39. SLEEP & REST TIME

At ASK, we recognise that sleep and rest times are key times in the day for being close and promoting security. They are an important part of a child's unique and individual care. Younger children will need to sleep, but older children do not usually need to. No child is made to sleep. Our sleep and rest procedures at ASK comply with the EYFS and the latest available safety guidance.

Why safer sleep is important

It is important to provide babies and children with a safer sleep environment to reduce the risk of sudden infant death syndrome (SIDS) in babies up to 12 months of age, and sudden unexpected death in childhood (SUDC) in children aged over 12 months.

SIDS is the sudden unexpected death of a baby where no cause is found. Whilst it is uncommon, there are some factors that can increase a baby's risk of SIDS. These include:

- being born prematurely (before 37 weeks)
- low birthweight (less than 2.5kg or 5.5lb)
- exposure to smoking in pregnancy
- sleeping with babies and children on sofas or chairs

SUDC is the sudden unexpected death of a child where no cause is found. Creating a safer sleep space can help avoid accidents, such as the risk of suffocating when sleeping from becoming entangled in soft bedding and/or getting trapped in soft furniture.

Partnership with families

As part of a child's settling in, we will ask about their usual sleep and rest preferences and routines. As far as possible, we will follow their usual routine. However, children's routines may change once they are in the setting, and we will respond flexibly. Children's sleep and rest preferences are recorded, and parents/carers are informed of any significant changes to a child's sleep routine.

If a child is not ready to sleep, they are never forced to. If we feel a child is ready to sleep or it is their usual sleep time, we will settle a child to sleep and soothe them. If, after 15 minutes they are not sleeping, they will be encouraged to rest or go and play as appropriate. Under no circumstances is a child ever physically restrained whilst trying to settle them to sleep. We allow children to sleep for a cycle appropriate to their age and stage as this promotes their development and well-being needs.

Parents/carers may provide a suitable sleeping bag for their child, if preferred, providing there is no risk of it causing a child's temperature to rise. Sleeping bags must be of an appropriate size for the

child and must not be used with any other bedding. We can only use sleeping bags that meet European safety standards. This will be shown on the label as BS EN 16781:2018.

Staff training

All staff at ASK complete a comprehensive induction which includes safer sleep training.

All staff are required to read Lullaby Trust Guidance on Safer Sleep and the NHS advice on Sudden Infant Death Syndrome:

Children asleep on arrival at ASK

If a child arrives at the setting asleep, they are sensitively woken whilst the parent/carers are still present. Outdoor clothes are removed, and the child is settled on a sleep mat, if they are still sleepy.

If a child does not show signs of going back to sleep after being woken, they are welcomed and settled into the session at their own pace.

The sleep environment

The manager ensures a risk assessment is completed for the sleep area to ensure that it is safe and meets the requirements set out in the EYFS and British Safety Standards. This is reviewed each time a change to the environment is made and at least annually. A daily check of this environment takes place before any children arrive.

An emergency plan is displayed, showing what action to take if a child stops breathing whilst asleep. There is a room thermometer in the sleep area that is checked when settling a child to sleep and the temperature recorded.

- The sleeping environment must be clean and uncluttered.
- There must be no shelves or objects above where the child is sleeping.
- The room temperature should be between 16–20C monitored by a thermometer in the sleep area. This must be recorded on the sleep checklist when children go to sleep
- The room should be well ventilated.
- Children aged over 12 months must be placed down on their back on their own sleep mat.
- Children must sleep head to toe to reduce the spread of infection.
- Pillows and duvets are not used

Supervision of sleeping children

- A sleeping or resting child is always within sight and hearing of staff.
- A ten-minute timer is used to remind staff to check sleeping children and carry out an active check on their well-being.

- Each active sleeping check is recorded with the time and date of the check and is signed by the staff member making the check.

An ‘active’ sleeping check on a child involves:

- Placing a hand on the child’s chest or near their mouth to check they are breathing.
- Visual check: do they look different to usual? Check the colour of their lips and if you gently press their fingernail does blood rush back? For children with dark skin does their palm look yellow?
- Temperature check: ensure the child is not too hot or too cold. This must be done by putting your hand on the skin on their chest or at the back of their neck.
- Check that sheets or blankets are not wrapped around the child or covering their face.

Children aged over 12 months

- Children sleep on sleep mats and have their own individual bedding, if required.
- Children have a suitable place or basket to store clothes, shoes, and a special toy, book, or comforter for sleep. This is labelled with a photo so they can identify their basket (if used).
- Nappies are changed and heavier clothing removed.
- Hair accessories that may come lose or detach are removed before sleep/rest time.
- Children are settled by their key person and comforted to sleep. Key persons may gently stroke or pat children.
- If children fall asleep in-situ, it will be necessary to move or wake them to make sure they are comfortable. They are not left to sleep in a buggy and are transitioned to their sleep mat. Sleeping children are regularly checked at least every ten minutes and are within sight and/or hearing of staff. Hats and extra clothing are removed as soon as they are indoors.

Young children

- Young children sleep on sleep mats and have their own personalised bedding.
- Young children each have a place to put their clothes and shoes, and in which they keep any special toy, book, or comforter, that they need for sleep.
- Nappies are changed and heavier clothing is removed.
- Hair accessories with parts that may come lose or detached and pose a choking hazard are removed before sleep/rest time.
- A separate area of the room is made as quiet as possible, perhaps with some soft music playing and curtains drawn.

- Young children are settled by their key person. They are soothed to sleep. Key persons may stroke or very gently pat children.
- Sleeping children are always supervised within sight and hearing of staff.

Sleep mats at ASK

While there is no specific British Standard for sleep mats, we buy ours from Hope Education, and they align with UK Government safe sleeping guidance. They have been tested to recognised safety standards, including material safety, flammability, and chemical compliance.

Further guidance

Safer sleep – help for early years providers

Safer Sleep for Babies (Lullaby Trust):
www.lullabytrust.org.uk/safer-sleep-advice

NHS safer sleeping information:
https://www.nhs.uk/best-start-in-life/baby/baby-basics/newborn-and-baby-sleeping-advice-for-parents/safe-sleep-advice-for-babies/

Sudden infant death syndrome (SIDS) NHS guidance:
https://www.nhs.uk/baby/caring-for-a-newborn/sudden-infant-death-syndrome-sids/

Ofsted staff deployment guidance:
Safer Sleep Awareness: A guide for Childminders, Foster Carers, Nannies and Nursery Settings (The Lullaby Trust)

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Signatory:	Mark Stewart
Role of Signatory:	Owner & Ofsted Registered Provider