**Day time rest and sleep Policy**

It is vital children get the sleep they need to function and grow their cognitive, physical, and emotional development.

We are aware that babies have their own routines, specific to them which we will follow with guidance from parents/carers, any changes to these routines can be shared with the baby room lead, Sharon via a communication book shared between the setting and home, verbally face to face or in an email.

Some parents/carers may not want their children to sleep and as a setting we will attempt to adhere to this. We will distract and discourage sleep if a parent/carer has requested for the child not to sleep, however we will not physically keep your child awake. Similarly, if the child does not want to sleep, we will not force them.

If they fall asleep, you will be phoned and asked how you would like us to proceed.

**Daytime rest/sleep time guidance**

**Room conditions:**

* Each baby/toddler will be assigned a cot and bedding, which is clearly labelled for their own use.
* The room is kept clear, dark and at an appropriate temperature.

**Safety of the child:**

* Children are NOT to be left unsupervised and 15-minute checks will be carried out, documented and initialled.

**15 MINUTE CHECKS ARE TO ENSURE CHILDREN ARE STILL BREATHING NOT TO CHECK THAT THEY ARE STILL ASLEEP**

* Clothing is to be removed, if necessary, to ensure comfort and safety and prevent overheating in small babies who are unable to regulate their temperature.
* Dummy clips and bibs must be removed when children are sleeping.
* Comforters will be used if necessary.
* Prop feeding babies bottles is NOT allowed. A bottle must only be left in the cot with a child if they can feed themselves independently. This will be supervised.
* Ensure blankets and muslins are not covering faces.

All babies and children are different and may like to be comforted in various ways to soothe them to sleep. Forms of comfort that are acceptable are listed below.

* Patting a baby/child’s back or bottom
* Rubbing a baby/child’s back
* Rocking a child to sleep- hand on back
* Holding and rocking a child to sleep
* Stroking a baby/child’s face/ hair/ neck

**Sudden Infant Death Syndrome SIDS**

The following guidance is from <https://www.lullabytrust.org.uk/wp-content/uploads/sids-guide-professionals.pdf> and the staff at the nursery follow this.

**Sudden Infant Death Syndrome (SIDS):** is the sudden and unexplained death of a baby where no cause is found after a detailed post-mortem.

Unsafe sleeping positions and environments are increased factors in possible SIDS so to prevent this we follow the following guidance.

Research has shown that overheating arising from high room temperature, excessive insulation (overwrapping) or both, is associated with an increased risk of **SIDS**.

A high proportion of infants who die as a result of SIDS are found with their head covered with bedding. Loose bedding which can cover a baby’s face or head can be dangerous and has been shown to increase the chance of SIDS. Soft or bulky bedding, such as quilts, pillows, and duvets, is also associated with an increased risk of **SIDS** in the UK.

There is substantial evidence from all round the world to show that sleeping a baby on their back (known as the supine position) at the beginning of every sleep period significantly reduces the risk of **SIDS**. However, sleeping an infant prone (on its front) or side is associated with a significantly increased risk of **SIDS**. Studies have also shown that infants who usually sleep on their back but are then placed on the front or side to sleep are at a particularly high risk. It is therefore important that babies are put on their backs consistently as part of their regular sleep routine.