SLEEP AND SAFE RESTING POLICY

Little Holcombe and Tower View Nursery

Adopted: 31 January 2024
Updated: August 2026
Review Date: August 2027

PURPOSE

At Little Holcombe and Tower View Nursery, we recognise that safe, quality sleep is essential for babies' and children's physical health, emotional wellbeing and development. We create sleep environments and routines that support each child's individual needs whilst minimising the risk of harm, in line with current safer sleep guidance and Section 3 of the EYFS Statutory Framework 2026.

The safety of babies and young children sleeping is paramount. Our policy follows current NHS and Lullaby Trust guidance to minimise the risk of Sudden Infant Death Syndrome (SIDS) and reflects evidence-based safer sleep practice.

SCOPE

This policy applies to all children aged 0–5 years at Little Holcombe and Tower View Nursery who sleep or rest during their time in our care, including:

- Scheduled rest times (main sleep periods)
- Incidental sleep (e.g. a child who falls asleep during a quiet activity or routine)

Children aged 6–11 years in our out-of-school club are not routinely expected to sleep. If a child of this age becomes unwell or distressed and rests, staff apply safe resting principles (safe surface, appropriate supervision, parental communication).

STATUTORY REFERENCES

This policy aligns with:

- Section 3 of the EYFS Statutory Framework 2026 (Safeguarding and Welfare Requirements): safer sleeping arrangements for children under 5
- NHS Safer Sleep Guidance for babies under 12 months
- Lullaby Trust Safer Sleep Awareness for Early Years Settings

- Section 3.65 of EYFS 2026 (providers must ensure children are adequately supervised and that arrangements for sleeping or resting are in place)

OUR APPROACH

We believe that:

- Every child's individual sleep needs and preferences matter and should be respected
- Safe sleep is a shared responsibility between nursery staff and parents
- The key person plays a central role in understanding and supporting each child's sleep routines and any changes
- Sleep contributes to children's emotional security, learning readiness and overall wellbeing
- We will work closely with parents and, when necessary, with health professionals, to support children whose sleep is a concern or who have medical conditions affecting sleep
- Staff knowledge of safer sleep practices must be current, understood and consistently applied across the team

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SAFE SLEEPING ENVIRONMENT — CORE REQUIREMENTS

Position and surfaces:

- All children are placed on their back to sleep
- Babies aged 12 months and under must only be placed to sleep in a cot
- Children over 12 months may use a bed if appropriate to their developmental stage
- All sleep surfaces must be firm and flat (no pillows, wedges, inclines or rolled blankets)

Sleep space contents:

Sleep spaces must be clear of hazards. We only use:

- A firm, flat, waterproof mattress
- Lightweight bedding, tucked firmly around the child below their shoulders

- Alternatively, a well-fitted baby sleep bag (checked against manufacturer guidance) in place of loose bedding

We do not place in or around the cot:

- Soft toys, pillows, bumpers, wedges, straps or cords
- Hanging objects (including blind cords, hanging decorations or mobiles)
- Extra blankets or comforters (except as described below)
- Any item that could pose a suffocation or entanglement risk

Comforters:

- Comforters (small soft toys or comfort blankets) may be used to support settling for children over 12 months
- For babies under 12 months, comforters must be removed once the child is asleep
- All comforters are small (no larger than 15cm), have no removable parts, and are checked by staff before use
- Comforters are regularly checked by staff during sleep monitoring and removed immediately if they pose any risk (e.g. covering the face, affecting breathing, or becoming loose)
- Comforters are discussed with parents at induction and documented in the child's care plan

Temperature and clothing:

- Room temperature is monitored and maintained at 16–20°C using a room thermometer
- Children are dressed appropriately for sleep to prevent overheating (avoiding heavy blankets or over-layered clothing)
- Staff check regularly that children are not too warm or cold by assessing their skin colour, temperature and breathing
- Rooms are well-ventilated and free from draughts

Supervision and checks:

- Babies under 6 months of age must always have an adult with them in the same room for every sleep
- All children over 6 months must always be within sight and hearing of staff whilst they are sleeping

- Supervision is active and continuous. A member of staff is visually present and not engaged in other tasks
- Sleep checks: All sleeping children are checked at minimum every 10 minutes. Staff record these checks on the sleep sheet and observe:
    - Visual evidence of breathing
    - Child's colour and skin temperature
    - Position (remains on back, where applicable)
    - Any changes in wellbeing or distress
- No child is left sleeping in a separate room unsupervised
- Blind spots (e.g. corners of rooms, spaces obscured by furniture) are cleared to maintain sight and hearing supervision

Staffing during sleep times:

- During scheduled rest times, one designated member of staff is assigned to supervise sleeping children in the sleep room and is not engaged in other concurrent tasks (e.g. meal preparation, admin)
- A second member of staff remains available on the nursery floor to respond to the needs of children who are awake and engaged in quiet activities
- Staff members supervising sleep are alert, positioned to respond immediately to a child's needs, and have a clear line of sight to all sleeping children
- Where babies under 6 months are sleeping, the supervising adult remains in the sleep room throughout

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PROCEDURE: UNDERSTANDING EACH CHILD'S SLEEP NEEDS

At induction:

The key person discusses the child's sleep routines with parents, including:

- Usual sleep times and duration
- Preferred settling strategies (cuddle, quiet time, familiar toy, song, etc.)
- Any comforters used at home
- Any known sleep concerns, disruptions or changes
- Any medical conditions, diagnoses or treatments affecting sleep (e.g. reflux, low muscle tone, sleep apnoea, recent assessment)

- Parents' preferences for how we support their child's sleep
- Whether the child has been referred for sleep assessment or has a professional diagnosis (e.g. sleep disorder, autism, sensory needs affecting sleep)

All this information is recorded in the child's care plan and shared with all staff working with that child.

Regular review:

The key person reviews and updates sleep information:

- As part of key person review on a termly basis or sooner if required
- Immediately if the parent reports a change in sleep routine or a new concern
- As part of progress reviews with parents (at least twice yearly)

Medical or developmental concerns:

If a child has been referred for sleep assessment, diagnosed with a sleep disorder, or a parent raises a concern about sleep patterns:

- We ask the parent to share any professional assessment, advice or diagnosis
- We request written confirmation from a GP or health professional about any recommended changes to care or positioning
- We adjust our sleep practice to meet the child's individual needs (e.g. modified positioning if recommended by a physiotherapist; shortened sleep times if advised by a health professional)
- We ensure all staff understand the child's need and the approach we are using
- We document the professional advice and our response in the child's care plan

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PROCEDURE: SETTLING A CHILD TO SLEEP

Before the child settles:

- Check the sleep space is safe: cot clear of all items, bedding secure, room temperature appropriate, thermometer visible
- Ensure the sleep area is calm, quiet and dimly lit
- Confirm all staff are clear about who is supervising and who is available to the awake children

Settling approach:

- Follow the child's familiar routine where possible
- Provide quiet time, comfort and reassurance
- Use agreed settling strategies as documented in the child's care plan (e.g. cuddle, familiar comforter, familiar song or words)
- Never force or insist a child sleep
- Never keep a child awake against their will
- Allow time for the child to settle naturally (typically 10–15 minutes)

Positioning once asleep:

- Once the child is drowsy or asleep, position them on their back in their approved sleep surface (cot for babies under 12 months)
- Ensure no blankets or items cover the child's head
- For babies under 12 months: remove any comforter once they are asleep
- For children over 12 months: a comforter may remain if it poses no safety risk
- Tuck bedding firmly below the child's shoulders only
- Begin supervision checks immediately (every 10 minutes minimum)

After the child settles:

- Position yourself to maintain continuous sight and hearing of all sleeping children
- Do not engage in other tasks (no meal prep, admin or other responsibilities)
- Record sleep checks on the sleep sheet at minimum every 10 minutes, noting:
    - Time of check
    - Visual evidence of breathing
    - Child's colour and skin temperature
    - Position
    - Any concerns or changes
- If the child wakes, respond promptly to their needs
- Do not wake a child from sleep unless necessary (e.g. for a scheduled activity or parent collection)

PROCEDURE: WHEN A CHILD DOES NOT SLEEP

If a child does not fall asleep after a settling attempt:

1. **First attempt:** Allow 10–15 minutes of quiet settling time with staff presence and comfort
2. **If the child remains awake and settled:** Leave them to rest quietly in the sleep space for a further 5–10 minutes (they may fall asleep)
3. **If the child remains awake and is becoming distressed or restless:** Gently transition them to a quiet activity area
4. **Quiet activity area:** The child rejoins quieter play with the second member of staff (not the sleep room supervisor). Activities are calm and low-stimulation (e.g. story, puzzles, drawing, sensory play)
5. **Later in the day:** If the child was unsettled, offer a second settling attempt at a quieter time (if appropriate to your schedule)
6. **Communication:** Inform the parent at collection about the child's sleep and settling. Record in the child's daily notes

Note: Some children do not need or want daytime sleep. This is normal and developmentally appropriate, particularly for children over 3 years. Our approach is never to force sleep, but always to offer a calm rest time and respect the child's individual needs.

PROCEDURE: MANAGING SLEEP CONCERNS AND CHANGES

If a child's sleep pattern changes suddenly or a concern emerges:

1. Speak with the parent promptly (same day or next day)
2. Establish whether anything has changed at home (new sibling, house move, family stress, illness, etc.)
3. Offer to share observations of the child's settling and sleep at nursery
4. Agree a consistent approach between home and nursery
5. If the concern continues or you suspect a medical cause (e.g. prolonged poor sleep, sudden distress on settling, changes in breathing), suggest the parent speaks with their health visitor or GP

If a health professional has assessed the child:

- Ask the parent for written confirmation of any diagnosis or recommendations

- Document this in the child's care plan
- Ensure all staff are trained on any adapted approach
- Review the approach regularly with the parent

SAFER SLEEP MESSAGING FOR PARENTS

We share safer sleep information with all parents:

- **At induction:** Parents receive our safer sleep guidance as part of the induction pack
- **On our website and brochure:** Safer sleep principles are outlined for all families
- **In discussions about comforters and sleep routines:** Staff discuss safe practice with parents and explain our approach
- **If concerns arise:** We share professional guidance (NHS, Lullaby Trust) with parents to support consistency between home and nursery