We understand how vital sleep is in supporting children’s development. We also understand the need to ensure that the children we care for sleep in a safe environment. Our policy follows the advice provided by The Cot Death Society and Lullaby Trust to minimise the risk of Sudden Infant Death. We make sure that:

* Babies are placed on their backs to sleep, if a baby has rolled onto their tummy, we will turn them onto their back again, however once a baby can roll from back to front and back again, on their own, we will leave them to find their own position
* Babies/toddlers will never be put down to sleep with a bottle to self-feed unsupervised.
* Babies/toddlers are monitored visually when sleeping and babies are never left in a separate sleep room without staff supervision
* When monitoring, the staff member looks for the rise and fall of the chest and if the sleep position has changed
* We monitor our sleeping babies every 15 minutes.

We provide a safe sleeping environment by:

* Monitoring the room temperature
* Using clean, light bedding/blankets and ensuring babies are appropriately dressed for sleep to avoid overheating
* Only using safety-approved cots or other suitable sleeping equipment (i.e. bean bags or mats) that are compliant with British Standard regulations
* Only letting babies sleep in prams if they lie flat and we have parents’ permission
* Not using cot bumpers or cluttering cots with soft toys, although comforters will be given where required on parents’ request, however we will remove these if covering the face or in a dangerous position.
* Keeping all spaces around cots and beds clear from hanging objects i.e., hanging cords, blind cords, drawstring bags
* Ensuring every baby/toddler is provided with their own clean bedding. Bedding will be washed weekly (if not dirty) by parents or nursery.
* Transferring any baby who falls asleep while being nursed by a practitioner to a safe sleeping surface to complete their rest
* Having a no smoking policy.

We ask parents to complete information on their child’s sleeping routine so we can keep your children safe when sleeping. Your child’s key worker will ask for updates as your child grows. If a young baby/child has a risky sleeping routine or a position that we do not use in the nursery i.e., babies sleeping on their tummies, then we will not usually offer this unless the baby’s 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 or pattern on the sleep form. We, where possible, work together to ensure each child’s individual sleep routines and well-being continues to be met. However, staff cannot force a child to sleep or keep them awake against his or her will. We will not usually wake children from their sleep if this is resulting in the child becoming distressed or not gaining the sleep they need for their development and to enjoy their day.

**Further information can be found at:**[**www.lullabytrust.org.uk**](http://www.lullabytrust.org.uk/)

**Sleep form**

**Child’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| What is your baby’s usual sleeping position at home? |  |
|  Can your baby roll from back to front and back again? |  |
| If your baby can roll from back to their front and back again, do you give permission for us to leave them to find their own comfortable sleep postion? |  |
| Does your baby have a medical condition which means they cannot sleep on their back, or that they need to sleep on their side/front? |  If yes, please provide a doctors note. |
|  |
| **Parent/carer name:** |
| **Parent/carer signature** |
| **Date:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s name** | **Time asleep** | **Can child roll from front to back ?** | **Sleep position** | **Can you see the rise/fall of the chest?**  | **Is the room temperature safe?** | **Is their face/head covered?** | **15 min checks (initials)** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **Child’s name** | **Time asleep** | **Can child roll from front to back?** | **Sleep position** | **Can you see the rise/fall of the chest?** | **Is the room temperature safe?** | **Is their face/head covered?** | **15 min checks (initials)** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |