Sleep and Rest Policy.

At 1st Steps we are very aware of the importance of rest and sleep. We have various times of the day in all rooms when children do quiet, relaxing activities or even sleep.

Effective rest and sleep strategies are important factors in ensuring a child feels secure and safe in a child care environment. The setting’s rest and sleep policy is based on recommendations from the recognised national authority SIDS. **Sudden infant death syndrome (SIDS) – sometimes known as 'cot death' – is the sudden, unexpected and unexplained death of an apparently healthy baby.**

The setting consults with parents/carers about their child’s individual needs and to be aware of the different values and parenting beliefs, cultural or otherwise that is associated with rest. If a family’s beliefs and practise are in conflict with SIDS, then the setting will not endorse an alternative practise, unless the setting is provided with written advice from a medical practitioner. (For example only in rare medical conditions is it necessary for a baby to sleep on its stomach or side.)

* 1st Steps has a duty of care to ensure that all children are provided with a high level of safety when resting or sleeping while in their care.
* In meeting the service’s duty of care, it is a requirement that management and staff implement and adhere to the settings rest and sleep policy.

**Sleep is very important to a child's wellbeing. There's no set amount of sleep that all children of a particular age need, but here's a guide to the approximate hours of sleep they should aim for.**

These are hours of sleep based on age, as recommended by the Millpond Children’s Sleep Clinic (NHS Direct):

**3 months:** daytime: 4 to 5 hours; night time; 10 to 11 hours

**6 months:** daytime: 3 hours; night time; 11 hours

**9 months:** daytime: 2 hours, 30 minutes; night time: 11 hours

**12 months:** daytime: 2 hours, 30 minutes; night time: 11 hours

**2 years:** daytime: 1 hour, 30 minutes; night time: 11 hours**,** 30 minutes

**3 years:** daytime: 0 to 45 minutes; night time: 11 hours, 30 minutes to 12 hours

**4 years:** night time: 11 hours, 30 minutes

The key to how much is enough sleep is whether a child gets up fairly easily in the morning, is alert and happy for most of the day, and is not grumpy.

## Younger children who are persistently sleep-deprived seem irritable and overactive, seek constant stimulation and don’t concentrate well. Such symptoms can be mistaken for mild [ADHD.](http://www.nhs.uk/conditions/Attention-deficit-hyperactivity-disorder/Pages/Introduction.aspx)

Resting and sleeping practise for babies. (Birth – 18 months)

Babies in room 1/2 are left to sleep when ever they choose. This will often tie in with parent’s wishes and sleep routines from home. The baby room is equipped with cots, mattresses and bouncers with children’s individual bedding. Prams are also available if required to help those who may need rocking to sleep. Staff must monitor the sleep patterns carefully and are checked every 10 minutes; this is recorded (See sleep chart) within the room to ensure babies are safe. These records are kept for approximately 1 month in case they are needed for any medical emergencies. Children under age 1 have a diary and this is completed by staff members to show how much sleep they have had during the day.

What we do to help prevent SIDS?

Below is a list of things we do to help prevent SIDS.

Do:

* Always place baby on their back to sleep.
* Place baby in the "feet to foot" position (with their feet touching the end of the cot, Moses basket, or pram, mattress).
* If a medical condition exists that prevents a child from being placed on their back, alternative resting or sleeping practise must be directed in writing by the child’s medical practitioner. This will be supported by the child’s healthcare plan.
* If older babies turn during their sleep, allow them to find their own sleeping position, but always lay them on their back when first placing them to rest.
* At no time will a baby’s face be covered with bed linen
* To prevent a baby from wriggling down under bed linen, they will be placed with their feet closest to the bottom end of the cot.
* Keep babies head uncovered. Their blanket should be tucked in no higher than their shoulders.
* We monitor the children whilst they are sleeping and record these checks in the baby room on a sleep chart. This information may be crucial if something happened to one of the children whilst they were asleep.
* Quilts and duvets will not be used as bed linen with children under age 1. Pillows, soft toys, lamb’s wool and cot bumpers are not recommended.
* Light bedding is the preferred option.
* Were possible, the room temperature should not exceed 75 degrees.
* When the children are going to sleep their individual needs are met e.g which way the children prefer to go to sleep. Some like to just lie in the cot, others in rockers or on a mattress with a member of staff gently rubbing their back.

Resting and sleeping practise for toddlers (18 months-5 years)

As children age, sleep routines generally form. All of our children are offered a sleep after lunch, whether they sleep is a different matter. This can be anything from 15 minutes to 2 hours or more. Parents liaise with staff about how much sleep they want their child to have and we usually refer back to parental guidelines as to how their little one’s, like to go to sleep (i.e. rocked to sleep, left alone, back rubbed, dummy, bottle, silence). However, if children fall asleep at other times of the day, they are made to feel comfortable and given bedding to relax on. Every child will have a mattress and their own bedding. Some children want lots of help to sleep, some will lie down on their mattress and drop off on their own, with some company with a significant adult, generally one of the key-carers. Either way, children will not be forced to go to sleep at any time or adversely forced to stay awake.

* Toddlers to be placed on their back to rest, unless otherwise directed in writing by the child’s Doctor. They will each have a mattress, sheet and light blanket for sleep.
* If toddler turns over during their sleep, allow them to find their own sleeping position, but always lay them on their back when first placing them to rest.
* All children are different on how they like to go to sleep. Some children like to be lightly patted, other children like to be rubbed on their backs, some children even like to be in complete darkness with their bed linen pulled over their heads. This is only until the child is a sleep, the blanket will then be removed.
* Pillows, soft toys, lambs wool and cot bumpers are not recommended, however, they may be given to the child while they settle as part of their individual care. However, if they are put over their heads, they will be removed.
* Quiet experiences may be offered to those children who do not sleep. E.g book corner and have story with student or a member of staff, small puzzles, colouring in equipment, jigsaws, sensory play, etc.

If children are unwell, they will be monitored constantly especially if the child has: high temperature, vomited or received minor trauma to their head.

The techniques and strategies for settling children before and during a rest period are varied. The techniques and strategies for children’s rest may reflect on:

* Individual needs of the children.
* Parenting beliefs and values of families accessing the setting.
* Knowledge and experience of the staff
* Cultural and religious practises
* Frequency of days that the child attends the setting
* Consistency of practises between home and the setting
* Child’s general health and wellbeing.
* Use of comforters or resting aids.

We work closely with our parents to meet their children’s sleep requests and use their guidance to aid in our sleep procedures and routines.

Reviewed by: Sandra Clayton Feb 18 Next review: Feb 20

**Safeguarding**