

Safe Sleep Policy



Approved by:	Full Governing Body	Date: March 2026
Last reviewed on:	NA	
Next review due by:	March 2027	

At Haven, we recognise the critical role of sleep in supporting children's emotional well-being, cognitive development, and physical growth. Quality rest is essential to children's overall health and development. We are committed to creating a safe, nurturing, and responsive sleep environment, in partnership with parents and carers, and in line with guidance from:

- The Lullaby Trust
- NHS Safer Sleep Advice
- EYFS Statutory Framework (Revised September 2025)
- Local safeguarding procedures

The safety of every baby and child is paramount during sleep and rest periods.

2. SAFE SLEEP PRACTICE

To reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related risks, we adhere to the following evidence-based practices recommended by The Lullaby Trust/NHS safer sleep guidance:

BEFORE SLEEP/REST:

Staff ensure that:

- The child has had a fresh nappy and is clean and comfortable.
- Outer clothing (thick coats, cardigans, hoods, etc.) is removed to avoid overheating.
- The child has had a drink or feed, as appropriate.
- Bibs and hoods are removed prior to sleep.
- The room temperature is appropriate (ideally 16–20°C), with thermometers used to monitor this.
- The room is well ventilated with good air flow
- Soft lighting, white noise, or gentle lullabies may be used to create a calm environment.

DURING SLEEP:

- Children are provided with individual, clean bedding.
- Babies are always placed **on their back** to sleep
- FSID recommends that babies are placed on their backs to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer to sleep. We will follow this recommendation: please discuss with your key person your preference when the baby turns onto his\her side or stomach.
- Children/babies will be placed in the “feet to foot position” with their feet touching the end of the cot/sleep pod
- Sleep mats or approved cots are used—bouncy chairs and car seats are never used for sleep.
- Comforters, such as dummies or soft toys, may be used if agreed with parents to help settle babies/children to sleep and then removed
- Children are not left to cry alone—staff respond promptly to soothe and comfort.
- A member of staff stays in the designated sleep room to monitor and check babies sleeping
- Babies and children are regularly monitored and checked visually every 5 to 10 minutes, or more frequently if needed, which is recorded on a sleep record form.
- Staff ensure no blankets, muslins, or items cover a child’s face or head at any time.
- Monitoring includes checking for normal breathing, colour, position, temperature and overall well-being
- Parents are informed of their child’s sleep pattern during the day via Family App

3. PARENTAL PREFERENCES & SLEEP RESTRICTIONS

We value working in partnership with parents and will always discuss sleep routines during settling-in sessions and ongoing key-person meetings.

- If parents request no sleep, we will distract and gently discourage the child from sleeping but will never physically prevent sleep (e.g., by waking or keeping the child upright).
- If a child falls asleep despite efforts, we will allow a minimum of 45 minutes rest, supporting the child’s natural rhythm.
- Children who do not wish to sleep will never be forced to. Instead, they will be offered quiet and calm activities during rest time.

4. WAKING CHILDREN GENTLY

If parents request a maximum sleep time, we will attempt to wake the child gradually and respectfully:

- Lights may be gently brightened.
- Blankets may be lightly removed.
- Soft verbal prompts or the child’s name may be used.
- Children are never physically woken by lifting or shaking.

We aim to allow children to **wake naturally**, where possible, to prevent distress and ensure emotional security.

5. ADDITIONAL SAFEGUARDING MEASURES

- Staff are trained in safe sleep practice during induction and updated as part of regular safeguarding and health & safety training.
 - Sleep areas are regularly cleaned and inspected for hazards.
 - All sleep equipment is BS EN compliant (British Standards) and in good condition.
 - A Designated Safeguarding Lead (DSL) is notified of any incidents, injuries, or concerns during sleep.
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6. MONITORING AND REVIEW

This policy is reviewed annually, or sooner if:

- There is a change in national guidance.
- A serious sleep-related incident occurs.
- Parent/staff feedback indicates the need for review.