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Statutory:	Policy provided centrally for adoption by schools with minimal amendment to the core text. Changes are allowed to the text where indicated

Safer Sleep Policy

Approved by:	
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Next review date:	**31 July 2027**

Adopted by school:	**St John's CE Primary School**
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1. Purpose and Scope

This policy sets out ODST expectations for safe sleep practices across all early years provision, including babies, toddlers and children in Reception who may rest or nap during the school day. Its purpose is to minimise the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related harm, in line with the EYFS statutory framework and recognised national guidance.

The policy applies to all staff and volunteers working with children aged 0–5 within ODST settings. It should be read alongside the ODST EYFS Policy, Safer Eating Policy, Intimate Care Policy and Safeguarding and Child Protection Policy.

2. Principles

The safety and wellbeing of children is paramount. Staff must follow consistent, evidence-based safer sleep practices and demonstrate clear understanding in their daily work.
Although the risk of SIDS is highest in babies under one, safer sleep principles apply to all children who sleep in the setting, including toddlers, two-year-olds and Reception children, particularly those with developmental delays, medical needs or other vulnerabilities. Individual risk factors, such as premature birth, low birth weight or illness, will be assessed through the setting's safer sleep risk assessment process.

3. Sleep Arrangements by Age and Stage

Babies (0–12 months)
Babies are at the highest risk of SIDS and must always be placed on their back for every sleep. They must sleep in a cot, travel cot, Moses basket or carrycot on a firm, flat mattress in a clear sleep space.

Young children (1–2 years)
As children develop, the risk of SIDS reduces; however, safe sleep environments remain essential. Children should continue to sleep on firm, flat surfaces with minimal bedding and close supervision.

Two-year-olds (EYFS provision)
Two-year-olds may nap regularly, often on sleep mats or in designated rest areas. While the risk of SIDS is significantly lower, safer sleep principles still apply. Sleep arrangements must be risk assessed, appropriate to the child's stage of development, and closely supervised.

Reception-aged children (4–5 years)
Some children in Reception may require rest or sleep during the school day. For these children, sleeping provision must be safe, calm and well supervised. Although SIDS is not a typical risk at this age, the principles underpinning safer sleep—clear environments, appropriate temperature, safe positioning and active supervision—remain important to prevent accidents and ensure wellbeing.

4. Sleep Position

Babies must always be placed on their back for every sleep, as this significantly reduces the risk of SIDS, and must not be placed on their front or side.

Once a baby can roll independently, they may move into their preferred position, but staff must always place them on their back initially.

Where appropriate (particularly for younger two-year-olds or those with additional needs), children should be settled in a safe position such as on their back, unless developmentally inappropriate.

For older children, staff must ensure that children are positioned safely, with clear airways and the ability to move and reposition themselves freely.

5. Sleep Environment

Babies must sleep in a cot or similar appropriate sleep space with a firm, flat mattress in good condition. Sleep spaces must be kept clear, with no pillows, duvets, soft toys, cot bumpers, pods or nests, as these increase the risk of suffocation and overheating.

Babies must never sleep on sofas, armchairs or in seated equipment such as car seats or bouncy chairs. If a baby falls asleep in such equipment, they must be moved to a safe sleep surface as soon as possible. [Early-
For toddlers and Reception-aged children, sleep or rest may take place on mats or in designated quiet areas. These areas must be clean, uncluttered, well organised and positioned to allow clear supervision. Equipment must be safe, age-appropriate and regularly checked.

6. Bedding and Clothing

Babies should be placed in the feet-to-foot position with lightweight bedding tucked in no higher than shoulder height, or in a correctly fitted sleep bag. Loose or bulky bedding must not be used, and hats or outdoor clothing must always be removed indoors.

For older children, bedding should remain light and appropriate to room temperature, allowing the child to regulate their own comfort without risk of overheating.

7. Temperature

Sleeping areas must be maintained at a comfortable temperature between 16°C and 20°C, monitored using a room thermometer.

Staff must check children for signs of overheating and ensure sleep spaces are not positioned near radiators or in direct sunlight

8. Equipment and Hygiene

All mattresses must be firm, flat, well-fitting and in good condition. They must be regularly cleaned, checked and replaced where necessary. Settings must maintain records of mattress checks and replacement.

Sleep mats and rest equipment used for older children, including Reception, must be clean, hygienic and regularly inspected to ensure they remain safe and suitable.

9. Supervision

Sleeping babies must be closely supervised and remain within sight and hearing of staff at all times. For babies under six months, a member of staff must be present in the same room while they sleep. For older babies, regular and recorded checks must be carried out. (every 5–10 minutes)

For two-year-olds and Reception-aged children, staff must actively supervise rest or sleep periods, ensuring children remain safe, comfortable and appropriately monitored. Sleep checks must be undertaken and recorded.

10. Staff Knowledge, Training and Competence

All staff responsible for sleep provision must be trained or demonstrably competent in safer sleep practices. They must understand and be able to explain safe sleep positioning, environments, supervision and temperature control.
This applies to staff working across all age groups, including those supervising two-year-olds and Reception-aged children who nap, ensuring practice aligns with recognised guidance and supports Ofsted expectations.

11. Smoking and Environmental Factors

Smoking is not permitted on ODST premises. Children must not be exposed to second-hand smoke, which increases the risk of SIDS.

Staff must ensure that smoke residue does not transfer to children.

12. Dummies and Swaddling

Where used, dummies must be agreed with parents and used consistently as part of the child's routine. Swaddling may only be used for babies where requested by parents and must follow safe practice. It must be discontinued when a baby shows signs of rolling

13. Partnership with Parents and Carers

Staff must work in partnership with parents and carers to understand and record each child's usual sleep routines.

Staff must balance children's individual sleep needs with their duty to maintain a safe environment. Where parental preferences conflict with safer sleep guidance, staff must clearly explain and adhere to this policy

14. Recording and Monitoring

Sleep times, checks and room temperatures must be recorded consistently.

Risk assessments must be in place for all sleep arrangements, including cots, mats and designated rest areas for toddlers and Reception-aged children. These must reflect children's ages, developmental stages and individual needs.

Any concerns must be managed in accordance with the ODST Safeguarding and Child Protection Policy.

15. Additional resources and information

Key guidance from the DfE: Help for early years providers : Safer sleep

Key guidance from The Lullaby Trust: Safer sleep information | The Lullaby Trust

16. Review

This policy will be reviewed annually or sooner if national guidance is updated or following any incident.

17. Related Policies

This policy should be read alongside:

- ODST EYFS Policy
- ODST Safer Eating Policy
- ODST Intimate Care Policy
- ODST Safeguarding and Child Protection Policy