



Lilly Brook Childcare Ltd

Sleeping children Policy

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Reviewed

This policy will be reviewed annually or sooner if legislation or best practice guidance

| When | First Review | Approval |
|------------|--------------|----------|
| 11/12/2015 | J Lindow | T Wilson |
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SLEEPING AND ARRIVAL WELFARE POLICY

1. Statement of Intent

At Lilly Brook Pre school we recognise that rest and sleep are essential for children's development, wellbeing and emotional regulation. We are committed to ensuring that all sleeping arrangements and arrival procedures are safe, supervised and compliant with safeguarding and welfare requirements.

We understand that our duty of care begins at the point we formally accept responsibility for a child. Therefore, robust welfare checks are carried out when children arrive asleep to ensure they are medically stable and safe.

2. Legal and Safeguarding Framework

This policy is informed by:

- Early Years Foundation Stage (EYFS) Safeguarding and Welfare Requirements
- Working Together to Safeguard Children
- Bromley Safeguarding Children Partnership procedures
- Health and Safety legislation
- Safer Sleep guidance

Under the EYFS, providers must:



- Ensure children's safety and wellbeing.
- Maintain supervision at all times.
- Identify concerns regarding illness, injury or neglect.
- Take appropriate action where safeguarding concerns arise.
- Ask parents to (Parents must) provide up-to-date information regarding their child's sleep routine, comfort items, medical needs, and any changes to sleep patterns

SECTION A: ARRIVAL WELFARE CHECK PROCEDURE

3. Purpose

To ensure that any child arriving asleep is:

- Medically stable
- Responsive
- Not presenting signs of illness, injury, over-medication or trauma
- Safe to be accepted into the setting

The setting reserves the right to delay or refuse admission where there are concerns about a child's health or safety.

4. Procedure for a Child Arriving Asleep

Step 1: Parent Handover Discussion

Before accepting responsibility, staff must ask the parent/carer:

- Has your child been unwell in the past 24 hours?
- Has any medication been given? (If yes, what, when, and dosage?)
- Has your child had any bumps, falls or injuries?
- Is this sleep routine normal for your child?

Responses must be recorded where relevant.

Step 2: Visual Assessment



Staff must observe:

- Breathing (steady chest movement)
 - Skin colour (normal tone, no grey/blue tinge)
 - Body position (not floppy or rigid)
 - Signs of visible injury
 - Excessive sweating or clamminess
-

Step 3: Responsiveness Check

Staff must gently:

- Say the child's name
- Lightly touch shoulder or back
- Observe natural movement or adjustment

A full wake-up is **not automatically required**, but staff must be satisfied that the child is responsive and stable.

Step 4: Decision to Accept

The child may be accepted if:

- Breathing is normal
- Colour is normal
- Child responds appropriately to light stimulation
- No unexplained injuries
- Parent explanations are clear and consistent

If concerns arise, staff must escalate immediately to the Manager or DSL before accepting responsibility.

5. When a Child Must Be Fully Woken

Staff must fully wake the child if:

- They are difficult to rouse
 - Breathing appears irregular or shallow
 - They are unusually floppy
 - There are visible injuries
 - Medication has been given that may mask illness
-



- There are inconsistencies in the parent's explanation
 - Staff professional curiosity is triggered
-

6. Refusal of Entry

The setting may refuse entry if:

- The child appears medically unstable
- There are signs of significant illness
- There are safeguarding concerns
- A head injury has occurred without appropriate monitoring
- appears unusually drowsy, sedated, or inconsistent with normal presentation.

All refusals must be:

- Documented
 - Reported to the DSL
 - Followed up where appropriate
-

SECTION B: SLEEPING PROCEDURE WITHIN THE SETTING

7. Sleep Environment

We provide:

- Individual sleep mats or cots
- Quiet, supervised sleep area
- Appropriate ventilation

Parents must provide:

- Labelled bottom sheet
- Labelled blanket
- Comforters if required

Bedding:

- Is returned home daily
- Is not washed onsite



- Is stored separately

Mats and cots:

- Are cleaned between uses
 - Are positioned for clear visibility
-

8. Safe Sleep Practice

Staff must ensure:

- No pillows, duvets or bulky bedding.
- Comforters are safe and appropriate.
- Children are never left unsupervised.
- Ratios are maintained.
- Clear cot / clear sleep space
- No sleep pods, nests, wedges, positioners, cot bumpers, soft toys or loose items are permitted in any sleep space.
- Appropriately sized sleep bags may be used where provided by parents and suitable for the child's age and stage. Hooded products are not permitted.
- Staff must avoid overwrapping children and assess room temperature, clothing layers, and signs of overheating (sweating, flushed skin, hot chest/back).
- Children under 2 years, newly settling children, children who are unwell, or children sleeping unusually deeply must be checked more frequently according to risk assessment (e.g. every 5 minutes).

9. Sleep Monitoring and Sleep monitoring observations

Sleeping children must be checked at least every **10 minutes** (more frequently for under 2s).

Staff Must Record:

- Time of check
 - Breathing pattern (normal/irregular)
 - Skin colour
 - Warmth / Temperature signs (back of neck/chest)
 - Position
 - Staff initials
 - responsiveness if needed
-



10. How to Assess Vitals Safely

Breathing

- Observe chest rising and falling
- Listen quietly if unsure
- Gently place hand on chest or back if necessary

Temperature

- Feel back of neck or chest
- Remove blanket if overheated

Colour

- Check lips and face
 - Grey or blue tinge requires immediate action
-

11. If a Concern Arises During Sleep

If a child:

- Is difficult to wake
- Has irregular breathing
- Shows abnormal colour
- Is excessively hot or cold

Staff must:

1. Stimulate gently
 2. Call for assistance
 3. Call 999 if required
 4. Inform Manager/DSL
 5. Inform parents immediately
 6. Record incident fully
-

12. Staff Training

All staff responsible for sleeping children receive induction and periodic refresher training in safer sleep practice, emergency response, and monitoring procedures.

13. If Baby Falls Asleep in Unsafe Equipment



If a baby falls asleep in a car seat, or other seated/inclined equipment (pushchair, they must be moved as soon as safely possible to a flat, firm sleep space. Such equipment is not for routine sleep.

RISK-BASED DECISION FLOW CHART FOR STAFF

Below is a clear decision-making guide for staff use.

CHILD ARRIVES ASLEEP



1. Conduct Parent Handover Discussion

- Illness?
- Medication?
- Injury?



2. Complete Visual & Responsiveness Check

- Normal breathing?
 - Normal colour?
 - Responds to light touch/voice?
-

IF ALL NORMAL



- ✓ Accept child
 - ✓ Begin sleep monitoring record
 - ✓ Continue 10-minute checks
-

IF MINOR CONCERNS

(e.g. slightly warm, mild lethargy but responsive)



- ✓ Wake fully
- ✓ Reassess
- ✓ Consult Manager
- ✓ Monitor closely
- ✓ Record findings

IF SIGNIFICANT CONCERNS

(e.g. unresponsive, irregular breathing, unexplained injury, suspected over-medication)



- ! DO NOT ACCEPT RESPONSIBILITY
- ! Escalate to Manager/DSL immediately
 - ! Consider medical advice / 999
 - ! Document fully
- ! Follow safeguarding procedures

Safeguarding Principle

When in doubt:

- Apply professional curiosity
- Escalate concerns
- Document clearly
- Prioritise child safety over convenience