Early Years Sleep and Rest Policy and Procedure

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1. Policy Statement

Haydon Abbey's Early Years department recognises that sleep and rest are vital for a child's health, development, and well-being. We are committed to providing a safe, comfortable, and nurturing environment that respects individual children's needs for rest, while also adhering to strict safeguarding, health, and safety requirements.

We aim to ensure that:

- All children are given the opportunity to rest or sleep according to their individual needs and parental wishes.
- Staff safely monitor sleeping children at all times, ensuring they remain within direct sight and hearing.
- The environment is clean, calm, strictly temperature-regulated, and conducive to rest.

2. Aims and Objectives

- To ensure that every child's individual sleep and rest requirements, as communicated by parents, are respected and met.
- To provide a comfortable, safe, and clean designated area for sleep and rest that strictly complies with national safer sleep guidelines.
- To establish clear and consistent procedures for monitoring children while they sleep to prevent SIDS (Sudden Infant Death Syndrome), SUDC (Sudden Unexpected Death in Childhood), and manage other risks (choking, entanglement, overheating).
- To maintain accurate, contemporaneous, and confidential records of sleep, rest, room parameters, and relevant observations.
- To promote open communication with parents regarding their child's sleep patterns.

3. Roles and Responsibilities

Role	Responsibility
Early Years Lead	Oversees implementation of the policy, ensures staff training is up-to-date with current statutory guidance, manages equipment checks, and handles parent complaints/concerns.
Key Person / Lead Practitioner	Documents and communicates with parents regarding the child’s specific sleep routine, vulnerabilities, and needs. Ensures the child is comfortable and settled safely.
All Staff	Follows all procedures outlined below, maintains continuous vigilance (ensuring children are within sight and hearing),

	records observations accurately, and promotes a calm rest environment.
Parents / Guardians	Communicate their child's current sleep needs, routine, and any recent changes or vulnerability factors (e.g., illness, teething, history of prematurity) to the Key Person.

4. Procedure for Sleep and Rest

4.1 Preparation and Settling

- **Parent Communication:** The Key Person discusses the child's typical home routine (time, duration, comforting items) with the parent upon enrolment and regularly checks for updates. Key persons will specifically screen for underlying vulnerability factors (e.g., if a child was born prematurely before 37 weeks or had a low birth weight under 2.5kg), as these children require heightened vigilance during times of respiratory illness or teething.
- **Sleepwear & Overheating Prevention:** Ensure the child is comfortable. Staff must remove outdoor clothes, shoes, heavy jumpers, and specifically **all outdoor hats** immediately upon entering the indoor environment, even if doing so risks waking the child. Heavy blankets or duvets are strictly prohibited.
- **Sleep Environment:**
    - The designated rest area must be quiet, dimly lit, and the room temperature should ideally be maintained between **16°C and 20°C**.
    - A reliable room thermometer must be clearly visible and monitored in the sleep space to prevent overheating or chilling.
    - **Temperature Deviations:** In instances where the ideal temperature range cannot be maintained, staff must perform a dynamic risk assessment. Immediate, appropriate adjustments must be made to manage the environment and children's comfort (e.g., adjusting clothing layers, removing blankets, utilising fans, or opening windows), along with increased monitoring of the children.
    - Only staff are permitted in the sleep area while children are resting.
- **Bedding & Clear Sleep Spaces:**
    - Individual, labeled sheets and blankets must be used and laundered weekly. Fitted sheets are highly preferred to minimize the risk of untucking.
    - Children must be placed to sleep on their backs on a firm, flat surface (individual mat or bed).
    - **'Feet-to-Foot' Placement:** Where blankets are used, the child must be positioned with their feet touching the very bottom of the sleep mat or bed. The lightweight blanket must be firmly tucked in around the sides and bottom, reaching no higher than the child's shoulders to prevent head covering.
    - **Banned Items:** To ensure a clear sleep space, no pillows, cot bumpers, loose items, wedges, straps, or sleep positioners are permitted. Sleep comforters or dummies approved by the parent are allowed for children aged over 12 months, provided they are safely placed.

4.2 Monitoring Procedures

- **Continuous Supervision:** Sleeping children must be supervised at all times by staff trained in safe sleep procedures. Children must always remain within **direct sight and hearing** of staff. Sound/video monitors may only be used to supplement supervision for children over 6 months, never to replace physical presence or required staff-to-child ratios.
- **Regular Checks:** Staff must physically check and visually observe sleeping children at least every 5 minutes (or more frequently, if advised by a risk assessment for a particular child).
- **Observation Method:** The physical checks must include:
    - Observing the colour of the child's skin and lips.
    - Checking the child's breathing (physically seeing the chest rise and fall).
    - Feeling the child's chest or the back of their neck to ensure they are not too hot, clammy, or sweaty (hands and feet may naturally feel cooler).
    - Checking that the child's face and head remain completely uncovered.
- **Logging:** Children's sleep times, exact check intervals, and room thermometer readings must be logged, alongside the initials of the specific adult conducting the physical check.

4.3 Safe Sleep Positions and Management

- **Face-Up Mandate:** All children are initially placed to sleep on their backs.
- **Rolling/Mobility:** Given that children in the 2–5 age range are fully mobile and capable of rolling, they are permitted to adopt their own comfortable sleeping position (side or tummy) once they have independently turned. Staff will intervene only if a child's breathing is obstructed (e.g., the face is buried) to ensure a clear airway.
- **Dummy/Pacifier:** If a child uses a dummy, staff must ensure the dummy is clean, has no structural defects, and is never attached to the child via cords, clips, or ribbons. Once the child is sound asleep, the dummy should be gently removed from the mouth if practical, in line with Lullaby Trust good practice.

4.4 Sleeping While Travelling or Outdoors

- **Buggy/Pram Restrictions:** Sitting equipment, prams, and buggies are not permitted to be used as a primary or permanent separate sleep space within the setting.
- **Transitioning:** If a child unexpectedly falls asleep while outdoors or on an excursion (e.g., in a pushchair), they must be transitioned onto a flat, firm surface (sleep mat or bed) as soon as practical upon returning to the setting. Outer coats, hats, and layers must be adjusted immediately to prevent sudden indoor overheating.

4.5 Awakening and Aftercare

- **Waking Naturally:** Children should be allowed to wake naturally from their sleep whenever possible.
- **Gentle Wake-Up:** If a child must be woken due to session constraints or parental requests, this must be done gently, slowly, and calmly (e.g., softly speaking, slightly raising blinds) to avoid distress. Staff will never physically shake or abruptly lift a sleeping child.
- **Recording:** The time the child woke up and their general disposition (e.g., "Woke happily," "Upset," "Slightly unsettled") must be recorded on the Sleep Record sheet.

5. Record Keeping and Communication

5.1 Sleep Record

A Sleep Record Sheet is maintained for every child who sleeps or rests during the day.

Required Data:

- Start time of sleep.
- Room thermometer temperature at the start and middle of the rest period.
- Time of every 5-minute check (with checking staff member's initials).
- Any physical observations made during the check (e.g., "moved position," "skin cool and clear").
- End time of sleep/rest and total duration.
- Child's mood upon waking.

This record is shared with the parent/guardian at the end of the session to ensure absolute continuity of care.

5.2 Incident Reporting

- In the unlikely event that a sleeping child becomes unresponsive or unwell, the staff member must immediately initiate basic life support/First Aid and call emergency services (999).
- The Early Years Lead and parents must be contacted immediately.
- A full incident report must be completed, and management will notify Ofsted and the local safeguarding partners within statutory timeframes.

6. Health and Hygiene

- **Mattress Cleaning:** Mattresses/mats must feature a waterproof coating or separate waterproof layer and must be wiped down with an antibacterial solution after every single use.
- **Bedding Laundry:** Sheets and blankets are laundered once per week at a high temperature, or immediately if soiled. They must be stored in a clean, dust-free, labeled container prior to use.
- **Illness:** Children who are unwell will not be permitted to sleep in the communal rest area with other children. A dynamic risk assessment will determine if the child is well enough to remain in the setting. If they require rest while waiting to be collected, a separate, safe, continuously supervised area will be utilized. Parents will be contacted immediately if a child unexpectedly falls asleep due to lethargy or feeling unwell.

7. Staff Training

All staff working in the Early Years setting must receive robust induction training on this policy prior to supervising children, alongside mandatory annual refresher training, which includes:

- The statutory distinction between SIDS (up to 12 months) and SUDC (children over 12 months), and the critical link between room overheating/head covering and sudden childhood death.
- Correct setup, cleaning, and maintenance of approved sleep equipment in line with British Safety Standards (such as checking mattresses for fit and firmness).
- Continuous monitoring, sight/hearing proximity rules, and physical observation techniques.
- Emergency procedures and pediatric first aid for an unresponsive or choking child.

This policy has been written in strict compliance with the Early Years Foundation Stage (EYFS) Statutory Framework requirements for welfare, health, and safeguarding, alongside current NHS and Lullaby Trust safer sleep guidance.