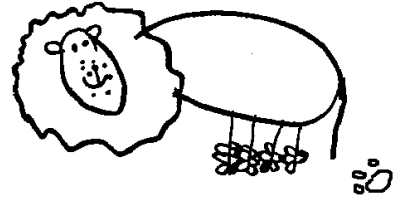


Bristol University Nursery



Sleep Policy

We know that sleep is vital for the physical growth, brain development, emotional regulation and overall well-being of babies and young children. Quality sleep influences alertness and mood, emotional resilience, cognitive performance, memory and immune function.

Bristol University Nursery commits to creating a safe, nurturing, and responsive environment that respects children's individual sleep needs and aligns with the EYFS Statutory Framework 2026, NHS safer sleep advice and recommendations from The Lullaby Trust.

We know from scientific research that children's readiness and ability to sleep is biologically controlled by their circadian rhythm ('body clocks') and sleep pressure, this means that every child's sleep needs and requirements are different. We therefore work in partnership with parents to understand home routines and cultural preferences, ensuring consistency and reducing stress for children. We facilitate child-led sleep wherever possible so that children can sleep when they need to and maintain individualised sleep plans and regular reviews.

Principles underpinning our approach to sleep

As a setting, we understand the science behind sleep and sleep patterns and this helps us to respond appropriately to cues and provide responsive care rather than enforcing rigid schedules. We follow these principles to inform our sleep support:

- Individual Needs: Routines are flexible and child-led to accommodate different sleep requirements and their developing sleep needs over time.
- Respect Autonomy: Our babies and young children have opportunities for rest without enforced sleep if not tired.
- Quiet Alternatives: We offer calm activities such as looking at books, sensory play, or mindfulness activities during rest periods.
- Parent Partnership: We discuss home sleep routines during settling in sessions and maintain ongoing communication to support consistency. This may also include sensitive discussion of cultural practices.
- Observation and Cued Care: We recognise tired cues and respond promptly and sensitively.
- Soothing techniques: We discuss and agree comfort and settling routines with parents (such as contact, gentle rocking, physical comfort) and offer gentle music, white noise, soft lighting where appropriate.

- Transitions: We support children moving from two naps to one or from cot to bed with gradual adjustments and family input.

Safe Sleeping

At Bristol University Nursery we always ensure that the environment we provide for sleep is suitable and safe, with appropriate equipment and supervision. We consider the following in relation to safe sleeping:

- Environment: We monitor the temperature of the sleep space and maintain between 16–20°C (measured with a mounted thermometer), ensuring natural ventilation, smoke free and soft/ambient lighting including natural light.
- Sleep Spaces: For babies under the age of 12 months we use a firm, flat mattress in a cot with a cellular blanket. Pillows, quilts and duvets are not used due to the risk that they could pose. Sleep positioners, wedges and inclined products are not used. We communicate with parents to decide when a child is ready to move to an approved mat. Floorbeds will be in a clean, appropriate space. A lightweight blanket will be used. Babies and children will not be put to sleep in car seats, bouncy chairs or swings. Pushchairs or buggies are also ideally not to be used for sleep for babies under 12 months, however if this is unavoidable the pushchair should be completely flat not just in a reclined position (as advised by Lullaby Trust). A 1.4m space is allowed per cot and no cots are directly adjacent to a heater, curtains or anything that might help a baby climb out.
- Positioning: Babies 12mths will be placed on their backs in 'feet-to-foot' position at the bottom of the cot, with their head uncovered and a blanket tucked no higher than their shoulders.
- Monitoring: Sleep periods for each child will be documented accurately by an adult, including start/end times and observations, visual checks will be recorded every 10 minutes. When babies are sleeping and when children are on floorbeds the supervising adult will remain in the sleep room/area, all sleeping children will remain in sight and hearing of the adult at all times. Ratios for the room will always allow for safe monitoring during sleep times.
- Comfort Items: We communicate with parents to understand how or what a baby or child may need for comfort. Dummies or comforters will only be used if agreed with parents and removed once child is asleep. Dummies should also be used safely (ie clips, chains, bibs removed)
- Risk Reduction: We ensure no loose bedding, pillows, or soft toys are in cots and any cords, blind pulls or other potential hazards are out of reach.
- Emergency Preparedness: All staff are paediatric first aid trained and know the procedures for responding to breathing difficulties or medical emergencies during sleep. There is step-by-step reference guidance for practitioners to refer to.

- Babies have a separate room for sleep time with individual cots or floorbeds, which are free of potential hazards.
- Clean bedding appropriate for the child's age is allocated per child and washed weekly or when required.
- All parents are consulted on their child's sleeping patterns, times and duration. As the child moves through the nursery parents will be consulted about sleep times, until it is mutually agreed the child no longer requires a sleep time.
- Any children brought into nursery asleep, will need to be woken to ensure consciousness before the parent/carer leaves.

We use guidance from The Lullaby Trust to ensure safer sleeping for our children. The Lullaby Trust highlights the danger of sudden infant death syndrome (SIDS) it is important that to keep our children safe we are aware of the risks and the steps that we can take to reduce those risks.

What is SIDS:

- We do not know what causes SIDS. For many babies it is a combination of factors that affect them at a vulnerable stage in their development which sadly leads them to die suddenly and unexpectedly. We do know that by following some steps we can reduce this risk. Around 86% of SIDS deaths happen when a baby is six months old or less (The Lullaby Trust, safer sleep awareness) after this time, the risk is reduced however it still can happen so it's recommended to follow this advice up to 12months (12months from due date for premature babies)

Individual Sleep Plans

We have individual sleep plans and risk assessments for each child that set out children's day-time sleep requirements and how we accommodate these. We ensure these are up to date, signed, dated and stored with each child's records.

We make sure we have identified babies at higher risk of Sudden Infant Death (e.g. premature, low birth weight, parental smoking, substance misuse) and ensure our risk assessments and planning reflect their greater risk. We recognize that sleep is a developmental process and sleep needs change over time, therefore there is huge variation in sleep patterns for babies and young children. ([Infant Sleep Biology -](#))

Infants and children will not be denied sleep for any reason and will have their basic needs for sleep responded to. In all decision making about our sleep provision, the best interests of the child always come first and we follow best practice guidance. We ensure there is flexibility as rigid sleep times are not in line with child-led sleep provision. We also ensure children's comfort levels are monitored.

Supporting Parents

We recognise that it can be difficult for some parents when their baby or child does not sleep through the night and that their concerns may feature in the discussions we have with them. As a setting we ensure that we are able to signpost parents to useful resources such as Sleep, Baby and You guides for parents, health visitors, Lullaby Trust without giving our own specific advice. As a setting we ensure that we have staff who have attended the 'Normal Infant Sleep for Early Years Practitioners' online course and learning is shared with the wider team. This is to ensure that parents receive accurate information from trusted sources.

We recognise at times that parents may express a particular request for their child to sleep at a specific time or not to sleep at all so they sleep better at night. We will ensure that we communicate with parents about how we support child led, responsive sleeping and that the welfare needs of a child are the most important thing to consider. As such, babies and children will be able to rest or sleep whenever they need to, no child will be prevented from sleeping if they are showing signs of tiredness and no child will be enforced to sleep when they are not tired. To support these discussions we will refer to the widely available research into healthy sleep patterns and sleep development and our role in supporting these as early years practitioners. Cultural practices will be discussed sensitively, prioritising child safety.

We recognise the links between sleep, mental health, bonding and attachment. Staff approach conversations about sleep with empathy and sensitivity, avoiding judgment and acknowledging parental stress. As a setting we are able to signpost parents to appropriate support services (e.g., health visitors, Family Hub, perinatal mental health resources: [Support for your mental health and wellbeing](#)) when concerns arise. Our emphasis is on supporting responsive care and maintaining positive relationships rather than enforcing rigid routines.

Our approach to sleep also supports and promotes breastfeeding. As a setting we recognize that research shows it is;

- normal for babies to wake frequently during the night and that there is no evidence that babies who are formula fed sleep longer than breastfed babies.
- important for babies to sleep close to parents, separation can cause distress and disrupt breastfeeding.

We can signpost families to appropriate support: [Feeding your baby](#)

Appendix 1: Risk assessment template for sleep environment

Setting: _____

Date: _____

Assessor: _____

Review Date: _____

Risks Identified

Risk	Who Might Be Harmed	Risk Level	Existing Controls	Additional Actions
Unsafe sleep position (e.g., tummy sleeping)	Babies	High	Staff trained in safe sleep guidelines; babies placed on their backs	Regular refresher training (when new updates and/or when new to the setting) Follow Lullaby Trust guidelines
Loose bedding or soft toys	Babies	High	No pillows, duvets, or soft toys in cots	Daily checks
Overheating	Babies	Medium	Room temperature monitored; light bedding used	Install thermometer and record checks
Inadequate supervision	All children	High	Staff ratios maintained; sleep checks every 10 minutes	Document checks
Faulty equipment (cots, mattresses)	All children	Medium	weekly equipment inspections	Replace damaged items immediately
Choking hazards nearby	All children	High	Sleep area clear of small objects	Daily sweep of area
Fire safety	All children	High	Smoke alarms tested; clear evacuation route	Fire drill practice

Appendix 2: Individual sleep plan template

Name of child:	Date of Birth:
Name & role of person completing the sleep plan:	Age in months at time of plan:
<i>(To complete with the parent/guardian)</i>	
What is your child's routine for day-time naps at home? (including where they nap, time and how long for)	
What type of blanket/cover does your child nap with? If they use a comforter at nap time please describe:	
If you have any comments about a plan to move your child from a cot to a floor bed please add here:	
<i>(To be completed by member of staff)</i>	
Is the child developmentally ready to move from a cot to a floor bed? (if applicable) yes/no	
If the child currently sleeps in a cot for a daytime nap, please describe the plan to support the transition from cot to floor bed:	

What will be the child's sleep routine for day-time nap (agreed with parent/guardian):

What sleep equipment is needed and what sleep environment is needed? (agreed with parent/guardian)

Is there a daily risk assessment carried out by a member of staff? Yes / no

Parent/guardian agreement

I have read and agree with the sleep plan

Signature of parent / guardian:

Date: