



## SHOOTING STARS

Pre-School Nursery

### Safer Sleeping Policy

Last Review: 21/08/2025

Next Review: 21/08/2026

#### 1.0 Policy Statement

Children sleep safely at Shooting Stars. We create calm, well-supervised sleep environments; follow safer sleep guidance; and agree individual sleep plans with parents. Staff check sleeping children at set intervals and record these checks. The welfare of the child is paramount.

#### 2.0 Our Legal Obligations

**EYFS Statutory Framework (2025):** safeguarding and welfare; suitable premises/equipment; supervision; required records; same-day parent information where relevant.

**Health & Safety at Work etc. Act 1974 / Management of H&S Regs:** safe systems for rest/sleep, risk assessment, equipment maintenance.

**UKHSA infection control guidance:** clean bedding and hygiene around cots/sleep mats.

**Best practice (e.g., Lullaby Trust):** safer sleep for babies (supine position, clear cot, room temperature, supervision).

**UK GDPR & Data Protection Act 2018:** secure, proportionate recording of sleep checks and plans.

#### 3.0 Procedures

##### **3.1 Sleep plans and parental partnership**

Before start, we discuss the child's usual routines (times, cues, comfort items, dummy use) and agree a simple Sleep Plan. We note medical needs (e.g., reflux, prematurity) and follow any Individual Health Care Plan. Parents tell us promptly about changes.

##### **3.2 Environment and equipment**

Sleep areas are quiet, dim, well-ventilated and within easy sight/hearing of staff. Cots/mats are kept **clear:** firm mattress, fitted sheet only; no pillows, duvets, loose

blankets, toys, cords or bibs. For under-1s we use a sleep sack or light blanket tucked no higher than the armpits (if used). Cots are spaced to allow access and airflow; equipment is checked, cleaned and logged routinely. Prams/car seats are not used for routine sleep; any unavoidable pram nap is short, stationary, harnessed, in sight and recorded—with a prompt move to a cot when possible.

### **3.3 Positioning and clothing**

Babies are placed on their backs for every sleep. Once a baby can roll both ways, we place down on the back and do not re-position repeatedly. Remove hats, hoodies and bibs; avoid overheating—dress lightly and adjust to room temperature (typically 16–20°C). Dummies may be used if part of the home routine (no cords/clips; offer, never force; replace if naturally discarded only if part of the plan).

### **3.4 Supervision and checks**

Sleeping children are visually checked at set intervals (typically every 10 minutes for babies/toddlers; every 15 minutes for older children unless otherwise planned). Checks include chest movement/breathing, colour, position, comfort, and room conditions. We record the time of the sleep check on Famly. Audio/video baby monitors do not replace in-person checks.

### **3.5 Settling and waking**

We use calm routines (comfort words, gentle pat, familiar item). If a child is distressed, we comfort and adjust the plan (e.g., shorter nap, earlier wake). On waking, we greet and assess the child (alert, comfortable, temperature) and document any concerns.

### **3.6 Additional needs and exceptions**

Where a clinician has advised a different sleep position/equipment, we require written guidance and incorporate it into the Health Care Plan. For reflux/respiratory conditions we follow medical advice—no improvised wedges or unsafe propping. Swaddling is used only with parental agreement, staff training and safe technique, and is stopped immediately once rolling begins.

### **3.7 Illness, fever and medication**

For children who are unwell or feverish, we reassess sleep frequency/duration, increase checks, and follow the Illness & Exclusion and Medication policies. Concerning signs (laboured breathing, mottling, unresponsiveness) trigger first aid and 999; parents are informed immediately.

### **3.8 Hygiene and bedding**

Each child has clean bedding. Bedding is laundered between users and immediately if soiled. Cots/mats and high-touch points are cleaned as per schedule and after illness.

### **3.9 Records and reviews**

We keep a brief record of daily sleep (times and duration) for babies/toddlers and share key information with parents. Sleep incidents (e.g., vomiting in sleep, breathing

concern) are recorded the same day and escalated to the Manager/DSL where appropriate. We review sleep practices termly and after any incident.

#### 4.0 Roles and Responsibilities

**Nursery Manager:** ensures safe environment/equipment, staff training, check intervals and record systems; reviews incidents and implements improvements.

**Designated Safeguarding Lead (DSL):** reviews any sleep-related concern that may indicate a safeguarding or health risk; advises on information sharing.

**All staff:** follow sleep plans; prepare safe sleep spaces; conduct and record physical checks; respond promptly to concerns; keep bedding/equipment clean; inform parents of noteworthy issues the same day.

**Parents/Carers:** share routines/medical info; provide agreed sleep sacks/comfort items; update the nursery about any changes.