

SLEEP AND REST POLICY

All children have individual sleep, rest and relaxation 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 Family Day Care Service's approved residences or venues.

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.

LEGISLATIVE REQUIREMENTS/ EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
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 on 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
116	Assessments of family day care residences and approved family day care venues
166	Children not to be left alone with visitors
168	Education and Care Services must have policies and procedures
168 (2)(a)(v)	Sleep and rest for children
169	Additional policies and procedures-family day care
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

Victorian Child Safe Standards	
Standard 1	Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued
Standard 2	Child safety and wellbeing is embedded in organisational leadership, governance and culture
Standard 3	Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously
Standard 4	Families and communities are informed, and involved in promoting child safety and wellbeing
Standard 5	Equity is upheld and diverse needs respected in policy and practice
Standard 6	People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice
Standard 7	Processes for complaints and concerns are child focused
Standard 8	Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training
Standard 9	Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed

Standard 10	Implementation of the Child Safe Standards is regularly reviewed and improved
Standard 11	Implementation of the Child Safe Standards is regularly reviewed and improved

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, Families and Staff Policy Physical Environment Policy Respect for Children Policy Tobacco, Drug and Alcohol-Free Policy Work, Health and Safety Policy
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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 FDC educators ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs whilst attending the FDC service.

Our Family Day Care educators 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 and educator assistants implement and adhere to this policy and associated procedure 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 the approved provider, nominated supervisor, coordinator, educators, educator assistants, students, families and children of the Family Day Care Service.

IMPLEMENTATION

‘Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns, and FDC educators need to consider these when providing education and care. 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)

Dalas family day care 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 a child’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 FDC educators 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 FDC educators, will conduct a comprehensive risk assessment to ensure all protentional hazards are identified and specify how any risks identified are managed and minimised in sleep and rest areas in line with Red Nose and ACECQA guidelines (reg. 84A).

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)
 - overnight care and the potential of other children or people to access children during periods of sleep and rest or access of the child to other parts of the FDC residence

(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. 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.

Approved Provider/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 areas in line with Red Nose and ACECQA guidelines
- all nominated supervisors, coordinators, FDC educators and educator assistants are provided with a copy of this policy as part of their induction program
- nominated supervisors, coordinators, FDC educators, and educator assistants follow the policy and procedures

- opportunities are provided to all employed and engaged FDC educators and educator assistants to participate in Red Nose professional training and a record of all such training is recorded
- a documented practice/procedure for the supervision of sleeping children is tailored to the unique layout of each FDC residence or approved venue, as well as the ages and developmental stages of the children in care including how checks are conducted for sleeping children whilst also maintaining adequate supervision of other children in their care
- sleep and rest environments in FDC residences/venues will be safe and free from hazards including cigarette and tobacco smoke
- safe sleep practices are documented and shared with families
- information is provided to parents and families about Safe Sleep practices (see [Red Nose](#))
- up to date knowledge regarding safe sleeping practices is maintained and information communicated to educators and families
- educators closely monitor sleeping infants and that all sleeping children are within hearing range and observed. This involves physically checking/inspecting sleeping children at regular intervals (10 minutes) 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)
- educators provide children with safe sleeping equipment and environment, including adequate ventilation and adequate lighting to enable effective supervision
- educators provide a safe sleep environment by removing any soft items from the cot, such as loose blankets, pillows or toys
- educators keep the sleep and rest environment free from cigarette or tobacco smoke
- provide information to parents and families about Safe Sleep practices (see [Red Nose](#))
- equipment and furniture used by educators are safe, clean and in good repair (Reg. 103, 105)
- cots used by educators meet the current mandatory Australian Standard for Cots (AS/NZS 2172) and will carry a label to indicate this
- bassinets are not used or stored within the service
- educators do not accept children into care in a bassinet
- 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
- if any requirements differ from Red Nose sleeping recommendations, written authorisation from a medical practitioner will be required and shared with FDC educators.
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Family Day Care Educators will ensure:

- they have a thorough understanding of the service's policy and practices and embed practices to support safe sleep into everyday practice
- they have a documented procedure for the supervision of sleeping children whilst also maintaining adequate supervision of children in their care
- reasonable steps are taken to ensure that the needs for sleep and rest of children being educated and cared for are met, having regard to the ages, developmental stages and individual needs of each child
- there are appropriate opportunities to meet each child's need for sleep, rest and relaxation including providing school aged children with comfortable spaces away from the main activity area for relaxation and quiet activities
- they respond to children's individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc)
- 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)
- all equipment and furniture used are safe, clean and in good repair (Reg. 103, 105)
- there are adequate numbers of cots and bedding available to children that meet Australian Standards
- children are only to sleep in rooms that have been safety checked as part of the FDC residence assessment process by the Approved Provider/Coordination unit. Regular safety checks of the sleep and rest environment are made, and any hazards are identified and rectified immediately
- all cots used in the FDC Service meet the current mandatory Australian Standard for Cots (AS/NZS 2172) and will carry a label to indicate this
- all portable cots used in the FDC Service meet the current mandatory Australian Standard for children's portable folding cots, AS/NZS 2195, and will carry a label to indicate this
- sleep surfaces are checked for firmness in accordance to Australian Standard AS/NZS 8811:1:2013
- bassinets are not used or stored within the service
- children are not accepted into care in a bassinet
- beds, cots and mattresses are used for the correct purpose of sleep and rest only
- any clothing or jewellery that could pose a risk of strangulation or choking is removed prior to the infant or child placed in a sleeping space
- soft toys and comforters are not used in the sleep space for infants
- pillows, inclined sleepers or other soft items should not be used in the sleep and rest environment for children under 2

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- consultation takes place with families about children's sleep and rest needs
- they record sleep and rest patterns daily to share with families
- they are sensitive to each child's needs so that sleep and rest times are a positive experience
- sleep and rest environments will be safe and free from hazards
- areas for sleep and rest are well ventilated and have natural lighting
- the sleep and rest environment is free from cigarette or tobacco smoke
- the room temperature is monitored to ensure maximum comfort for the children
- a relaxing environment for sleeping children is created by playing relaxation music, reading stories, cultural reflection, and turning down lights
- 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
- safe sleep practices are shared with families: educators are not expected to endorse practices requested by a family, if they differ from [Red Nose](#) safe (formerly SIDS and Kids) sleeping recommendations
- that sleeping infants are closely monitored and that all sleeping children are within hearing range and observed closely. This involves checking/inspecting sleeping children at regular intervals (**once every 10 minutes**) 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 FDC educators 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)
- 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
- a record is maintained recording the time and observation of each physical check immediately after checks are made on the **Safe Sleep Record**
- they assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required
- factors to be considered may include:
 - age of child
 - medical conditions (colds, respiratory condition)
 - individual needs or health issues
- children who are sleeping or resting have their face uncovered at all times
- children are encouraged 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
- amber teething necklaces, bibs or similar must be removed prior to sleeping to minimise choking or strangulation hazards
- ensure any soft items are removed from the cot, such as loose blankets, pillows or toys
- that beds/mattresses are clean and in good repair
- beds and mattresses are wiped over with warm water and neutral detergent or vinegar solution between each use
- bed linen is used by an individual child and is washed before use by another child
- children rest/sleep with their beds/mattresses head to toe to minimise the risk of cross infection
- they acknowledge children's 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
- 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.
- they maintain up to date knowledge regarding safe sleeping practice and communicate this information to educator assistants and families
- provide information to parents and families about Safe Sleep practices. (see [Red Nose](#))
- they do not allow any visitor to the FDC residence or venue to be left alone with any child/children
- when sleeping at the FDC residence overnight, a child will be under the supervision of the FDC educator and have access to the FDC educator at all times.
- the area where a child/ren sleep overnight will be in part of the residence that has been assessed and approved by the FDC Service. Regular assessments are conducted at least annually
- procedures for overnight or extended care include-
 - how they will monitor the child/ren during the night
 - risks and physical safety of the child's sleeping environment
 - access to other parts of the house during the night
 - night-time emergency evacuation procedures/lockdown

CHILDREN OF ALL AGES IN COTS

FDC Educators and Educator Assistants will:

- give bottle-fed children their bottles before going to bed
- ensure children are not put in cots or in beds with bottles as per the *Dental Health Policy*
- ensure that sleeping areas with cots have operational baby monitors on at all times
- observe children at **10-minute** intervals while they sleep. The FDC educator must go into the room/s and physically see babies breathing. The educator will then officially record this on a **Sleep Check Form (Sleep Chart)**
- 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
- wooden cots should only be set at the lowest height until the baby is able to sit and then changed to ensure there is no climbing risk
- turn off wall-mounted heaters before children use the room for sleeping. Rooms/areas for sleeping 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 organised by the Service Provider
- understand that hammocks and prams/strollers do not carry safety codes for sleep. Babies should not be left in a 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
- ensure cots

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.
- FDC educators stay up to date with banned/recalled products and remove these immediately from the service if required.

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.

- 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).

PRE-SCHOOL AGE CHILDREN

FDC Educators and Educator Assistants 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 or rest 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

ADDITIONAL CONSIDERATIONS FOR CHILDREN IN CARE OUT OF CORE HOURS OR OVERNIGHT

- The FDC educator will follow an agreed and documented practice for supervision of sleeping children tailored to their unique layout and safety of their residence/approved venue
- Plans should include how they will be monitored during the night; the child's access to other parts of the house; other people's access to the child's sleeping environment; nighttime evacuation procedures

- strict adherence to child protection measures are required for authorised FDC educators and adult household members
- any adult household members, or adults who reside in the FDC residence, are required to hold a current Working with Children Check and Police Check
- adults who stay regularly but are not full time (e.g.: one or two nights a week) still require having a WWCC
- parents must provide written authorisation before any child is permitted to sleep overnight at the FDC residence
- specific information about sleeping arrangements, including sleeping in the same room as a sibling, even if this is a normal family arrangement, must be stated in the written authorisation
- a specific room should be provided for the child/ren to sleep in (not a thoroughfare or lounge area) where possible
- individual beds and bedding should be provided for children who regularly stay overnight
- no child is to sleep on a waterbed or beanbag
- children staying overnight will have access to the FDC educator at all times
- children are not to be taken from the premises without written authorisation of a parent or authorised nominee as stated in the child's enrolment record
- the FDC educator holds responsibility and supervision of the child/ren at all times. Supervision must not be delegated to any other family member.
- a Risk Assessment for *Safe Sleep and Rest* is to be completed prior to children sleeping overnight at the FDC residence and reviewed at least every 12 months or after becoming aware of any incident or circumstance where the health, safety or wellbeing of children is compromised.
- a risk assessment is to be completed prior to children sleeping overnight at the FDC residence
- educators are to ensure National Regulations and service policies are followed at all times when children are cared for, including overnight care
- educators are to ensure medical condition plans are followed at all times, including when overnight care is provided
- emergency evacuation plans and procedures are to take into consideration care that may be provided outside of core hours, including overnight care
- an FDC Coordinator is to be available at all times when education and care is provided for children, including overnight care or care outside of core hours
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PARENTS/FAMILIES

Dalas family day care Service requests parents/families provide FDC educators with regular updates on their child's sleeping routines and patterns, especially for infants.

Families may be required to provide specific bedding for their child each day (as detailed in enrolment information).

Parents/Families Will:

- be informed during orientation of our Sleep and Rest Policy and procedures
- 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 provided with regular information about Safe Sleep practices from Red Nose
- be requested to provide FDC educators with regular updates on their child's sleeping routines and patterns, especially for infants
- be required to provide specific bedding for their child each day (as detailed in enrolment information).

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: • 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
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.
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.
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.

SOURCE

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