



Children's Health and Safety

Sleep, Rest and Relaxation Requirement | NQS2

Purpose

To ensure each child's comfort is provided for and there are appropriate opportunities to meet each child's individual need for sleep, rest and relaxation in accordance with safe sleeping practices.

To ensure all babies in our care are slept in a safe sleeping environment to reduce the risk of Sudden and Unexpected Death in Infancy (SUDI), including Sudden Baby Death Syndrome (SIDS) and fatal sleeping accidents through best safe sleeping practice (Safe Sleep Resource Kit for Early Childhood Educators).

Applicability of Requirement

Situation	Guidance
Orientation of Families	<ul style="list-style-type: none"> □ During orientation all families are provided with a copy of the NQS2 Sleep, Rest and Relaxation REQUIREMENT and sleep and rest practices are discussed.
Induction, training and knowledge of staff	<ul style="list-style-type: none"> □ The Centre Director must ensure the local centre induction includes training and knowledge building of staff in relation to best practices for children's sleep and rest. This may include strategies such as walking through related policies and procedures and physically performing steps, and actions set out within, as well as talking and reading about it; training and checking understanding via role-play experiences, quizzes, and questions, watching and giving feedback via unscheduled room 'drop ins' to observe what educators are doing and providing feedback.
Risk Assessment	<ul style="list-style-type: none"> □ To ensure sleep and rest of children is safe and suitable a Sleep and Rest Risk Assessment and Control Form Appendix must be completed: <ul style="list-style-type: none"> ○ at least once every 12 months, and ○ updated as soon as practicable after becoming aware of any circumstance (risk) that may affect the safety, health or wellbeing of children during sleep and rest. NOTE: An update is only required when the existing risk assessment does not adequately describe the risk and/or if controls need to be added or amended. □ A record of each Sleep and Rest Risk Assessment is kept. □ If, after conducting a risk assessment, it is identified that a change is required to related sleep and rest policies and procedures email policiesandprocedures@goodstart.org.au as soon as practicable.
On arrival at the centre educators must	<ul style="list-style-type: none"> □ Seek regular information from children and families concerning sleep, rest routines and practices which relate to their values and beliefs and discuss how this will occur at the centre. □ Assist families to store any linen provided. Linen must be appropriate for the season and be provided for children on a weekly basis in an individually named sleep bag for storage. □ Have access to current safe sleeping information at the centre which can be accessed by staff or families as required. □ Educators will consider the request of families in relation to children's sleep routines while taking into account the needs of the group and individual needs of each child.

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Preparation of Rest Area	<ul style="list-style-type: none"> <input type="checkbox"/> Place the weekly NQS2 Baby Sleep Room record in the location where babies and/or children are sleeping. This will require an educator to enter the space to complete the record rather than a visual check being conducted from the entrance or observational windows. <input type="checkbox"/> Bassinets are not to be used or kept on service premises at any time during which children are being educated and cared for by the service. <input type="checkbox"/> Cots and other bedding equipment and accessories must meet current Australian Standards. <input type="checkbox"/> Mattresses must fit the cot base, with no more than a 20mm gap between the mattress sides and ends. <input type="checkbox"/> Position beds and cots with unobstructed access to assist in managing emergency situations and to reduce the risk of cross infection or injury. <input type="checkbox"/> All children should be given choices and opportunities for sleep, rest and relaxation to ensure their individual comfort and wellbeing. Services need to consider how they will ensure that the location, and arrangement of the physical environment caters for non-resting children as well as resting/sleeping children. For example, consider separate resting spaces, and incorporating quiet activities into the program. <input type="checkbox"/> Provide children with a safe sleeping environment removing from reach all potential dangers including cords or strings, heaters and electrical appliances. <input type="checkbox"/> Only one child is permitted per bed or cot for rest time. <input type="checkbox"/> If a child does not have linen for rest time, the centre must provide clean linen for use on the day. <input type="checkbox"/> Ensure that the room temperature and linen is appropriate for the climate. Refer to the Red Nose information statements - Bedding Amount Recommended for Safe Sleep and Room Temperature for further information. <input type="checkbox"/> Older children are to be encouraged to make their own beds. <input type="checkbox"/> Ensure sleep room viewing windows are free from obstruction. <input type="checkbox"/> Cots must be prepared following the below: <ul style="list-style-type: none"> <input type="checkbox"/> The bottom sheet must be firmly tucked in. <input type="checkbox"/> The covering sheet and light blanket must be firmly tucked in at the bottom to prevent the baby or child from covering their head during rest. <input type="checkbox"/> Do not use doonas, pillows, lamb's wool, thick quilts, bumpers, soft toys (refer to ACCC - Safe sleeping for babies), comforters or pacifiers attached to a chain in cots. <input type="checkbox"/> Mattresses must not be elevated or tilted. <input type="checkbox"/> Where a parent requests that their baby sleeps in a sleeping bag ensure the following: <ul style="list-style-type: none"> <input type="checkbox"/> The sleeping bag is made so that the baby cannot slip inside the bag and become completely covered. <input type="checkbox"/> The sleeping bag has a fitted neck, arm holes (or sleeves) and does not have a hood. <input type="checkbox"/> Make sure that the baby has appropriate clothing on under the sleeping bag. If additional warmth is needed, use a single, lightweight blanket over the sleeping bag, ensuring baby's feet are at the end of the mattress and the blanket can only reach as far as baby's chest and is tucked in firmly so it cannot ride up and cover baby's head during sleep. <input type="checkbox"/> Sleeping bags are not utilised once the baby is outside of the cot, and <input type="checkbox"/> The baby does not need to be slept with feet at the bottom of the cot if in a sleeping bag.
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	<ul style="list-style-type: none"> ❑ Babies must not be moved out of a cot and onto a mattress unless they are observed attempting to climb out of a cot and it looks like they may succeed. Once this occurs the following must take place: <ul style="list-style-type: none"> ○ Parents are informed of the transition from cot to mattress. ○ A baby wearing a sleeping bag and not confined to a cot is at a higher risk of falling and injuring him/herself. For this reason, a cocooned bottom sleeping bag is not to be utilised once a baby is outside of the cot. However, there are a few suitable options that can be utilised instead. When choosing an alternative sleeping bag, the following must be considered: <ul style="list-style-type: none"> • The sleeping bag has separate compartments for each leg; and • The feet covers have a non-slip sole or feet are exposed so babies can walk around safely on slippery surfaces ○ Ensure the mattress is positioned away from the walls as babies can become trapped between the mattress and wall. ○ The baby's mattress needs to be firm to prevent sleep accidents. ○ Keep the area around the mattress clear of soft toys or similar objects that a baby can roll onto - soft objects could mould around a baby's face, resulting in suffocation. ○ Any baby or child sleeping on a mattress in a cot room must be directly supervised with an educator present at all times.
Child Transition to Rest Time	<ul style="list-style-type: none"> ❑ Each child's face and hands are to be washed before transitioning to sleep and rest time. Encourage older children to do this for themselves. ❑ Remove excess clothing including hooded clothing, bibs and shoes from all children All types of necklaces must be removed and stored securely. Other items of jewellery must be managed according to the NQS2 Managing Jewellery in our Centres during Sleep and/or Rest Appendix. Encourage older children to do this for themselves. During the family's orientation the Centre Director must discuss with families how jewellery is managed at sleep and/or rest time within a Goodstart centre. ❑ Expert guidance in Australia for safe sleep practices for babies and children, states that whether worn for cultural reasons or to soothe a teething baby, necklaces are a danger when a child is sleeping. It is advised that nothing is to be placed around the neck of a sleeping child as this could tighten during sleep and make breathing difficult and may even lead to strangulation. Some parents will have personal or cultural preferences that may not align with Goodstart requirements. These preferences might include the use of an amber teething necklace or cultural necklaces. During the family's orientation the Centre Director must include a visit to the cot room to show families where babies will sleep and how they will be positioned for sleep. It's important to share this with families as they may not have heard of SIDS and may not follow this advice at home. The Red Nose web site www.rednose.org.au provides information on safe sleeping with pictures and downloadable resources to share with families. During orientation the Centre Director should advise the family that appropriate clothing should be worn to the season and room temperature at sleep and/or rest time. If children change clothes, respect their need for privacy. ❑ Ensure staff are always within sight and hearing distance of sleeping and resting children. There must be sufficient lighting for staff to be able to regularly assess the breathing and colour of children's skin and enable children to undertake quiet activities. ❑ Provide well-ventilated areas for sleeping and resting. ❑ A bottle required prior to rest, must be offered before laying the baby down. Babies are not to be placed in the cot with a bottle. Young

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	<p>children must always be sitting down while feeding from a bottle or sippy cup.</p> <ul style="list-style-type: none"> □ Where the parent request that their baby is wrapped ensure the following: <ul style="list-style-type: none"> ○ Wrapping is only to be used if requested by the parent. ○ Wrap the baby from below the neck to avoid covering the face. ○ Wrap should be firm but not tight. When wrapping baby, allow for hip flexion and chest wall expansion. ○ The baby is not over dressed under their wrap, has the head uncovered and does not have an infection or fever. Use only a nappy and singlet in warmer weather and add a lightweight grow suit in cooler weather. ○ Wrap should be of muslin or light cotton material. Bunny rugs and blankets are not safe alternatives as they may cause overheating. ○ Modify the wrap to meet the baby's developmental changes, e.g. arms free once 'moro' or 'startle' reflex begins to disappear at round 3 months. Refer to the Red Nose guidelines for safe wrapping of young babies brochure and Safe Swaddling Vignette. ○ Discontinue wrapping as soon as the baby shows signs of being able to roll. ○ All staff must demonstrate to the Centre Director that they are able to wrap a baby in line with the Red Nose guidelines for safe wrapping of young babies' brochure. A professional development record must be completed for this. ○ Please note that as the responsible person for the centre, the Centre Director, is responsible for ensuring that they themselves are appropriately trained. To do this a Centre Director must ensure they understand the Red Nose requirements. Centre Directors may like to request assistance from their State Performance Lead (SPL), Coach, In-centre Practice Partner or ask Red Nose to attend the centre to ensure they are appropriately trained; and ○ Position baby in the cot as outlined below. □ To reduce the risk of SIDS and fatal sleep accidents ensure the following practices are being carried out: <ul style="list-style-type: none"> ○ Always place babies on their back to sleep. Babies who are easily able to turn over and move around in the cot must still be placed on their backs while resting, even if they later choose their own resting position. This usually occurs when the child is six months or older. Once a baby has been observed to repeatedly roll from back to front and back again on their own for several weeks, they can be left to find their preferred sleep position. □ If a family requests their child sleeps contrary to these requirements, staff are to provide them with current evidence based educational resources such as Red Nose information statements in order to facilitate informed decisions regards safe sleeping. If the family is still not in agreement due to a rare medical condition, then a letter from a medical practitioner or specialist must be provided, outlining alternative sleep positions for the child. The Inclusion Support PROCEDURE will also need to be followed. □ When using bedclothes position the baby's feet at the bottom of the cot. <ul style="list-style-type: none"> ○ Ensure the baby's head and face remains uncovered.
Sleep and Rest Time	<ul style="list-style-type: none"> □ Staff must adequately supervise babies and children during sleep and rest time in accordance with relevant legislative requirements. The circumstances and needs of each child in care should be assessed to determine any risk factors that may mean physical checks are required more frequently. For example, babies or children with colds, chronic lung

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	<p>disorders or specific health care needs may require a higher level of supervision and more frequent checks while sleeping.</p> <p>Children:</p> <ul style="list-style-type: none"> ○ Ensure children's needs for sleep and rest are met, having regard to each child's age and development. ○ Children must sleep and rest with their face uncovered. ○ Routines and physical environments should be flexible enough to support children who do not require a sleep and to ensure opportunities are provided for rest and relaxation throughout the day as needed (Guide to the National Quality Framework, page 400). ○ Provide quiet play activities for children who choose not to sleep or rest. ○ Children may be provided with a comforter where necessary, ensuring adequate supervision is provided by educators at all times. ○ Staff ensure that sleeping children are closely monitored. Physically check resting/sleeping children at regular intervals. Check each child to ensure that their chest or back is rising and falling and the colour of their skin to ensure their safety and wellbeing. ○ Staff must ensure that their daily Flexible Room Routine is up to date and outlines the centre's sleep and rest periods. ○ Where children are sleeping or resting in separate sleep spaces refer to baby requirements below. <p>Babies:</p> <ul style="list-style-type: none"> ○ Babies must not sleep in any equipment other than a cot. ○ Cot sides must be pulled up when a baby is placed in a cot. ○ Staff ensure that sleeping babies are closely monitored. Physically check resting/sleeping babies at regular intervals. Check each child in the baby sleep room to ensure that their chest or back is rising and falling and the colour of their skin to ensure their safety and wellbeing. ○ The Baby Sleep Room Record APPENDIX is to be completed as educators monitor sleeping babies at 5 minute intervals. The educator conducting the physical baby check must record their initial and the number of sleeping babies. Document each child's individual sleep/rest on the Routine Information Record of your choice.
<p>Child Transitioning Out of Rest Time</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Acknowledge children as they wake. <input type="checkbox"/> Ensure babies and children's clothing is appropriate to the season and temperature. Encourage older children to dress themselves. If children change clothes, respect their need for privacy. <input type="checkbox"/> Prior to children moving to quiet learning experiences, encourage them to remove the bed linen and place it in their sleep bag. <input type="checkbox"/> Store linen appropriately to prevent cross contamination. <input type="checkbox"/> Clean beds with an approved neutral cleaner/detergent and stack safely at the end of rest time. <input type="checkbox"/> Linen is to be laundered after the child's last day of attendance each week. Only Centre provided linen is to be washed at the Centre. Note: if children do not use the same centre linen every day, wash daily and when visibly dirty. If children do use the same centre linen every day, wash weekly and when visibly dirty. Soiled linen should not be carried against clothing, instead use a basket, waterproof bag or other alternative. Linen is not to be shared by children without prior washing. Ensure there is sufficient clean linen for the number of children attending each week.

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	<ul style="list-style-type: none"> ❑ Remake the baby's cot if they are returning to the centre the following day. If not, prepare the cot for the baby in attendance on the next day. Sanitise the mattress after the child's last day of attendance for the week with an approved neutral cleaner/detergent. ❑ If a mattress or bed is soiled at any time, an approved disinfectant must be used for cleaning to minimise contamination. ❑ If a child has soiled themselves during rest time refer to the toileting procedure. Parent provided linen that has been soiled should be handled wearing gloves and be placed into a waterproof bag, labelled with the child's name and then into a sealed plastic container. Centre provided soiled linen should be: <ul style="list-style-type: none"> ○ Handled wearing gloves and soaked to remove the bulk of the contamination. ○ Washed separately in hot water and detergent. ○ Dried in the sun or on a hot cycle in the clothes dryer.
<p>Things you might like to consider when thinking about sleep, rest and relaxation</p>	<ul style="list-style-type: none"> ❑ Play suitable rest music to create a soothing atmosphere. Music should be played quietly, creating a consistently low-level of noise. Refer to the NQS1 Music GUIDELINE for further information regards choosing suitable music. ❑ Sleep and rest practices that are consistent with best practice guidance about children's safety, health and wellbeing and that meet children's individual needs (Guide to National Quality Framework Part A, page 160). Research has found that there are long-term benefits of sleep, particularly in babies. Sleep is an important part of the cognitive process in which activity in certain brain regions are more active during sleep than when awake. ❑ Sleep plays a critical role in consolidating learning into long term memory throughout the lifetime (Oats et al. 2012).

For professional development resources including information sheets, podcasts and examples of positive sleep, rest and relaxation in practice visit the Queensland Government Early Childhood Education and Care webpage and ACECQA Safe sleep and rest practices.

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Children's Health and Safety

Managing Jewellery in our Centres during Sleep and/or Rest Requirement | NQS2

Purpose

To ensure all Jewellery is managed safely for each child during sleep and/or rest.

Jewellery refers to decorative items that are worn for personal adornment. Typically crafted from precious metals such as gold, silver, or platinum, and often adorned with gemstones or other materials, jewellery serves both aesthetic and symbolic purposes. Common types of jewellery include rings, necklaces, earrings, bracelets, anklets, belly chains and brooches. Throughout history and across cultures, jewellery has been used as a form of self-expression, a symbol of status or affiliation, and as a means of conveying cultural, religious, or personal significance.

Situation	Guidance
Necklaces	<ul style="list-style-type: none"> <input type="checkbox"/> Children and babies are not permitted to wear necklaces of any kind during sleep and rest. <input type="checkbox"/> The Centre Director MUST ensure that when orientating new families the following occurs: <ul style="list-style-type: none"> a) Provide all families with a copy of the NQS2 Sleep, Rest and Relaxation Requirement; and b) Discuss the removal of necklaces during sleep and rest and where these will be securely stored. <input type="checkbox"/> You should expect that some parents will have personal or cultural preferences that may not align with Goodstart's policy position on the wearing of jewellery during sleep and rest.
Speaking Points for Families	<p>Goodstart's NQS2 Sleep, Rest and Relaxation Requirement includes the removal of necklaces of any kind during rest and/or sleep.</p> <p>This is based on expert guidance in Australia for safe sleep practices for babies and children, which states that whether worn for cultural reasons or to soothe a teething baby, necklaces are a danger when a child is sleeping. It is advised that nothing is to be placed around the neck of a sleeping child as this could tighten during sleep and make breathing difficult and may even lead to strangulation. Goodstart acknowledges that there may be some personal or cultural preferences that may not align with this decision however child safety is always our first priority.</p> <p>Direct families to the expert - Red Nose does not recommend placing anything around the neck of a sleeping baby as this could tighten during sleep and make breathing difficult and may even strangle baby. Furthermore, strings of beads could break and individual beads could end up in a baby's mouth, presenting a choking hazard. https://rednose.org.au/article/is-it-ok-for-babies-to-wear-a-necklace-or-beads</p> <p>Share with them the Australian Government's Consumer Safety Warning which was issued in 2011 against the use of amber teething necklaces: https://www.productsafety.gov.au/about-us/publications/consumer-protection-notice-no-35-of-2011-safety-warning-notice-amber-teething-necklaces</p> <p>Families must be provided with a copy of the NQS2 Sleep, Rest and Relaxation Requirement which is based on current research during orientation.</p>

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	Support families that do not wish to have their child's necklace removed during rest and/or sleep by providing them with other alternatives, for example sessional care - being able to pick up their child during the day so that they can sleep at home.
Earrings	<ul style="list-style-type: none"> <input type="checkbox"/> Earrings must be addressed in the Sleep and Rest Risk Assessment and Control Form. <input type="checkbox"/> If the backing of an earring is not secure they MUST be removed as these could pose as a choking hazard. The parent must be informed that it has been removed and why. <p>Guidance to Families:</p> <ul style="list-style-type: none"> <input type="checkbox"/> There are various options for earring backs, but certain styles are more suitable for babies and children. A screw-back earring is a secure and popular choice, ensuring safety. A covered screw back features a closed end that encases the post, preventing the sharp end from poking through, providing comfort for sleeping babies. Once twisted closed on the ear, they are secure and won't fall off, eliminating concerns about choking hazards. Another option is the butterfly earring back, more suitable for older children comfortable with wearing earrings.
Belly Chains	<ul style="list-style-type: none"> <input type="checkbox"/> Belly chains or waist beads are worn by babies and children for various reasons, often deeply rooted in cultural traditions and beliefs. It is essential to prioritise the safety and comfort of babies and young children during sleep and/or rest, so these must be removed.
Bracelets and Anklets	<p>Under 3 Years</p> <ul style="list-style-type: none"> <input type="checkbox"/> All bracelets/anklets that have tiny charms, beads, pendants, chains, and clasps must be removed during sleep and rest. <input type="checkbox"/> Any bracelet/anklet that is able to be removed by the child or a peer, must also be removed and stored securely during sleep and rest. <input type="checkbox"/> String that is tied and is fitted snug but not too tight can be left on. <p>3 to 5 Year Olds</p> <ul style="list-style-type: none"> <input type="checkbox"/> Centres are to assess the risk of the bracelet/anklet in question. If the item could pose a strangulation or choking hazard, it must be removed before the child moves to the sleep space.

Hazards to Consider in Your Risk Assessment:

Magnets - Many children's jewellery designs incorporate magnetic closures for easy wear and removal, minimising the risk of strangulation. However, these magnetic components, if broken, can be easily swallowed. Despite their small size, swallowed magnets can be life-threatening, as they may attract each other within the digestive system, causing severe complications.

Choking Hazards - Children's jewellery often features small components like charms, pendants, chains, and clasps. If jewellery breaks, small broken pieces of the jewellery, or small components like gemstones and beads, can become choking hazards. These choking hazards also have the potential to be ingested, introducing potentially harmful substances and items into a child's body. Babies tend to explore the world by putting objects in their mouths, and while some manufacturers may make assurances about the durability of their jewellery, there is no absolute guarantee against breakage.

Button Batteries - Flashing and blinking jewellery is popular among children, but these accessories often rely on small button batteries. Accidental ingestion of these batteries poses a significant and potentially life-threatening risk to children.

Other Considerations for Your Risk Assessment:

Fit - Should be snug but not too tight.

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Clasps and closures - Should be secure to prevent the jewellery from coming off accidentally.

Risk of catching - Bracelets and anklets can get caught on clothing, bedding or other items.

Professional Guidance for Ensuring Effective Communication with Families

In addressing parents' requests regarding the care of their baby and/or child, particularly when faced with practices you perceive as unsafe, consider the following sensitive approaches:

1. **Maintain a Calm and Informative Dialogue:** Articulate the facts calmly and succinctly. Supporting your conversation with printed informational materials can enhance the effectiveness of your communication. For example, resources from Red Nose.
2. **Inquire About Home Practices:** Encourage open communication by asking parents about their practices in relation to their baby or child wearing jewellery at home. This provides an opportunity for education in a non-confrontational manner.
3. **Adherence to Centre Policies:** Always adhere to the established policies of your centre regarding safe sleeping practices. These policy documents have been developed in consultation with experts to ensure the safety of all children in your care.
4. **Utilise Educational Resources:** source educational materials such as posters and leaflets on safe sleeping practices. Display these materials prominently for both staff and parents, fostering awareness and understanding.
5. During orientation, prior to families enrolling their child/ren ensure you discuss how Jewellery is managed within Goodstart centres.

By proactively addressing potential conflicts, maintaining open communication, and upholding a commitment to safety, you contribute to creating a secure and supportive environment for the well-being of all children in your care.

Responsibilities

This requirement is to be implemented by: All Goodstart Centre Staff

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Risk Assessment and Control Form – Sleep and Rest

Reference Number			Centre	
Date of Risk Assessment			Review Date	
Hazard Assessors				
Reason for Assessment	Sleep, Rest and Relaxation			
People consulted (Staff, another centre, line manager, Safe Work Team, Parents, Children)	Name		Position	
	Name		Position	
	Name		Position	

*Centres are required to conduct a sleep and rest risk assessment at least once every 12 months, and as soon as practicable after becoming aware of any circumstance that may affect the safety, health, and well-being of children during sleep and rest

HAZARD IDENTIFICATION AND ASSESSMENT CHECKLIST Are any of the following hazards present or could they arise? If yes, describe and assess.			INHERENT RISK RATING (before control measures) Refer to risk matrix			CONTROL MEASURES YOU WILL PUT IN PLACE Refer to the Hierarchy of Controls Note: Ensure new controls don't introduce new hazards	RESIDUAL RISK RATING (after additional control measures are implemented) Refer to risk matrix		
No.	Hazard type	Describe the hazard – what could go wrong?	Likelihood	Consequences	Risk Rating		Likelihood	Consequences	Risk Rating
1	Child developmental, health and cultural needs not met	<ul style="list-style-type: none"> SIDS and fatal sleep accidents 	Choose an item.	Choose an item.	Choose an item.	<ul style="list-style-type: none"> Ensure families have communicated child specific developmental, health 	Choose an item.	Choose an item.	Choose an item.

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RECORD MANAGEMENT SCHEDULE	Recommended to be kept on site for 12 months				
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2						care needs, cultural preferences, of individual children and requests from families			
	Sleep and Rest needs not met	<ul style="list-style-type: none"> Needs of child not being met could result in social, emotional or physical injury/harm Lack of sleep could lead to child injury or illness 	Choose an item.	Choose an item.	Choose an item.	<ul style="list-style-type: none"> All children's sleep and rest needs are communicated between staff and documented in a central location Refer to the Red Nose guidelines for safe wrapping of young babies brochure and Safe Swaddling Vignette. The level of supervision is adjusted due to a specific health condition. For example, babies or children with colds or chronic lung disorders might require a higher level of supervision while sleeping Staff are aware of the indicators for each child that demonstrate a need for sleep and/or rest 	Choose an item.	Choose an item.	Choose an item.
3	Ineffective supervision of sleeping/resting children due to	<ul style="list-style-type: none"> Inadequate staffing could lead to supervisory issues, incidents and 5 	Choose an item.	Choose an item.	Choose an item.	<ul style="list-style-type: none"> Sleeping children should always be within sight and hearing distance so that educators can 	Choose an item.	Choose an item.	Choose an item.

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4	inadequate Staffing Arrangements	<p>minute sleep checks not being conducted</p> <ul style="list-style-type: none"> SIDS and fatal sleep accidents 				<p>assess the child's breathing and colour of their skin to ensure their safety and wellbeing</p> <p>Supervision plan in place</p> <ul style="list-style-type: none"> Ensure sufficient staff ratios are always maintained 5 minute sleep check Centre specific process for Nursery room educators to utilise when additional support is required. (eg. Doorbell installed in the Nursery room for educators to utilise when they require additional support) 			
	Unsafe sleep/ rest/ relaxation practices due to Staff having a lack of knowledge and Training	<ul style="list-style-type: none"> Lack of suitably trained staff with relevant knowledge of children and practices, could lead to child injury, SIDS and fatal sleep accidents 	Choose an item.	Choose an item.	Choose an item.	<ul style="list-style-type: none"> Staff are aware, understand and follow Red Nose Guidelines Staff induction includes review of NQS2 Sleep, Rest and Relaxation REQUIREMENT Staff have a clear understanding of the children's individual needs 	Choose an item.	Choose an item.	Choose an item.
	Unsafe or developmentally inappropriate location of sleep and rest areas	<ul style="list-style-type: none"> Child could injure themselves due to inappropriate location of cots/ beds/ sleep areas 	Choose an item.	Choose an item.	Choose an item.	<ul style="list-style-type: none"> Ensure rest areas are in an appropriate location Cots and beds are located away from items that could cause harm 	Choose an item.	Choose an item.	Choose an item.

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6	Equipment does not meet developmental needs of children, poorly maintained, damaged or not used as per directions	<ul style="list-style-type: none"> Child injury due to poorly maintained or non-suitable equipment Suffocation due to inappropriate bedding and use of bedding 	Choose an item.	Choose an item.	Choose an item.	<ul style="list-style-type: none"> Adequate spacing between cots and beds Ensure all equipment meets requirements and Australian Standards (where required) All equipment is age-appropriate Equipment is well maintained, or removed if not in good working order Equipment must be used as per directions. e.g. cot sides must be pulled up when an infant is placed in a cot Bassinets must not be used Infants must not sleep in a capsule or pram. Rockers, bouncers or similar are not to be used in Goodstart centres 	Choose an item.	Choose an item.	Choose an item.
	Exposure to Safety Hazards- eg. Chemicals, blind cords, electrical cords and power points	<ul style="list-style-type: none"> Child injury due to hazards not being eliminated- strangulation, suffocation, electrocution, choking 	Choose an item.	Choose an item.	Choose an item.	<ul style="list-style-type: none"> Ensure a thorough assessment of the space is carried out. All potential hazards e.g.; Cords, blinds, mobiles are secured, eliminated or inaccessible to children 	Choose an item.	Choose an item.	Choose an item.
	Environmental temperature, lighting and	<ul style="list-style-type: none"> Child could become unwell or unsettled 	Choose an item.	Choose an item.	Choose an item.	<ul style="list-style-type: none"> Monitor the temperature of the space, taking in to 	Choose an item.	Choose an item.	Choose an item.

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9	ventilation is not suitable for children’s physical safety					<p>account the children are not active</p> <ul style="list-style-type: none"> • Ensure suitable ventilation and children have access to fresh/circulated air • Ensure sufficient light to check children’s colour, breathing and any other indicators present 			
	Excess items such as clothing or Jewellery	<ul style="list-style-type: none"> • Child could choke, suffocate or injure themselves • SIDS and fatal sleep accidents 	Choose an item.	Choose an item.	Choose an item.	<ul style="list-style-type: none"> • Remove excess clothing including hooded clothing, jewellery (e.g. amber teething necklaces and bracelets), bibs and shoes from all children • Do not use pacifiers attached to a chain 	Choose an item.	Choose an item.	Choose an item.
	Number, ages and developmental stages of children	<ul style="list-style-type: none"> • Child’s needs not being met for safe sleeping • Number of children exceeding space requirements • Children from different ages sleeping in same sleeping spaces 	Choose an item.	Choose an item.	Choose an item.	<ul style="list-style-type: none"> • Ensure sufficient number of cots to accommodate all infants and children who require them • Ensure sufficient number of mattresses to accommodate all children who require them • Ensure adequate space for children’s sleeping arrangements • Ensure adequate staffing arrangements 	Choose an item.	Choose an item.	Choose an item.
10									

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11	Additional hazards identified		Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.	Choose an item.
12			Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.	Choose an item.

Actions required

No.	Person responsible	Action required	Due Date	Completed

Prepared by

Name	
Position	
Sign	
Date	

Reviewed by

Name	
Position	
Sign	
Date reviewed	

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Risk Matrix

		CONSEQUENCE				
		Insignificant <i>No or very minor injury or near miss</i>	Minor <i>Mild injury or illness</i>	Moderate <i>Injury or illness that may require limited medical attention</i>	Major <i>Serious injury that may require ongoing medical attention</i>	Extreme <i>Can result in fatality</i>
LIKELIHOOD	Almost Certain >90% <i>Happens most times</i>	Low	Medium	High	Very High	Very High
	Likely >65% <i>Occurs time to time</i>	Low	Medium	High	High	Very High
	Possible >20% <i>Could occur</i>	Low	Low	Medium	High	Very High
	Unlikely <20% <i>Unlikely to occur</i>	Low	Low	Medium	Medium	High
	Rare <5% <i>Something would have to go seriously wrong for this to occur</i>	Low	Low	Low	Medium	Medium

Risk Rating	Recommended Actions
Very High	Any activities with risks at this level should be avoided. Review controls to reduce risk, and/or seek further advice. For hazards at this level, escalate as needed.
High	Any controls for this class need to be highly effective. Consultation is required to review controls.
Medium	All controls that reduce the likelihood of serious injury must be effective, achievable and maintained.
Low	These risks should be recorded, monitored, and controlled.

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Baby Sleep Room Record

Help Prevent a Silent Killer! -Conduct your 5-minute checks by physically checking resting and sleeping babies to ensure that their chest or back is rising and falling and the colour of their skin to ensure their safety and wellbeing.

Hour	6am	
:00	TH	4
:05	BM	6

After each 5 minute physical baby check, place an initial and record the number of sleeping babies beside the corresponding minute interval.
For example:

Week Commencing:

Monday

Hour	6am	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm
:00													
:05													
:10													
:15													
:20													
:25													
:30													
:35													
:40													
:45													
:50													
:55													

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Tuesday

Hour	6am	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm
:00													
:05													
:10													
:15													
:20													
:25													
:30													
:35													
:40													
:45													
:50													
:55													

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Wednesday

Hour	6am	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm
:00													
:05													
:10													
:15													
:20													
:25													
:30													
:35													
:40													
:45													
:50													
:55													

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Thursday

Hour	6am	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm
:00													
:05													
:10													
:15													
:20													
:25													
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:35													
:40													
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Friday

Hour	6am	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm
:00													
:05													
:10													
:15													
:20													
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