This policy should be taken as part of the overall strategy of the school and implemented within the context of our vision, aims and values as a Church of England School.

Churchfield School and Nursery

Safe Sleep Policy

Approved by:	LGB	**Date:** 27/10/2025
Next review due by:	October 2026	**Author:** Dawn Rogers

PRAISE VALUE:
Respect

Bible Reference

When you lie down, you will not be afraid, when you lie

down, your sleep will be sweet.

Proverbs 3:24

Sleep is important for young children, and it directly impacts on their wellbeing and development. Safe sleep is important for all children. All children are provided with clean, safe and comfortable rest and/or sleep facilities as individually needed. We work in partnership with parents/guardians in relation to their child's sleep needs and patterns as much as possible.

Where a parent/guardian requests a sleep routine for their child that does not meet with good practice guidelines (for example, requesting that their child be denied sleep for the day; that they be put to sleep with a feeding bottle; requesting that the child be put to sleep in a buggy or travel seat), the service remains responsible for our own practice and we will be happy to discuss with parents/guardians why any such practice cannot be implemented. In all decision-making the child's best interests come first.

As well as safe sleep provision, all children will be provided with opportunities to have quiet or rest periods, within the daily curriculum/programme, that meets their individual needs throughout the session/day.

Procedures & Practices

Sleeping position

- No bibs, bottles, pillows should be placed in the bed with the child.
- No strings or cords must be attached to soothers
- 1 child per bed
- Sleep positioners are prohibited.
- Children will always be placed on their back to sleep unless a medical plan states otherwise.
- Staff will ensure children are not overheated; layers will be adjusted as needed.
- No soft toys, loose bedding, or items that could pose a risk will be placed near a sleeping child's face.

Sleep environment

All children aged 2–3 years are provided with floor mats or blue beds and each child's individual need for sleep or rest is facilitated appropriately. All beds and mats for children conform to recognised safety standards. Create a calm environment that supports restful sleep

Ventilation

Ensure that the sleep area is adequately ventilated (either naturally or mechanically) but do not position a bed below a window.

Sleep area temperature

The sleep area must be maintained at between 16ºC and 20ºC.

Bedding depends on the room temperature. If a child seems hot, take some of the blankets off, if they seem cold, add an extra layer. Use lightweight blankets that you can add to and take away. Children should not have their heads covered indoors.

Soothers

Soothers must not have any string, cord or clips attached.

They must be stored in the child's bag when not in use to ensure hygiene and easy identification.

Always ensure that soothers used are the right size for the age of the child and in good condition. Soothers are to be checked by adults prior to use and if deemed faulty they are to be discarded appropriately and parents/carers to be informed.

Soothers decorated with beads, gems or other such decorations are prohibited.

Supervision

The sleep area should replicate a calm atmosphere ensuring and that a viewing window is always clear for adequate supervision.

Children in the sleep area must always be within sight or hearing of at least one staff member, especially when staff members are actively engaged with children who are awake.

Checks must be made of each sleeping child in the room, in person, at least every 10 minutes.

Every sleep check and full sleep log for each child is maintained on Famly.

This records when physical checks are made of each of the sleeping children.

Practitioners must check the:

- the child's position
- any change in the child's normal breathing pattern
- any change in the child's normal skin colour
- ensuring the child's head is uncovered
- the room temperature

Practitioners must record:

- Who checked the child
- The time the check was made

Each child's Key Person is responsible for sharing information with the child's parents or guardians.

At all times, the relevant adult /child ratio will be maintained.

Clean Individual bed linen is provided for each child -

Each child's bed linen is laundered daily and when soiled. Mattresses are cleaned with antibacterial spray between the use of each child accessing the bed or mat.

Separate storage is provided for clean linen and linen that is due for washing. Clean and dirty linen must be kept separate.

Safety of children's beds

Ensure that no cords or strings of any kind (including those attached to things such as toys or nappy bags) are in or near beds.

All beds must be used in the intended manner. .

Procedures for Children Arriving Asleep

If a child arrives at the setting already asleep, staff will gently transfer them to a designated safe sleep area. The child will be settled following our safe sleep procedures and monitored in line with our required sleep-check intervals. Staff will ensure the child is positioned safely and comfortably before resuming routine supervision.

Children With Medical Needs or Individual Sleep Requirements

Where a child has a medical condition or additional need that requires specific sleep arrangements, these will be followed exactly as outlined in their individual care plan and any applicable professional or statutory guidance. All staff responsible for the child will familiarise themselves with these instructions to ensure consistent and safe practice.

Children Who Fall Asleep During Play

If a child becomes tired and falls asleep spontaneously during play or daily routines, staff will assist them immediately and transfer them safely to an appropriate sleep area. This will be done calmly, respectfully, and in a manner that maintains the child's safety and dignity. Usual monitoring procedures will then apply.

Dealing with emergencies

In the event of finding a child who appears to be unresponsive and breathing or not breathing the staff member trained in emergency First Aid Response will respond immediately and appropriately.

1. Respond immediately in line with Emergency First Aid

2. Call for help and in line with the emergency First Aid policy dial 999 (usually this will be SLT or a member of the office team)

3. The Manager or the person who is in charge at that time notifies the child's parents/guardians as soon as possible of the current situation.

4. The person who found the child and has been resuscitating the child gives a detailed account of events to the paramedics on their arrival.

5. Staff follow the direction of the paramedical staff.

6. The Manager or person in charge ensures that parents have been informed.

7. The scene is to remain untouched

8. Families of the other children may need to be notified of the incident by the Manager.

9. Staff support is essential following any such incident.