DOWNSEND SCHOOL

Early Years Safe Sleep and Rest Policy Guidance

Little Downsend

UK

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Registered in England & Wales - Cognita Schools Limited No. 02313425
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COGNITA

THRIVE IN A RAPIDLY EVOLVING WORLD

1. Guidance

1.1. Cognita aims to safeguard and promote the wellbeing of children during sleep and rest and to meet the individual needs of all our children. This is achieved by promoting healthy and safe sleep and rest practices. We will assist children with safe sleep and rest, where needed and appropriate, and will ensure that children are treated with courtesy, dignity, and respect at all times.

1.2. We adhere to the requirements of the Early Years Foundation Stage Statutory Framework principles and follow guidance from the NHS and The Lullaby Trust. .https://assets.publishing.service.gov.uk/media/687105a381dd8f70f5de3ea9/EYFS_framework_for_group_and_school_based_providers_.pdf

1.3. By implementing a comprehensive policy, our schools create a nurturing and secure environment that supports children's wellbeing and development.

1.4. We believe that it is vital for children to get the sleep and rest they need to develop their cognitive, emotional and physical skills. We recognise that each child's sleep and rest routine will be unique and we will work closely with parents/carers to ensure there is consistency between home and the school setting. Rest and sleep are two different things. Rest is about times when the body can relax and stay fairly still but the brain remains active and continues to concentrate on what is happening. Sleep, on the other hand, allows both the body and the brain to change its pattern of activity.

1.5. Not having sufficient sleep can have a significant, negative impact on children's development, for example:

- Difficulty in concentrating and learning
- Difficulties in managing feelings and emotions
- Impulsivity / difficulty in self-regulating
- Spatial awareness affected
- Difficulty in processing and remembering information
- Immune system may not be effective
- Higher chance of becoming overweight

1.6. Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of a baby where no cause is found. Most SIDS deaths happen when babies are less than 6 months old; with the highest number happening at 2-4 months old. There is no advice that guarantees the prevention of SIDS but parents and carers should be informed that by following advice, it is possible to lower the chance of this tragedy occurring. It's important to remember that SIDS can happen at any time, not just at night, so the advice given in this guidance should be followed for all sleep periods. Further information regarding SIDS can be found here:

https://www.nhs.uk/baby/caring-for-a-newborn/reduce-the-risk-of-sudden-infant-death-syndrome/

1.7. A schools **Sleep and Rest Policy** should include the following information:

- The **Aim** of the policy – To safeguard and promote the wellbeing of children during sleep and rest
- **Legislation** – reference to **Early Years Foundation Stage Statutory Framework 2014 (updated July 2026)** – effective from 1 September 2026
- The **principles** of the policy – Promoting healthy and safe sleep and rest practices
- The **procedures** undertaken and the reason for doing so, including:
  - Comfort and settling – including the use of dummies and swaddling, dimming lights and the use of soft music

Babies should be settled in the feet-to-foot position (baby's feet at the bottom of the cot) and avoid using soft or bulky bedding such as quilts, pillows and duvets.

- Transitioning children from sleep to wakefulness and vice versa
- Staff cannot force a child to sleep, wake or keep a child awake against their will.
- If a child has an unusual sleeping routine or a position that we do not use in the setting, we will explain our policy to the parents and not usually offer this unless the doctor has advised the parent of a medical reason to do so. In which case, we would ask them to sign to say they have requested we adopt a different position, procedure or pattern.

1.8. **Equipment** and **environment**

Suitable sleeping equipment should comply with British Standard regulations.

- Cots, bedding, mattresses and sleeping mats should be inspected before each sleep session to ensure all are in good condition. The mattress should be protected by a waterproof cover, wiped down with anti-bacterial spray and a freshly washed sheet should be used over the mattress. The space between the cot and the mattress should be no more than 3cm.
- Cot bumpers should not be used as these pose a risk to babies once they begin to roll and move in the cot. Wedges or straps that will keep a baby in one sleeping position should also not be used. No soft toys should be placed inside the cot.
  - Clean, individual bedding must be provided for each child and not share the same bedding or sleep surface with another child.

Babies should be dressed appropriately for the room temperature (ideally 16-20 degrees) to avoid overheating. Firmly tucked in sheets and blankets (not above shoulder height) or a baby sleep bag are safe for a baby to sleep in. No additional bedding should be required for a baby using a sleep bag which is the correct tog for the time of year.

- Sleep rooms for babies will be kept between 16°C and 20°C

- Staff will ensure that babies are not overdressed for sleep and that their heads are not covered. This will help them to keep cool and not overheat.
- Babies will not be put to sleep next to radiators, heaters or in direct sunlight.

Our settings are smoke free, so babies and children will not be exposed to smoke while sleeping.

1.9. Positioning for babies

- The safest place for babies to sleep is on a clear, flat and separate sleep space such as a moses basket, cot, crib, travel cot or carrycot.
- They should not be settled to sleep in pushchairs/buggies, car seats, bouncy chairs, swings or hammocks. These are not suitable sleep surfaces for babies as they are not firm and flat, therefore can be associated with an increased risk of SIDS (Sudden Infant Death Syndrome).This is because if the babies chin is close to, or on their chest, this position can restrict their airways. If there are no other options, babies need to be in the lie-flat position (completely flat) and not in a recline position.
- If a baby falls asleep in a sitting device, they should be moved to a flat surface to sleep.
- Babies will always be placed on their back to sleep. When babies can easily turn over from the back to stomach, they can be allowed to adopt whatever position they prefer (back, side or stomach).
- To prevent sleeping babies from wriggling down under the covers and potentially overheating, staff will position them at the bottom end of the cot
- Dummy clips, jewellery, bibs, and any other loose items around the neck will be removed before sleep to prevent choking

Regular monitoring and **supervision**

- Sleeping babies must be closely supervised. This can be a member of staff being present in a dedicated sleep room whilst the babies are sleeping or frequent monitoring by members of staff in an open plan room
- Checking of breathing and body temperature by sight means and gentle touch (cheek or chest) every 10 minutes. Whilst completing checks, staff will be mindful of changes to the baby or infant's skin colour, breathing, body temperature or restlessness. The environment will also be considered during this check to ensure that the cot space remains clear, the temperature of the room is optimum and there are no hazards that pose a risk to the child.

1.10. **Risk Assessment** - We have thorough risk assessments in place regarding sleep and rest times. These include the necessary precautions to help minimise the risks associated with SIDS.

1.11. **Staff training** – staff attend regular safeguarding training, safer sleep training and paediatric first aid training.

1.12. **Record keeping** - Records are completed each day to record how long each child has slept for whilst at nursery. Sleep information is recorded within the child's communication book or, as we transition to Tapestry, within the child's Care Diary on Tapestry.

1.13. **Procedure for older children who require a rest period** - Once a baby reaches their first birthday, the key person and parent will discuss and plan for their transition from using a cot to sleep mat if appropriate.

- Children must sleep on a clean sleep mat, travel cot or coracle (age 6-20 months) and must not sleep directly on the floor or sitting at tables.
- Bed linens such as blankets or sheets cannot be substituted for a sleep mat.
- Sleep mats which are showing any signs of wear and tear, or exposed foam must be disposed of and new beds purchased.
- The sleep area must not be crowded. Sleep mats must be placed at least 30cm apart, to control airborne infections, and ensure that staff members have no difficulty accessing children.
- Children must be positioned so that they face to feet with the child laying on the neighbouring sleep mat.
- The floor on which the sleep mats are placed must be swept, and if needed mopped so that it is clean and free from debris.
- Sleep mats should be placed away from hanging objects that could cause strangulation / entrapment, and shelving where objects may fall down onto them.
- Children must be provided with clean, individual bedding and not share the same bedding or sleep surface with another child.
- Each child will have their own labelled sleep bag/storage in which their bedding will be stored.
- Bedding must be washed at least weekly, unless soiled.
- Sleep mats must be cleaned daily, and must be sanitized after they have been contaminated (such as by vomit, mucous, blood, or toileting accidents)
- Bedding must always be checked to ensure it is clean.
- Staff must never walk over beds that have been made up, and when supporting children to get ready for sleep staff must not sit on the beds / bedding to avoid the spread of germs.
- Bedding or sleep surfaces used by the same children must be washed.
- Staff must create a calm environment and help children to relax for example by playing soft music or soothing a child by gently patting their back in line with their care plan.
- If a child lays down to sleep but does not fall asleep within 15 minutes, they will be asked whether they would like to join those children who are awake rather than remain on the sleep mat.

- Key Persons must visually check on a child a minimum of every 10 minutes. They will be required to look for the rise and fall of the chest this will be documented on the Sleep chart and initialled by the staff member.
- Within our classrooms there are quiet carpeted rest areas with soft cushions where children can go if they wish to rest and relax at any time of the day.

1.14. **Communication with parents** - Parents/carers will be notified of their child's sleep times at the end of each session, where appropriate. They will also share observations and information about children's behaviour when they do not receive enough sleep. Sleep information is recorded and shared with parents/carers through the child's communication book or, as we transition to Tapestry, within the child's Care Diary on Tapestry.

1.15. **Communication with external agencies** - We work closely with outside agencies and utilise their knowledge and expertise, where necessary, within this area of safe sleep and rest.

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