

## Safer Sleep Policy

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## ***Intention***

The Safer Sleep policy is in place to provide practitioners with a clear set of guidelines on how to minimise the risk of sleep-related hazards, with a focus on mitigating the risk of SIDS (Sudden Infant Death Syndrome).

## ***Legislative context***

### Legal guidelines and frameworks

- Early Years Foundation Stage Statutory Framework, 2025 (EYFS)
- Working Together to Safeguard Children, 2025
- Keeping Children Safe in Education, 2025 (KCSiE)

### Legal duties

The duty of care for children's safety and well-being during sleep is a fundamental responsibility for all staff members. It is essential to ensure that all sleep arrangements are made in accordance with recognised best practices, providing a safe and supportive environment for every child. This includes taking appropriate steps to minimise any risks related to sleep, conducting regular checks, and ensuring that all procedures align with the nursery's commitment to safeguarding. All staff members are required to adhere to these duties to maintain the highest standard of care and ensure the safety of all children who attend.

## ***Acronyms used in this policy***

DfE: Department for Education

SIDS: Sudden Infant Death Syndrome

SUDC: Sudden Unexpected Death in Childhood

## ***Definition of terms used in this policy***

### Bedding

For the purpose of this policy, bedding refers to fitted sheets and [nursery approved](#) blankets. Sleep sacks are not an approved form of nursery bedding.

### Low birth weight

If a baby is born weighing less than 2.5 kilograms or 5.5 pounds.

### Premature babies

A premature baby is one who is born before 37 completed weeks of pregnancy

### Sudden Infant Death Syndrome

The unexplained death of an otherwise healthy infant, typically during sleep, and usually occurs in babies under the age of 1. The exact cause of SIDS is unknown, but it

is believed to be linked to abnormalities in the brain's regulation of breathing, as well as external factors such as sleep position, environment, and overheating.

### Sudden Unexpected Death in Childhood

Sudden Unexpected Death in Childhood (SUDC) refers to the sudden and unexplained death of a child over the age of 1 year. The cause of SUDC is not fully understood, but it is thought to involve factors such as undiagnosed medical conditions, infections, or rare genetic conditions.

### ***Guiding principles***

The nursery's approach to safer sleep focuses on personalised care, ensuring that each child's unique sleep requirements are addressed in a way that upholds safety while promoting comfort, security, and healthy development. Through continuous monitoring and adjustment, a calming and secure atmosphere is maintained, supporting both physical safety and emotional well-being, allowing children to rest in the most supportive way possible.

### ***Roles and responsibilities***

Role	Responsibility
All staff	<ul style="list-style-type: none"> <li>• Ensure the sleep environment is safe, comfortable, and free from hazards</li> <li>• Follow all sleep procedures and safety guidelines as outlined in this Policy</li> <li>• Report any concerns regarding sleep practices or the environment to management immediately</li> <li>• Maintain a calm and quiet environment conducive to sleep</li> </ul>
Management	<ul style="list-style-type: none"> <li>• Oversee the implementation and adherence to the safer sleep policy</li> <li>• Ensure staff are trained on safer sleep practices and guidelines</li> <li>• Regularly review and update practices where required to ensure compliance with safety standards whilst meeting the needs of children and staff</li> <li>• Promptly address any issues or concerns raised by staff regarding sleep procedures</li> </ul>
Parents/carers	<ul style="list-style-type: none"> <li>• Provide accurate information about their child's sleep needs, preferences, and any health concerns</li> <li>• Inform staff of any changes to their child's sleep routine</li> <li>• Collaborate with staff to ensure sleep practices align with home routines and preferences</li> </ul>

### ***Updates to this policy***

This policy may be unilaterally updated at any time with immediate effect to ensure clarity, reflect the nursery's current operational practices, and maintain compliance with the latest government legislation and guidance. Please refer to the 'More Information' section on the website.

### ***The importance of safer sleep practices in reducing the risk of SIDS and SUDC***

Safer sleep practices are a vital component in minimising the risk of SIDS and SUDC. Following established guidelines as outlined within this policy helps create the safest possible conditions for children during rest. These practices not only support the well-being of children but also provide assurance to parents/carers and staff that every precaution is being taken to protect children's safety during sleep. It is essential that all staff and parents/carers are vigilant in implementing these practices consistently to reduce the risk of harm.

#### Risk factors which contribute to the risk of SIDS or SUDC

The following factors can increase a child's risk of SIDS or SUDC:

- Being born prematurely (before 37 weeks)
- Low birthweight (less than 2.5kg or 5.5lb)
- Exposure to smoking in pregnancy
- Sleeping with babies and children on sofas or chairs

### ***Assessing where children sleep***

#### Risk assessing sleep spaces

All sleep spaces must be risk-assessed before they can be used, to ensure the safety and well-being of the children. This includes:

- Determining the ratio requirements for supervising sleeping children in the room
- Determining if the nursery's evacuation plan should be updated to address how sleeping children will be safely evacuated in the event of an emergency
- Adapting practices to align with Lone Working requirements should this be due to occur<sup>1</sup>

Risk assessments must be reviewed whenever there are significant changes, e.g., an influx of new children, a child with additional needs will be using the space or there are material changes in the physical layout of the sleep space.

#### Open plan arrangements

When children are sleeping in an open-plan room alongside other children who are awake, the following guidelines must be adhered to:

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<sup>1</sup> For more information, please see the [Lone Working](#) section of this policy.

- Practitioners in the room can supervise sleeping children as part of their ongoing responsibilities
- Physical checks of sleeping children must be conducted in line with procedure
- Standard ratio requirements for awake children must be maintained and the ratio of staff to sleeping children should be determined through a risk assessment
- Sleep areas must be clearly separated from active play spaces to minimise disruptions
- The environment should be arranged to ensure a quiet, calm space for sleeping children
- Routine activities should be adapted to maintain a balance between active play and rest and the needs of active children should be carefully managed to avoid disturbing their sleeping peers

### ***Safe sleeping arrangements***

Clear and consistent sleeping arrangements are essential to ensure a safe and suitable rest environment for every child. When sleeping, all children must be placed down on their back in their own separate sleep space on a clear, flat, firm surface such as a cot, coracle or suitable mattress on the floor.

### **Safer Sleep Checklists**

To ensure that sleeping arrangements align with optimum safe practices and ensure the safety and well-being of children during sleep times, practitioners must follow three specific Safer Sleep Checklists. Checklists should be readily available and displayed in all sleep areas. These checks should also be laminated, and all items must be physically ticked off using the boxes provided, once they are completed for every sleep session.

To review the Safer Sleep Checklists used within the nursery, please see the [Appendix](#).

### **Sleeping arrangements for children under 12 months**

Practitioners and parents/carers should be aware that the risk of SIDS is highest for children under 12 months. To prioritise safety, safer sleep practices follow the majority of guidance intended for children under 12 months and apply it to all children sleeping at the nursery. However, there are specific requirements for children under 12 months that do not apply to those over 1 year. These include:

- Babies are always placed to sleep on their backs
- Babies who roll over but cannot roll back on their own are repositioned onto their back

- Babies are positioned in the cot in the "feet to foot"<sup>2</sup> position, with their feet at the bottom of the cot
- Babies must only be placed to sleep in a cot - this includes carrycots, Moses baskets, coracles and travel cots
- Sleep comforters must not be used for babies aged under 12 months

#### Safe sleeping arrangements for unplanned sleep

In the event a child falls asleep outside of a designated sleep area, where the environment may not be conducive to monitoring or adhering to safer sleep practices, the following procedure must be followed.

- The staff member who notices the child asleep must immediately inform the room leader or a senior staff member
- Together they will assess the situation and determine the safest and most appropriate course of action
- If the child is in a safe position and the environment poses no immediate risk, they may be allowed to continue sleeping under close supervision and following all other Safer Sleep guidelines
- If the environment is not conducive to safe sleep practices, the child should be gently moved to a designated sleep area as soon as possible
- The relocation should be done in a calm and reassuring manner to avoid distressing the child

#### Children who arrive at the nursery asleep

Children who arrive at the nursery asleep must be gently woken prior to entering the setting so that staff can confirm they are well in themselves and fit to attend. Staff should check that the child is responsive, alert, breathing normally, and showing no signs of illness before they are settled within the nursery environment.

#### Children who fall asleep while travelling with nursery staff

Children who fall asleep whilst travelling in the care of nursery staff must be moved to a safe, suitable, separate sleep space that aligns with their age and stage of development as soon as they return to the nursery.

If a child aged 12 months and under falls asleep whilst travelling, any hats and extra clothing that they are wearing should be removed as soon as the child comes indoors or enters any form of transport vehicle.

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<sup>2</sup> The "feet to foot" position refers to placing a baby on their back to sleep with their feet positioned at the bottom of the cot or sleep space. This reduces the risk of the baby wriggling down under bedding, helping to keep their head uncovered and maintain a clear airway during sleep.

For children aged over 12 months who fall asleep whilst travelling, any coats, hats, or blankets should be adjusted to reduce the risk of overheating and removed as soon as it is safe to do so.

Safer sleep checks, including physical checks at least every ten minutes, must still be conducted and recorded whilst a child is sleeping when travelling. If staff do not have access to online recording platforms, paper records must be maintained for the duration of the child's sleep.

#### Children who fall asleep in a pram whilst on a nursery outing

Children may sleep in prams if they fall asleep naturally whilst on outings; however, they should be taken out as soon as the destination is reached and placed on a firm, flat surface to continue sleeping. Whilst they are asleep in prams, they must be in a reclined position.

Practitioners must never put material or a blanket over the top of the pram to keep out light. The padded sides of a pram may trap more heat, so practitioners must keep checking the child's temperature if they are asleep in a pram.

Safer sleep checks must still be conducted and recorded as per regular expectations.

#### Ban on car seat and bouncer sleeping

Bouncers, prams or car seats are not considered acceptable primary sleep spaces. The only acceptable places for children to sleep are cots, mats or coracles.

### ***Physical checks***

Staff are required to physically check children at regular intervals as they are sleeping to ensure that they remain safe and comfortable. To ensure these checks are completed effectively the following steps must be taken:

- Physical checks must be made at least every 10 minutes and the time of these checks are recorded for each sleeping child on their Family profile<sup>3</sup>. These checks may need to be carried out more frequently in higher-risk situations, such as during hotter weather.
- A clock or timer should be available to remind practitioners when the 10-minute check is due and all sleeping children should be checked at the same time regardless of when they fell asleep
- Physical checks must only be recorded for a child after they have been satisfactorily completed

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<sup>3</sup> In the case that Family is not accessible due to connectivity or equipment issues a paper record of all sleep checks should be maintained for the entire duration children are sleeping. Staff have a maximum of 5 minutes to upload to sleep check onto Family after it has been completed.

For guidance on how to record sleep checks on Family, please see the Further Reading section at the end of this policy.

### Guidelines for practitioners on how to perform a physical check

- Confirm the child is breathing normally:
  - Place a hand gently on the child's chest to ensure a regular rise and fall
  - Get down to the child's level to observe their breathing
- Check the child's temperature:
  - Check for sweating by placing two fingers on the child's tummy, neck or back
  - Don't check the feet or hands as these are often cooler than the rest of the body
- Observe the child's skin tone for any changes in colour, such as paleness or blueness

### ***Higher frequency physical checks for vulnerable children***

Some children may require more frequent checks during sleep due to their individual needs or circumstances. This includes:

#### Children who are unwell

Any child who is not feeling well may need additional monitoring. The frequency of checks should be determined by someone in the management team and they must ensure that practitioners supervising sleep are aware of the additional monitoring required.

#### Children with additional needs

Children with additional needs, including physical disabilities or complex medical conditions may require enhanced monitoring. This should be determined in their Health Care Plan with an accompanying Risk Assessment.

#### Premature or low-birthweight babies

Where necessary a Health Care Plan should be in place to determine if more frequent checks are needed for premature or low-birthweight children. The management should consider if a Health Care Plan is necessary if a child is born before the 37<sup>th</sup> week of pregnancy. If the Health Care Plan indicates a need for increased monitoring whilst under 1, the baby's age should be calculated from their due date, not their birth date, to account for their adjusted developmental stage.

#### Children who have sustained a head bump during the day

If a child has experienced a head bump earlier in the day that requires a Head Bump Monitoring Form, additional sleep checks must be carried out to ensure their wellbeing.

### ***Baby monitors***

Baby monitors are a supplementary tool to support the direct supervision of sleeping children and must never replace active oversight by a practitioner within the room.

When using baby monitors, the following guidelines must be followed:

- Monitors can only be used to support supervision of children over six months of age
- Monitors should include both video and audio functionality
- Monitors must be placed in a way that ensures sleeping children can be seen and heard clearly, even over any background noise
- Monitor wires must be securely positioned, well away from sleeping children
- When in use, monitor screens must be within sight and hearing of a second practitioner who is able to supervise those lone working and offer assistance as soon as this is needed

### ***Waking children from sleep***

Children who are woken suddenly from their sleep may experience sudden emotional upset or disorientation. To avoid this staff should take the following steps when waking children from their sleep:

- Lightly rub the child's back, arm, or shoulder
- Introduce natural or low lighting into the sleep room by gradually opening curtains or blinds or turning on room lights at intervals
- Softly call the child's name alongside prompts encouraging them to wake
- Gently remove a partial section of their blanket

If a child is struggling to wake, staff should pause their attempt and then repeat these steps after a couple of minutes. Once the child wakes, staff should allow them time to readjust to the waking environment before encouraging them to move to another location.

Staff must not wake children using the following approaches<sup>4</sup>:

- Pick a child up suddenly
- Forcefully shake, or rock a child
- Make sudden adaptations to the sleep environment e.g., turning on all lights, playing loud music, reintroducing other children into the space
- Raise their voice or use loud noises
- Cause sudden changes in a child's temperature e.g., removing all their blankets, offering them water whilst still unsteady

### ***Safe sleeping equipment used within the nursery***

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<sup>4</sup> Exceptions to these rules can be made in the event of an emergency evacuation or lockdown where immediate relocation is required for safety.

To ensure safety and hygiene during sleep times, the following guidelines for sleeping equipment must be followed:

- All mats and mattresses used in the nursery must be protected by a waterproof cover to prevent contamination and maintain hygiene
- Sleeping equipment that show signs of damage, such as a mat or mattress with torn covers or exposed foam, must be removed from use immediately. A replacement should be ordered promptly to ensure the availability of safe sleeping equipment
- When purchasing new mattresses, the underside must be clearly marked with the date of acquisition. This helps in planning for timely replacement when needed
- All sleeping equipment must comply with British Safety Standards<sup>5</sup>. Documented evidence of compliance, such as product specifications or safety certification information, must be retained within the nursery's Health and Safety OneDrive folder.

#### Age-appropriate sleeping equipment

The table below outlines the appropriate sleeping equipment for children based on their age:

Age of child	Appropriate sleeping equipment
< 6 months	Cots only
6 months – 1 year	Cots or coracles
> 1 year	Mats, cots or coracles

The nursery may decide to continue using a cot or coracle for a child over 1 year old if their specific needs require it. In such cases, the sleeping equipment must be sufficiently sized to ensure the child's comfort and safety.

When a child shows signs of attempting, or is likely, to climb out of a cot and therefore presents a risk of injury, they should be transitioned to a coracle or mat to maintain safe sleep arrangements. Professional judgement must be applied when assessing each child's level of risk and readiness for this transition.

Please see [Further Reading](#) for additional guidance on safe sleeping equipment.

#### ***Bedding***

To ensure safety and hygiene during sleep times, the following guidelines for bedding must be followed:

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<sup>5</sup> Please see the [Appendix](#) for more information.

- Bedding must always be firmly tucked in around the child no higher than their shoulders to prevent head covering
- Sheets must be fitted sheets and the right size for the sleeping equipment
- All blankets used in the nursery must be breathable to allow adequate airflow and minimise suffocation risks
- There must be a sufficient quantity of differently sized blankets to ensure appropriately sized to fit the child and prevent risks of entanglement or suffocation
- If the room is cold, blankets can be folded provided they remain breathable. For reference, a blanket folded in half counts as two blankets
- Each child must have their own designated bedding, which should not be shared with other children. Bedding must be stored separately in individual storage bags to prevent contact with other children's bedding
- Bedding must be washed after 5 days of use or sooner if visibly dirty, such as being stained with food or other substances
- All items related to Bedding on the Safer Sleep Checklists must be followed

Please see [Appendix](#) for a list of nursery approved bedding options.

#### Bedding brought from home

For safety reasons, bedding must not be brought from home for use during sleep times. All sleep equipment and bedding used within the nursery is provided to ensure consistency and full alignment with safer sleep guidance. This helps maintain a controlled sleep environment, reduces the risk of hazards, and ensures that only approved, safe materials are used during sleep times.

#### ***Comforters and dummies***

##### Children who use comforters whilst sleeping

Due to the increased risk of SIDS, sleep comforters may only be used for babies and children aged over 12 months. Where a child is using a comforter, it should be moved to the side or placed in a safe position once the child is asleep.

Safe sleep comforters must meet with the following criteria:

- Small and lightweight in size
- Free from detachable parts (e.g. buttons, ribbons, beads, or plastic pieces)
- Made from soft, breathable, non-toxic materials
- Fully washable and suitable for regular cleaning
- Not large enough to cover a child's face or restrict breathing
- Not weighted or heavy in design
- Free from loose threads or elements that could pose a safety risk

### Children who put a comforter over their face or in their mouth in the process of falling sleeping

Due to the risk of airway obstruction, children must not have a comforter over their head at any time whilst sleeping or settling to sleep. If a child places a comforter over their face or in their mouth while falling asleep, practitioners must immediately remove or reposition the comforter so that it does not obstruct breathing. The child should be closely supervised until they are fully settled to ensure that the comforter continues to be used safely.

### Dummies

Parents/carers must be consulted before their child is given a dummy when sleeping. A child must never be forced to take the dummy if they do not want it and a dummy should not be put back in if the child spits it out. If the dummy falls out during sleep, practitioners must not wake the baby to put it back in, however, if the child wakes it can be offered again. Dummy clips and dummy chains must never be worn when children are sleeping.

### ***Temperature***

The recommended room temperature for babies (those aged 12 months and under) is between 16°C and 20°C. A thermometer must be available in every sleep area to monitor the temperature. The room temperature should be recorded as part of the Room Opening Check and rechecked during sleep times to ensure it remains within the safe and comfortable range.

In situations where maintaining this temperature range is consistently challenging due to factors such as building design, measures will be implemented to ensure a safe and comfortable sleep environment for the children. These measures may include using fans, opening windows, or adjusting bedding and clothing as needed. Fans must never directly face the children.

### Bedding and clothing guide for different temperatures

Practitioners must check the bedding's tog rating and ensure children's clothing is appropriate for the room temperature. The table below provides guidance.

Important points to remember:

- A single baby blanket typically has a tog rating of 1.5 to 2
- Folding a blanket doubles its tog rating, so a folded blanket becomes 3 to 4 tog

Bedding Tog	Clothing	Temperature
3.5	2 layers (e.g., bodysuit and sleepsuit)	< 15°C
2.5		15°C - 17°C
1.0		18°C - 21°C
0.5	1 layer (e.g., bodysuit)	24°C - 26°C
N/A		> 26°C

### Signs that a child is too hot

If a child appears to be too hot, staff should remove one or more layers of clothing or bedding. Professional judgement should be used during extreme temperatures.

Signs that indicate a child is too hot include:

- Damp hair
- Sweating
- Tummy feels hot or clammy to touch
- Heat rash
- Rapid breathing
- Flushed cheeks

### ***White noise machines***

Where possible, the sleep area should be kept quiet to maximise the chance of hearing irregular breathing patterns that may be a cause for concern. Where white-noise machines are used, they should be played at a low volume to avoid drowning out all other noise. Where possible they should be turned off once the children are asleep.

### ***Ratio requirements when supervising sleeping children***

Where children are sleeping there must be a practitioner present in the room at all times. The number of sleeping children a single practitioner may supervise may be higher than the ratio requirements as long as a risk assessment is in place and the ratio requirements are still met in the building as a whole. Refer to the Ratio and Lone Working Policy for more details.

### ***Lone working when supervising sleeping children***

If a practitioner is lone working and supervising sleeping children, there must be a visual and audio feed into the room such as a functioning baby monitor or CCTV and there must be a procedure in place for the lone workers to alert others if in need of assistance.

All lone working practitioners must have received prior approval from the setting's management team confirming their suitability to complete this style of working.

### Qualification requirements for staff lone working with sleeping children

Staff must be suitably qualified to lone work with sleeping children. Qualified staff in this instance refers to:

- Staff with a Level 3 qualification in Early Years Education or Childcare recognised by the DfE<sup>6</sup>
- Students or apprentices studying towards an approved Level 6 qualification which gives them the status of Early Years Teacher Status or Qualified Teacher Status
- Staff who have completed their DfE approved Level 2 qualification in Early Years Education or Childcare, or Students or apprentices working towards their Level 3 qualification who are deemed competent by the management team (enabling them to be counted as a Level 2 practitioner) may lone work when children are sleeping, provided the following conditions are met:
  - A risk assessment has been completed and approved by the setting manager
  - The legal ratio-requirements are maintained holistically within the building for the entire period children are sleeping (so that there are sufficient staff members in an emergency or evacuation scenario)
  - Once children wake, suitably qualified staff are able to return immediately to the room to ensure adequate supervision.

### Training requirements for staff lone working with sleeping children

In addition to being suitably qualified, staff must also successfully complete the following training before lone working with sleeping children:

- All induction competency checks relating to safer sleep practices
- The setting approved, mandatory, Safer Sleep training
- Paediatric First Aid training which has been completed within the last three years

### ***Sharing sleep information with parents/carers***

The following information will be shared with parents/carers as soon as reasonably practicable to ensure open and transparent communication about their child's sleep routine:

- Any changes to a child's sleep routine while at nursery
- Details about the amount of time a child has slept at nursery can be easily accessed through the Family app for parent/carer convenience

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<sup>6</sup> For more information on Early Year qualifications and the experience-based route for practitioners working towards their Level 3 qualifications, please see the further reading section of this policy

- Any concerns regarding a child's sleep patterns e.g., if a child experiences difficulty settling, or display signs of distress during sleep

### Guidance for parents/carers when updating the nursery on sleep routines

If a child's sleep routine changes, such as dropping a nap, it is important that the nursery is informed promptly to allow for suitable adjustments. Similarly, if parents/carers wish to make temporary changes to their child's routine (e.g., following a disrupted night's sleep), they are asked to notify the nursery during the morning handover, enabling staff to accommodate these requests where possible.

### ***Limitations on accommodating parent/carer preferences***

#### Practical limitations to matching home sleep times to the nursery routine

During the settling-in process, children's sleep routines are discussed with parents/carers and the nursery will aim to match these where possible. However, there may be times when the setting cannot replicate home routines, such as if a child's sleep pattern is significantly different from others, and nursery staffing arrangements cannot accommodate individual supervision. In such cases, the setting will discuss alternative options with parents/carers to find a suitable solution.

#### Requests to prevent children from sleeping

If parents/carers request that their child does not sleep while at nursery, staff will make reasonable efforts to support this by engaging the child in activities to gently discourage sleep. However, staff will not physically stop a child from falling asleep.

#### Requests to limit the amount of sleep a child has

If parents/carers request a maximum sleep duration for their child, staff will make reasonable efforts to support this by waking the child gradually and respectfully to minimise distress. The following gentle strategies may be used to encourage children to wake:

- Blankets may be gently removed
- Calm verbal prompts, such as saying the child's name, may be used

If a child shows clear signs of needing more sleep, staff will allow them to continue resting for approximately 15 minutes before attempting to wake them again.

If the requested sleep limit is considered unsuitable for the child's wellbeing the nursery reserves the right to allow the child to continue resting without attempting to wake them. In such cases, staff will communicate promptly with parents/carers to explain the decision and discuss a suitable approach moving forward.

#### Handling parent/carer requests that contradict safer sleep guidelines

The nursery follows established safer sleep guidelines to ensure a secure environment for all children during rest times. If a parent/carer requests a sleeping

arrangement that falls outside of these guidelines, the management team will provide a clear explanation of the importance of adhering to these safety standards. While the nursery aims to accommodate individual preferences, safety cannot be compromised. Exceptions will only be considered if there is a medically justified reason, supported by appropriate documentation from a healthcare professional.

***Medical exceptions to safer sleep guidelines***

In certain cases, medical advice may require adjustments to sleep practices that differ from the nurseries standard safer sleep guidelines. To ensure the safety of all children and compliance in these circumstances, the following steps must be followed:

- Any request to deviate from safer sleep guidelines must be accompanied by written documentation from a qualified medical practitioner, clearly outlining the required adjustments and their medical justification
- A risk assessment must be conducted to evaluate the safety and feasibility of the requested adjustments
- If a child’s medical condition requires sleep practices outside safer sleep guidelines, our insurance provider must be contacted to confirm coverage before the child starts attending

***Essential knowledge for staff from this policy***

Key learning	Level
Explain how to complete physical sleep checks	L1
Explain the Pre Sleep Checks	L1
Explain the Sleep Checks	L1
Explain the Post-Sleep Checks	L1
Explain when it may be necessary to conduct higher frequency sleep checks	L1
Explain the additional safer sleep requirements for children under 1	L1
Explain what to do if a child falls asleep outside of a designated sleep area	L1
Explain the requirements for children sleeping with comforters and/or dummies	L1
Explain the requirements for lone working when supervising sleeping children	L1
Explain the nursery policy on children sleeping in prams or bouncers	L1
Explain the appropriate sleeping equipment for children based on their	L1

age	
Explain the ideal room temperature range and what to do if the temperature is out of range	L1
Explain the ratio requirements for supervising sleeping children	L2

### ***Training Requirements***

<b>Training name</b>		<b>Provider</b>	<b>L1</b>	<b>L2</b>
Safer Sleep Training	3 yrs	Lullaby Trust	✓	✓

### ***Monitoring and review***

<b>Review</b>	<ul style="list-style-type: none"> <li>Review the temperature recorded on each rooms opening check over the past month to ensure these are consistently been between 16–20°C</li> <li>Review 3 children’s physical check confirmations on Family for each room where children sleep to confirm these have been completed at 10-minute interval checks from the time the child fell asleep until they woke up</li> </ul>
<b>Confirm</b>	<ul style="list-style-type: none"> <li>Confirm that the Safer Sleep Checklists are displayed and are being completed as required in each sleep space</li> <li>Confirm temperature thermometers are up in each nursery room</li> <li>Confirm a risk assessment is in place for each sleep space</li> <li>Confirm all bedding and sleeping equipment being used today is in good condition</li> </ul>
<b>Observe</b>	<ul style="list-style-type: none"> <li>Observe staff member conducting pre-sleep checks.</li> <li>Observe staff member conducting sleep checks of sleeping children.</li> <li>Observe staff member conducting post-sleep checks.</li> <li>Observe a staff member placing child under 12 months to sleep.</li> <li>Observe a staff member waking a child from their sleep</li> <li>Observe staff member preparing to lone work within a sleep area</li> </ul>

### ***Further reading***

<b>Name</b>	<b>Summary of content</b>	<b>Source</b>	<b>Link</b>
Sleep Products FAQs	FAQs Safer Sleep Products	Community	<a href="#">Link</a>

		Playthings	
Recording when children sleep, Family Support	Step by step procedure of how to add a sleep checks onto Family	Family	<a href="#">Link</a>
Early years qualification requirements and standards	Guidance on the approved qualification requirements for Early Years Practitioners	GOV	<a href="#">Link</a>
Reduce the risk of sudden infant death syndrome (SIDS)	Guidance for reducing the risk of SIDS	NHS	<a href="#">Link</a>
Safer sleep advice for babies	Information on the steps to take to keep babies safer, reducing the risk of SIDS	The Lullaby Trust	<a href="#">Link</a>

## Appendix

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## Pre-Sleep Checklist

Pre-Sleep Checks		
<i>Preparing the children, environment and sleeping equipment for Safe Sleep</i>		
Children	Children's clothing is safe (e.g., no dungarees, hats, hoodies, loose buttons, dummy clips/chains)	<input type="checkbox"/>
	Children are not wearing potentially unsafe accessories (e.g., hair clips, bracelets with small parts)	<input type="checkbox"/>
	Children's shoes are removed	<input type="checkbox"/>
	Children having nothing with them except dummies or comforters (if age appropriate)	<input type="checkbox"/>
	Check that children's mouths and faces are clean and free from any food or drink	<input type="checkbox"/>
	Children are dressed appropriately for the room temperature	<input type="checkbox"/>
Room & environment	The sleep area is clean, free of clutter and dust-free	<input type="checkbox"/>
	There is no sign of mould in the sleep area	<input type="checkbox"/>
	There are no hazards that could fall or be pulled into children's sleep spaces (e.g., toys, loose items)	<input type="checkbox"/>
	The temperature of the room is between 16–20°C (if not, inform management)	<input type="checkbox"/>
	Lights, blinds, curtains are adjusted to reduce the light in the room	<input type="checkbox"/>
	A designated area is prepared for children who wake early, if necessary	<input type="checkbox"/>
Sleep equipment	You can easily walk between cots/coracles/mats to conduct physical checks	<input type="checkbox"/>
	Cots/coracles are in good condition and fit for use (e.g., no splintering)	<input type="checkbox"/>
	Mats/mattresses are in good condition (e.g., firm, flat, no rips or tears, no sagging, waterproof)	<input type="checkbox"/>
	Cots/coracles/mats are not positioned in direct sunlight	<input type="checkbox"/>
	Cots/coracles/mats are not positioned directly next to radiators, fans, open windows or doors	<input type="checkbox"/>
	Cots/coracles/mats are totally clear except bedding (e.g., no pillows or sleep positioners)	<input type="checkbox"/>
	All sleeping equipment has been cleaned with sanitising spray	<input type="checkbox"/>
Bedding	All bedding is clean and in good condition (e.g., without any holes or loose threads)	<input type="checkbox"/>
	Bottom sheets are well fitted and the sheet does not easily come off	<input type="checkbox"/>
	Blankets are made from a breathable material and appropriate for the room temperature	<input type="checkbox"/>
	Bedding is not creating cushioned areas or raised sides	<input type="checkbox"/>
Other	Baby monitors are in good working order (i.e., sound and visual functions are working)	<input type="checkbox"/>
	Children's comforters are clean and suitable (Only given to children ages over 12 months)	<input type="checkbox"/>
	Children's comforters are placed on the correct beds, ready for each child to use	<input type="checkbox"/>

## Sleep Checklist

### Sleep Checks

*Putting children to sleep, supervising sleep and checking the environment and sleeping equipment*

All children	Physical checks conducted at least every 10 minutes or more frequently for vulnerable children	
	Sleep checks are recorded on Family within 5 minutes of these being completed	
	Children are in a top to tail arrangement	
	Children have been placed to sleep on their backs	
	Children's heads are uncovered and free from any obstruction	
	Children have brought nothing with them them except a comforter (if age appropriate) or dummy	
Babies under 12 months	Babies have been placed to sleep in a cot or coracle	
	No comforters have been placed in the sleep area	
	Babies who roll over and are unable to roll back on their own are repositioned onto their back	
	Babies are positioned at the bottom of the cot in the "feet to foot" position	
Room and environment	The sleep area is calm and quiet	
	If a white noise machine is used, it is played at a low volume	
	Awake children have access to a seperate designated play space	
	Regular visual risk assessments of the sleep environment	
Sleep equipment	Children are placed in the correct sleeping equipment for their age	
	Sleeping equipment is appropriately sized for the child	
	Cots/coracles/mats are totally clear except bedding (e.g., no pillows or sleep positioners)	
Bedding	Blankets are the right size for the child	
	Bedding is securely tucked around the child's mattress	
	Only one blanket is used per child	
	The top of the blanket does not extend above the child's shoulder height to prevent head covering	

## Post-Sleep Checklist

### Post-Sleep Checks

*Packing up sleeping equipment and the sleep area*

All children	Children's comforters are put back into their bags to go home	
Room & environment	The sleep area has been left free of any hazards	
	Heaters, fans, white noise machines etc are all switched off	
Sleeping equipment	Sleeping equipment is sanitised after use (cots/coracles/mats/mattresses)	
	Sleeping equipment is returned to its designated storage area when not in use	
Bedding	Dirty bedding or bedding due for a clean is placed into a designated laundry bag	
	Clean bedding for each child is put away into individually labelled containers or bags	
	Each child's bedding is stored separately and in its own individual storage bag	
	Sleep mats are not stored with bedding still fitted	

### **British Safety Standards**

All sleeping equipment used within the nursery must comply with British Safety Standards indicated below. Please see [Further Reading](#) for additional guidance on safe sleeping equipment.

<b>Equipment</b>	<b>British Safety Standard</b>
Cots, travel cots, moses baskets and carry cots	BS EN 716-1:2017, BS EN 1466:2014 or BS EN 1466:2023
Mattresses	BS 7177:2008+A1:2011
Mattresses for cots, travel cots and crib	BS EN 16890:2017+A1:2021

### **Nursery Approved Bedding**

<b>Bedding Type</b>	<b>Link</b>
Blanket (100x150cm)	<a href="#">Link</a>
Blanket (70x90cm)	<a href="#">Link</a>

Sheets should preferably be purchased from the same seller as the mats or mattresses to help ensure a proper fit.

Where the seller does not supply sheets, suitable alternatives may be sourced separately, provided they:

- Fully cover the mattress or mat, including all corners and sides
- Fit securely without being loose, creased, or prone to shifting
- Do not leave any edges or corners exposed
- Remain flat during use, with no corners turning up or riding up
- Are appropriately sized for the specific mattress or mat being used