinets are not kept on the education and care service premises. (Regulation 84D). There are no Australian Standards for bassinets and risks include the bassinet tipping over or suffocation. All staff and educators will be made aware of this regulation and policy as part of their induction process. Our Service will ensure no bassinets are used or stored within the service. Families will be informed children will not be accepted into care in a bassinet and under no circumstances will a bassinet be permitted to remain on the premises.

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL ENSURE:

- a sleep and rest specific risk assessment is conducted at least annually to ensure all protentional hazards are controlled in sleep or rest areas in line with Red Nose and ACECQA guidelines
- every reasonable precaution has been taken to protect children from harm and from hazards likely to cause injury. Hazards posing a risk of suffocation, choking, crushing or strangulation risk to children must be removed from the sleep and rest environment. (Sec. 167)
- reasonable steps are taken 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 each child
- all educators and new employees are provided with a copy of this policy as part of their induction process
- up to date knowledge regarding safe sleeping practices is maintained and information communicated to educators and families
- ongoing training is provided on safe sleep practices for all educators annually and keep a record of all such training.
- opportunities are provided for educators to participate in Red Nose professional training
- to provide appropriate opportunities to meet each child's need for sleep, rest and relaxation including providing children with comfortable spaces away from the main activity area for relaxation and quiet activities
- that sleeping infants are closely monitored and that all sleeping children are within hearing range and observed. This involves physically checking/inspecting sleeping children at no more than 10 min intervals and ensuring that they are always within sight and hearing distance of sleeping and resting children so they can easily monitor a child's breathing and the colour of their skin. It is recommended that educators will not perform administrative duties that would take their attention away from sleeping/resting children- (Note: CCTV, audio monitors or heart monitors **do not** replace the need for physical checking/inspecting sleeping children)
- to provide children with safe sleeping equipment and environment, including adequate ventilation and adequate lighting to enable effective supervision
- they receive information and training to fulfil their role effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time
- the child's safety is always the first priority
- children who are sleeping or resting have their face uncovered at all times
- any soft items are removed from the cot, such as loose blankets, pillows or toys
- to provide information to parents and families about Safe Sleep practices (see [Red Nose](#))

- educators, staff and volunteers follow the policy and procedures
- all equipment and furniture used are safe, clean and in good repair (Reg. 103, 105)
- there are adequate numbers of cots and bedding (including mattresses) available to children that meet Australian Standards to be used only for sleep and rest purposes
- all cots used in our Service will meet the current mandatory Australian Standard for Cots (AS/NZS 2172) and will carry a label to indicate this
- all portable cots used in our Service will meet the current mandatory Australian Standard for children's portable folding cots, AS/NZS 2195, and will carry a label to indicate this
- bassinets are not used or stored within the service
- children are not accepted into care in a bassinet
- they stay up to date with banned/recalled products and remove these immediately from the service if required, purchasing only from reputable companies that provide recall information where issued.
- educators follow the *Administration of First Aid Policy* if the child's face/body appears blue and the child is not breathing, initiate first aid immediately including calling an ambulance and beginning resuscitation
- the Nominated Supervisor will ensure an *Incident, Injury, Trauma and Illness Record* is completed in its entirety
- the Nominated Supervisor will ensure the parent and the regulatory authority are notified as soon as possible and within 24 hours of a serious incident
- sleep surfaces are checked for firmness in accordance to Australian Standard AS/NZS 8811:1:2013
- a safe indoor environment is provided for children that is well ventilated, has adequate natural light and can be maintained at a temperature that ensures children's safety and wellbeing (Reg.110)
- sleep and rest environments will be safe and free from all hazards including cigarette and tobacco smoke
- areas for sleep and rest are well ventilated and have natural lighting
- the supervision window (or similar) will be kept clear to ensure safe supervision of sleeping infants
- safe sleep practices are documented and shared with families
- to negotiate sleep and rest routines and practices with families to reach agreement on how these occur for each child at the Service
- Nominated Supervisors and educators are not expected to endorse practices requested by a family if they differ from [Red Nose](#) safe (formerly SIDS and Kids) sleeping recommendations.
- if any requirements differ from Red Nose sleeping recommendations, written authorisation from a medical practitioner will be required and shared with educators

EDUCATORS WILL:

- have a thorough understanding of the Service’s policy and practices and embed practices to support safe sleep into everyday practice
- ensure children’s safety is paramount
- consult with families about children’s sleep and rest needs
- be sensitive to each child’s needs so that sleep and rest times are a positive experience
- ensure there are appropriate opportunities to meet each child’s need for sleep, rest and relaxation
- ensure that each child’s comfort is provided for
- ensure that beds/mattresses are clean and in good repair
- ensure beds, cots and mattresses are used for the correct purpose of sleep and rest only
- ensure beds and mattresses are wiped over with warm water and neutral detergent or vinegar solution between each use
- ensure cots/stretchers are stored safely
- beds are stored in storerooms or if not possible within the learning environment out of the play and traffic areas.
- ensure that bed linen is clean and in good repair
- ensure bed linen is used by an individual child and is washed before use by another child
- arrange children’s beds and cots to allow easy access for children and staff
- ensure children rest/sleep with their beds/mattresses head to toe to minimise the risk of cross infection- consider positioning of cots, mats, cushions etc
- bassinets are not used or stored within the service
- children are not accepted into care in a bassinet
- create a relaxing environment for sleeping children by playing relaxation music, reading stories, cultural reflection, turning off lights, and ensuring children are comfortably clothed
- ensure there are no loose aspects of clothing that could entangle the child during sleep/rest (including bibs)
- ensure any soft items are removed from the cot, such as loose blankets, pillows or toys
- ensure the environment is tranquil and calm for both educators and children
- sit near children who are resting and encourage them to relax and/or listen to music.
 - 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.
- maintain adequate supervision and maintain educator ratios throughout the sleep period
- supervision is active, effective and frequent [**details of our Service’s supervision plan relevant to the ages and developmental stages of children attending the service is available to view on request**]

- ensure they are not engaged in other duties (e.g., administrative duties) that will take their attention away from actively supervising sleeping and resting children
- physically check that the child is breathing by checking the rise and fall of the child's chest and the child's lip and skin colour from the side of the cot (or floor mattress/toddler bed)
- ensure physical checks of a sleeping child occur at least every 10 minutes (Note: CCTV, audio monitors or heart monitors **do not** replace the need for physical checking/inspecting sleeping children)
- consider the circumstances and any risk factors that may mean physical checks need to be more frequent for some babies or children (e.g.; children with colds, chronic lung disorders or specific health care needs that may require higher level of supervision)
- consider higher levels of supervision and conduct more frequent checks on babies or children with colds, chronic lung disorders or specific health care needs
- if the child's face/body appears blue and the child is not breathing, initiate first aid immediately including calling an ambulance and beginning resuscitation
- ensure an *Incident, Injury, Trauma and Illness Record* is completed in its entirety following an incident
- ensure a record is maintained recording the time and observation of each physical check immediately after checks are made on Xplor Playground under Health events – sleep checks or the Safe Sleep Record where Xplor or internet is unavailable.
- ensure sleeping spaces are not dark- there needs to be sufficient light to allow supervision and to physically check children's breathing, lip and skin colour
- ensure sleeping infants are closely monitored and that all sleeping children are within hearing range and observed
- 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. **[Any sleep requirements that differ from Red Nose recommendations must be supported by a medical certificate]**. 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.

- monitor the room temperature to ensure maximum comfort for the children
- ensure that children who **do not** wish to sleep are provided with alternative quiet activities and experiences, whilst 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. It is important that opportunities for rest and relaxation, as well as sleep, are provided.
- consider a vast range of strategies to meet children’s individual sleep and rest needs- consider inclusion of all children and adjustments that may need to be implemented
- respond to children’s individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc).
- acknowledge and support children’s agency, emotions, feelings and fears in regard to sleep/rest time
- develop positive relationships with children to assist in settling children confidently when sleeping and resting
- record sleep and rest patterns to provide information to parents/families.

BABIES AND TODDLERS

Recommendations sourced from ACECQA and Red Nose

- Babies should always 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 but may not always be able to roll back again. When a baby is placed to sleep, Educators should check that any bedding is tucked in securely 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.

- Ensure any bed linen is securely tucked underneath the mattress so it cannot ride up and cover the baby's chest or cover his/her head.
- 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.
- Ensure there is no soft bedding in baby's sleep environment (pillows, doonas, loose bedding, lambswool or soft toys)
- 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 (in consultation with parents). 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.
- Additional supervision is required if a child is wearing a baby sleeping bag whilst sleeping outside a cot. The sleeping suit should be removed as soon as the child wakes to avoid risk of falling and injury. (Red Nose).

EDUCATORS WILL:

- give bottle-fed children their bottles before going to bed
- ensure children are not be put in cots or in beds with bottles as per the *Dental Health Policy*
- ensure that cot rooms and sleep rooms 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 observe babies breathing and check the colour of their skin. The educator will then officially record this on Xplor Playground App or on a Safe Sleep Record where Xplor or internet is not available.
- encourage the use of sleeping bags with fitted neck and armholes for babies as there is no risk of the infant's face being covered.
- securely lock cots sides into place to ensure children's safety
- turn off wall-mounted heaters before children use the room for sleeping. Cot rooms may be air conditioned and maintained at an appropriate temperature.
- be aware of manual handling practices when lifting babies in and out of cots
- participate in staff development about safe sleeping practices

- understand that 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.
- ensure mattresses are kept 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.
- not elevate or tilt mattresses
- remove any plastic packaging from mattresses
- ensure that waterproof mattress protectors are strong, not torn, and a tight fit
- use firm, clean, and well-fitting mattresses on portable cots
- remove pillows, doonas, loose bedding or fabric, lamb's wool, bumpers and soft toys from cots
- record sleep and rest patterns to provide information to parents/families.

PRE-SCHOOL AGE CHILDREN

EDUCATORS WILL:

- be respectful for children's individual sleep and rest requirements
- discuss children's sleep and rest needs with families and include children in decision making (children's agency)
- provide a tranquil and calm environment for children to rest by turning off lights, playing relaxing music, reading stories, cultural reflection
- ensure children are comfortably clothed
- encourage children to rest their bodies and minds for 20-30 minutes
- introduce relaxation techniques into rest routine- use of a relaxation tape
- ensure children sleep with their face uncovered
- closely monitor sleeping and resting children
- provide quiet activities for children- puzzles, books, drawing if they do not fall asleep
- record sleep and rest patterns to provide information to parents/families via Xplor Home (Families App)

MAINTENANCE OF COTS/BEDDING

Regular maintenance of cots and other bedding must be made to ensure there is no hazard posed to babies or children. This may include:

- all equipment and furniture used are safe, clean and in good repair (Reg. 103, 105)

- sleep surfaces are checked for firmness in accordance to Australian Standard AS/NZS 8811:1:2013
- spaces between bars and mattress sides are as per regulations/guidelines (not more than 25mm apart)
- spaces do not pose any danger to children- arm and leg traps/finger traps
- ensuring there are no choking hazards- cords, strings, bunting
- checking all bolts and screws are tight
- cots are not painted with any paint that contains lead
- paint work of cots is not chipped when babies are teething
- there are no toys, bumpers or other objects in the cot that could cause suffocation
- ensure there are no sharp edges
- ensure the cots have high sides- from top of mattress to top side of cot should be at least 500mm
- stay up to date with banned/recalled products and remove these immediately from the service if required.

PARENTS/FAMILIES WILL:

- be informed during orientation of our *Sleep and Rest Policy* and procedure
- be provided with regular information and communication about safe sleep practices from Red Nose and any changes to our policies or procedures
- be informed that if any requirements for sleep for their child differs from Red Nose sleeping recommendations, written authorisation from a medical practitioner will be required
- be requested to provide educators with regular updates on their child’s sleeping routines and patterns, especially for infants

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Sleep and Rest Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

Key terms

| Term | Meaning |
|--|---|
| ACECQA- Australian Children’s Education and Care Quality Authority | The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children. |
| Adequate supervision | Adequate supervision means: |

| | |
|---|--|
| | <ul style="list-style-type: none"> that an educator can respond immediately, particularly when a child is distressed or in a hazardous situation; knowing where children are at all times and monitoring their activities actively and diligently |
| Continuous supervision | Ensure an educator is in sight and hearing of a sleeping child at all times- representing best practice (Red Nose) |
| Infant | A young child between the ages of birth and 12 months |
| Rest | A period of inactivity solitude, calmness or tranquility and can include a child being in a state of sleep. |
| Relaxation | Relaxation or other activity for bringing about a feeling of calm in your body and mind. |
| Red Nose | Red Nose is Australia’s leading authority on safe sleep and safe pregnancy advice. |
| Sudden and Unexpected Death in Infancy (SUDI) | A broad term used to describe the sudden and unexpected death of a baby for which the cause is not immediately obvious- (SIDS or Fatal sleeping accident) |
| Sudden Infant Death Syndrome (SIDS) | 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. |

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

| | |
|--|---|
| Sleep and Rest Procedure Safe Sleep Audit | Safe Sleep Record Safe Sleep Practices Risk Assessment Action Plan |
|--|---|

SOURCES

ACECQA. (n.d.). Safe sleep and rest practices: <https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices>

ACECQA. (2023). [Sleep and Rest for Children. Policy Guidelines.](#)

Australian Children’s Education & Care Quality Authority. (2014).

Australian Competition and Consumer Commission (ACCC). (2013). Find out more: [Keeping baby safe](#)

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

Education and Care Services National Regulations. (Amended 2023)

Guide to the National Quality Framework. (2017). (Amended 2023).

NSW Department of Education. (2022). [Sleep and rest for children-Policy guidelines for early childhood education and care services. \(updated\)](#)

Red Nose: <https://rednose.org.au/section/safe-practices>

Red Nose: Cot to bed safety https://rednose.org.au/downloads/RN3356_Cot_Bed_DL_Oct2018_Online.pdf

Revised National Quality Standard. (Amended 2023).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

| | | | |
|--------------------|--|--------------------|---------------|
| POLICY REVIEWED BY | Beck Seager | Head of Operations | October 2024 |
| POLICY REVIEWED | FEBRUARY/OCTOBER 2023 | NEXT REVIEW DATE | FEBRUARY 2024 |
| VERSION NUMBER | V13.10.23 | | |
| MODIFICATIONS | <p>OCTOBER</p> <ul style="list-style-type: none"> New information added regarding regulation changes effective October 2023 <p>FEBRUARY</p> <ul style="list-style-type: none"> annual policy review NS/RP section merged into AP/NS section to reduce repetition maintenance of cots and bedding section added Parent/Family section updated Hyperlinks checked and repaired if needed | | |
| POLICY REVIEWED | PREVIOUS MODIFICATIONS | NEXT REVIEW DATE | |
| SEPTEMBER 2022 | <ul style="list-style-type: none"> Additional information added following release of NSW Regulatory Authority Safe Sleep and Rest Regulatory Priority Program Added Childcare Centre Desktop Resources box and continuous improvement sections link to Western Australian Education and Care Services National Regulations added in 'Sources' | FEBRUARY 2023 | |
| FEBRUARY 2022 | <ul style="list-style-type: none"> Additional information added to policy to reflect best practice as requested by AO-NSW regulatory authority | FEBRUARY 2023 | |
| JUNE 2021 | <ul style="list-style-type: none"> policy reviewed to align with ACECQA policy guidelines (June 2021) Additional legislative requirements added Additional section added 'Families' Additional section added- Key Terms | FEBRUARY 2022 | |
| FEBRUARY 2021 | <ul style="list-style-type: none"> rearranged content- Information re: Babies and Toddlers and other specific procedures for educators related to babies and toddlers added section specifically for pre-school aged children checked currency of information from sources additional related policies added | FEBRUARY 2022 | |
| FEBRUARY 2020 | <ul style="list-style-type: none"> Referenced appropriate content to ACECQA Sources checked for currency Red Nose link added | FEBRUARY 2021 | |

| | | |
|---------------|---|---------------|
| FEBRUARY 2019 | <ul style="list-style-type: none"> • Grammar, punctuation and spelling edited. • Additional information added to points. • Sources checked for currency – many links now unavailable: deleted and updated as required. • Sources/references corrected and alphabetised. | FEBRUARY 2020 |
| FEBRUARY 2018 | <ul style="list-style-type: none"> • Added 'related policies' list • Improvement to opening statement • Minor terminology adjustments | FEBRUARY 2019 |
| OCTOBER 2017 | <ul style="list-style-type: none"> • Merged Rest Time Policy with Sleeping Requirements Policy. Changes made to comply with changes to National Regulations and revised National Quality Standard and safe sleeping practice. | FEBRUARY 2018 |
| FEBRUARY 2017 | <ul style="list-style-type: none"> • Minor adjustments made with the addition of the National Quality Standard requirements for sleeping. | February 2018 |