REAch2 - Safe Sleep Practices

Safe Sleep and Rest

This outlines our approach to ensuring the safety and well-being of children during sleep and rest periods while in our care. We are committed to providing a safe sleeping environment in accordance with current best practice and guidance from recognised authorities such as the Lullaby Trust, NHS, Ofsted and the Department of Education. We recognise that rest and sleep are essential for children's health, wellbeing, growth and development. We are committed to providing a safe, comfortable and nurturing environment where children can rest or sleep according to their individual needs.

We understand that every child has different sleep patterns and requirements. Staff will work closely with parents and carers to ensure that each child's routine is respected wherever possible. Information regarding sleep preferences, comforters, and individual requirements will be obtained during registration and reviewed regularly.

Safe Sleep Environment

- Children will be placed on their backs to sleep, unless a written medical directive states otherwise.
- Sleep areas must be well-ventilated, away from direct heat sources and free from choking or suffocation hazards.
- Children should not sleep in bouncers or high-chairs. Where children fall asleep in a bouncer, high chair or on a member of staff they should be transferred as soon as possible to a firm, flat surface. Sleep surfaces (e.g., cots, mats) are firm, clean, and well-maintained. Soft toys, pillows, bumpers, and loose bedding are not used. As part of the transition from baby room to toddler room the child will begin to sleep on a mat bed from 12 months onwards.
- The EYFS Handbook states children should not be left to fall asleep alone with a bottle or cup. The nursery will not allow a child to consume milk from a bottle in a cot or mat bed as a soother for settling to sleep.
- Sleeping areas are kept dimly lit and should be appropriately supervised without compromising safety.
- Light bedcovers or sleep sacks may be used if appropriate and are firmly tucked in and no higher than the child's chest.
- No aromatherapy scents, diffusers or such equipment should be used in the environment.
- Each child is separated at a distance where an adult can easily walk between them.
- To reduce spread of infection, children will not be placed face to face with another child and practitioners will ensure a suitable distance (staff are able to walk between mats/beds) between children while sleeping.
- Staff should avoid smoking 30 minutes before engaging with children and putting them to sleep. The environment should remain smoke free.

Settling Children

- Comforters, muslins, dummies or a soft toy where required should be provided from home and these will be stored with your child's personal belongings.
- If a dummy is used at home, then this can be used to support the child in settling however, any dummy clips, chains or bibs will be removed during sleep time. If a child has a dummy and this falls from their mouth during their sleep the member of staff will not put it back into the mouth. If the child wakes the dummy can then be offered to them.

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Receiving/Handing Over Children

- When children arrive in the setting, parents/carers should support the child by removing outdoor clothing and footwear before handing over relevant information/equipment to the receiving adult.
- If a child is sleeping on arrival; the parent/carer should remove the child from the pram/car seat and ensure the child is appropriately dressed for the indoor environment and handed over awake. On handover, information surrounding the child's health and medicines taken and the time at which they fell asleep should be shared. A record of these will be kept in the child's daily care diary.
- If the child falls back to sleep after handover, the child will be transferred to the relevant space to allow for continued sleep and should be woken up once they have been asleep in the setting for a maximum time of 1 hour.
- At the end of the session, children should be awake when handed back to parents and this should be planned as part of the daily session. If a child is asleep when the parent/carer arrives for collection, they should be supported in waking their child to ensure the child has stirred and responds appropriately.

Monitoring and Supervision

- A member of staff is present at all times with children when they are sleeping/resting with an additional member of staff available to support children as they wake. Minimum ratios still apply when children are sleeping.
- Staff perform and log sleep checks every 10-15 minutes, adding checks into the child's individual sleep log. This should be signed by the supervising member of staff at each interval.
- Staff will check the sleeping children to ensure they are sleeping in a safe position and not tangled in a sheet/blanket, along with the child's breathing and temperature.

Temperature and Clothing

- Room temperature is ideally kept between 16–20°C (60–68°F) and no higher than 28°C. Thermometers are used to monitor this. If the sleep room temperature rises above 20*C degrees the sleep room should not be used. An alternative sleep location should be sought where possible (this must be communicated with families)
- Children are dressed appropriately for sleep, avoiding overheating. Lightweight clothes or sleep sacks are preferred over blankets.
- No hats, bibs, or hooded garments are worn during sleep.
- Sleeping cots/mats are not placed directly by a radiator or window.

Equipment and Management

- Children will be provided with fresh, clean bedding that meets the requirements of the sleep surface. Sleeping mats will be wiped over both before and after use and appropriate bedding fitted to the mat/mattress, mattresses will be turned after each used and cleaned/aired in between uses.
- Bedding will be provided for the duration of the week and washed at the end of each week unless spoiled or a contagious disease is present within the setting, in which case, it will be replaced sooner.
- Mattresses/mats should be checked regularly to make sure they are still firm, flat and in good condition with no rips, tears or sagging. All mattresses should be inspected and replaced immediately if there are any signs of damage. It is also important that any equipment used for the babies' sleep spaces has

passed the necessary safety checks and that the manufacturer's guidance is followed for every product in use.

- All sleep surfaces will meet industry guidelines and replaced within the manufacturer's recommended timeframe.

Sleep Records and Communication

- Daily sleep records are kept, noting the time children fell asleep, duration, and any checks carried out.
- Parents/carers are informed of their child's sleep routine and any changes in sleep behaviour or concerns. Each child's individual sleep preferences and needs are discussed with parents/carers and respected where safe and appropriate.
- Routines included those for sleep should be shared in the 'All about me' booklet as part of each child's induction.
- Whilst home routines will be respected, children will not be forced to stay awake or sleep against their will.

Rest/Sleep Time

- Throughout the school day, dependent on the child's age the setting will designate specific times for the children to sleep. Where possible, individual sleep routines will be accommodated.
- The nursery setting will provide a suitable space for children to rest as we recognise that getting good quality sleep and rest are crucial components for development.
- Following NHS sleep recommendations, sleep/rest time is indicated below for each age group although, this may vary from child to child based on routines and needs.

6- 12 Months	12-24 Months	2-3 Years	3 Years +
3 hours per day	2-2.5 hours per day	1.5 hours per day *Many children may begin to drop their afternoon nap.*	45 Minute – 1 hour *Many children may have already dropped daytime naps altogether others, may still require the above time.*

- Many children may have already dropped daytime naps altogether others, may still require the above time.
- Practitioners will not force a child to sleep but will try to follow routines from home. After supporting the child for 20 minutes, the child may be transferred to the 'quiet/rest' space where quieter and less physical activities are taking place. Excessive sleep periods will be highlighted and discussed with parents to establish the child's routines and individual needs.

Staff Training

- At least one member of senior staff with relevant Lullaby Trust, Safe Sleep training (aligned with EYFS recommendations), will be onsite at all times. This person will be responsible for safe sleep oversight of the provision and will ensure that REAch2 Trust expectations for safe sleep are in place and robustly followed at all times.
- All Early Years staff must receive internal training on safe sleep practices as part of their induction and ongoing professional development on an annual basis.
- All EYFS staff must read the Trust Safe Sleep practices within the EYFS policy.

- Safe sleep guidelines will be reviewed regularly by the Trust and updated in line with latest research and regulatory guidance.

Sudden Infant Death Syndrome (SIDS)

- Staff are aware of the risks associated with SIDS and how to reduce these through safe sleep practices.
- Any incident involving a child's health during sleep is managed immediately and reported in accordance with our safeguarding and health policies.
- The risk of SIDS or SUDI is increased if a child is male, premature and/or was under 5.5 pounds in weight at birth. This information alongside information regarding the child's sleep routines should be collated as part of the 1:1 transition meeting held with families before the child starts in the provision.

Rest in Early Years

- Children who do not wish to sleep will be offered quiet activities and opportunities for relaxation. The nursery is committed to ensuring that every child feels secure, comfortable and supported in meeting their individual rest and sleep needs.