Safer Sleep Policy

At Little Footsteps Childcare we aim to ensure that all children have enough sleep to support their development and natural sleeping rhythms in a safe environment.

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby.
In the belief that proactive steps can be taken to lower the risk of SIDS in child care settings and that parents and child care professionals can work together to keep babies safer while they sleep. Little Footsteps Childcare will practice the following sleep policy:
Our 'Back to Sleep' policy follows the advice provided by The Cot Death Society and the Lullaby Trust to minimise the risk of sudden infant death syndrome (SIDS).

Babies and children must be placed down to sleep safely. For children under 2 years old, the following requirements apply:

- Children must be placed down on their back in their own separate sleep space on a firm flat surface such as a cot, bed or mattress on the floor.
- Babies aged 12 months and under must only be placed to sleep in a cot.68
- Sleep spaces must only contain a firm, flat, waterproof mattress and lightweight bedding which is firmly tucked in around the child below their shoulders to prevent head covering. Alternatively, a well fitted baby sleep bag may be used. Check the manufacturer recommendations before using a baby sleep bag.
- Where blankets are used, the child must be placed feet-to-foot at the bottom of the cot, with blankets tucked in.
- Cots must not contain extra items such as toys, pillows, extra blankets, bumpers, wedges or straps.
- Children should not get too hot or cold. The recommended room temperature for babies is 16 – 20˚C.
- Children's heads must not be covered.
- Babies under six months of age must always have an adult with them in the same room for every sleep. All children must be frequently checked when sleeping.
- Children must always be within sight and hearing of staff when sleeping.

Positioning

- Babies (under 2's) are always placed on their backs to sleep. When babies initially start to turn over onto their stomach to sleep, we will gently turn them back onto their backs, but when babies can easily turn over from the back to the stomach, they are allowed to adopt whatever position they prefer to sleep

- Babies (under 2's) will always be placed on their backs to sleep unless there is a signed sleep position medical waiver on file. A copy will be given to the keyperson.

- Children are never put down to sleep with a bottle to self-feed

- Babies (under 2's) are placed towards the bottom of the bed/cot, with a 'feet to foot' procedure.

Bedding/Cots

- A safety approved cot with a firm fitting mattress and tight-fitting sheet will be used.

- Babies (under 2's) will use either a sleeping sack (provided by parents) or will be covered with a cellular blanket which is tucked in to either side to prevent wrapping

- Using clean, cellular blanket for babies and light weight blanket for toddlers and ensuring the children are appropriately dressed for sleep to avoid overheating

- Only using safety-approved cots or other suitable sleeping equipment (i.e. pods or mats) that are compliant with British Standard regulations, with a clean fitted sheet
- Children may not sleep in a nesting ring ,car seat ,bouncy chair etc.
- Children's heads will not be covered with blankets or bedding; babies cots will not be covered with bedding.
- Loose bedding, pillows, bumper pads etc, will not be used in cots.

Monitoring

- Children are always within sight and sound when children are sleeping.
- Checks are made and babies & toddlers are physically checked on at least every 10 minutes for breathing.
- Practitioners when visually checking on the child; are looking for the rise and fall of the chest and if the sleep position has changed. As well as the colour of the child's skin/colour, particularly around the lips and fingers.
- We will be especially alert to monitoring a sleeping baby during the first weeks the baby is in our care. Babies under 6 months MUST have a staff member visually present at all times.
- These checks are recorded on a Sleep Chart for recording the time, position and name of the person carrying out the checks

Environment

- Monitoring the room temperature. The recommended room temperature for children to sleep is 16-20 degrees. We will endeavour to control/regulate the temperature in the sleeping areas. However, staff are to dynamically risk assess in the moment whether it is safe to sleep. In the event of extreme weather conditions, management will make reasonable adjustments to ensure safe sleep.
- Keeping all spaces around mattresses clear from hanging objects i.e. hanging cords, blind cords, drawstring bags
- Transferring any baby who falls asleep while being nursed/fed by a practitioner to a safe sleeping surface to complete their rest

Comforters

- FSIDS recommends that using a dummy at the start of any sleep period reduces the risk of cot death. If a dummy forms part of your child's sleep routine, it will always be used at sleep times.
- FSID recommends that the dummy should be stopped when the baby is between 6 and 12 months old. (The key person will work with parents to phase out dummies sensitively, taking into account children's emotional needs.)
- Over 12 months Toys and stuffed animals will not be allowed once the child is asleep, we appreciate that comforters are needed to help sooth children. Once a child is asleep this will then be removed from the cot.
- Children under 12 months will not be permitted to sleep with a comforter.

Smoking

- No smoking is permitted on the premises.
- Key persons who smoke will ensure that their clothes and breathe do not smell of smoke when caring for babies or any other children within the nursery.
- Our no smoking policy states that staff are not to have had a cigarette with in the 20 minutes before working.

This policy will be shared with parents during the settle in session and a copy forwarded to them upon registration.

When introducing or sharing the policy with our parents the following will be discussed:

- Ask about the baby's sleep position at home
- Explain the nursery "back to sleep" policy that is implemented to reduce the risk of Sudden Infant Death Syndrome (SIDS).
- Tell the Parents that "Back to Sleep" is recommended by the Foundation Of Sudden Infant Death Syndrome (FSIDS).
- Inform the parents that even though most babies will be fine, there is a higher risk of SIDS when an infant is placed to sleep on their stomach or side.
- Some babies have medical conditions that require stomach sleeping. If the parent insists that their baby be placed on his /her stomach or side to sleep, they will be asked to provide a note from the baby's doctor that specifies the sleeping position ; this note will be placed within the baby area or sleep room.
- If parents have further questions about SIDS and infant sleeping positions, they will be given the phone number for the FSIDS and the national Back to Sleep campaign.

At Little Footsteps we also require children to arrive at nursery awake and alert to ensure they are healthy, safely transitioned into care, and to adhere to safety regulations regarding Sudden Infant Death Syndrome (SIDS) - Coram PACEY.

Accepting a sleeping child prevents staff from properly assessing their health upon arrival and can disrupt, or make it difficult to manage, the established sleep routines of other children.

Reasons for our "Awake & Alert" procedure;

- **Health and Safety Screening:** Staff must be able to visually check that a child is well upon arrival. A child who is asleep cannot be easily checked for symptoms of illness, such as fever or lethargy, that might require them to stay home.
- **Safety Regulations (SIDS Prevention):** To minimize the risk of SIDS, strict regulations. A child arriving asleep and being placed immediately into a cot/sleep area without a check-in period is harder to supervise safely.
- **Individual Needs and Routine:** We aim to maintain a consistent routine. A child arriving asleep might be overtired or, conversely, might not need to sleep at that time, disrupting their planned nap schedule for the day.
- **Transitioning into Care:** The drop-off process is a critical time for staff to interact with both the child and parent, ensuring a smooth transition. A sleeping child misses this, making it harder to gauge their emotional state.

If you arrive at the setting with your child asleep, staff will politely ask for parents to wake their child.

LITTLE FOOTSTEPS CHILDCARE

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