Deborah Udakis

PROFESSIONAL PRACTICE SERIES

VOLUME 1

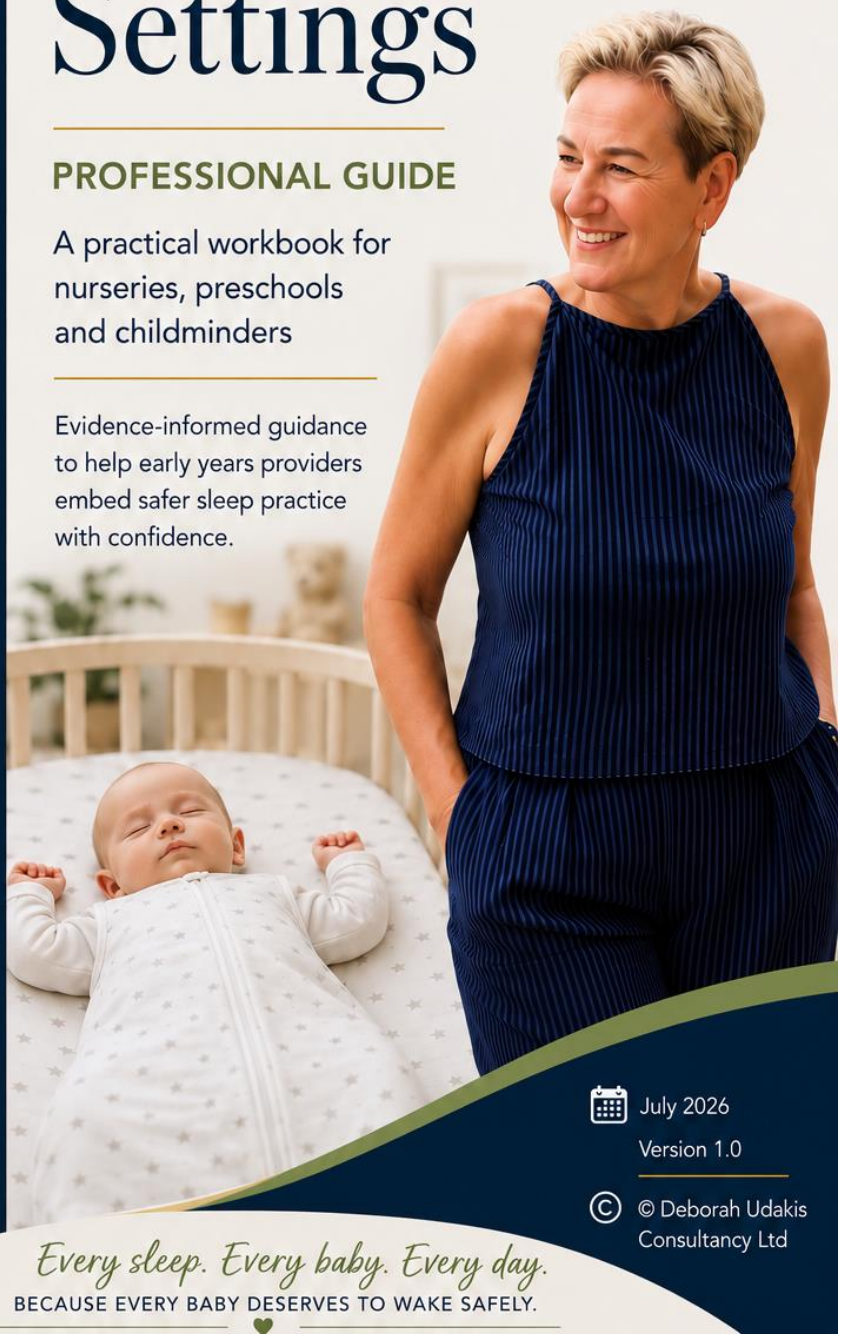
Safer Sleep *in* Early Years Settings

PROTECTING BABIES through evidence-informed practice, professional vigilance and compassionate care

PROFESSIONAL GUIDE

A practical workbook for nurseries, preschools and childminders

Evidence-informed guidance to help early years providers embed safer sleep practice with confidence.



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Every sleep. Every baby. Every day.

BECAUSE EVERY BABY DESERVES TO WAKE SAFELY.

Welcome

Thank you for taking part in this webinar.

This professional guide has been designed to accompany the session and support you in evaluating and strengthening safe sleep practice within your setting or childminding provision. The activities encourage professional reflection rather than compliance.
They are intended to help you identify strengths, recognise areas for development and create meaningful actions that will enhance the safety and wellbeing of babies in your care.

The activities in the guide can be completed individually or used as part of staff meetings, supervision, quality assurance visits, and leadership development.

"Every baby who is placed to sleep in our care is trusting us with their life. Safer sleep is therefore not simply a routine. It is one of the most important safeguarding responsibilities we hold."
Deborah Udakis.

Learning Outcomes

By reading this guide and attending the webinar, you will:

- understand current evidence-based safe sleep guidance
- reflect on your own professional practice
- evaluate leadership arrangements
- identify improvements to policies and procedures
- prepare confidently for inspection conversations
- strengthen partnership working with parents.

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Why Safer Sleep Is So Important

It is important to provide babies and children with a safer sleep environment to reduce the risk of sudden infant death syndrome (SIDS) in babies up to 12 months of age, and sudden unexpected death in childhood (SUDC) in children aged over 12 months.

SIDS is the sudden unexpected death of a baby where no cause is found. Whilst it is uncommon, there are some factors that can increase a baby's risk of SIDS. These include:

- being born prematurely (before 37 weeks)
- low birthweight (less than 2.5kg or 5.5lb)
- exposure to smoking in pregnancy
- sleeping with babies and children on sofas or chairs

SUDC is the sudden unexpected death of a child where no cause is found. Creating a safer sleep space can help avoid accidents, such as the risk of suffocating when sleeping from becoming entangled in soft bedding and/or getting trapped in soft furniture.

It is important to follow all the steps below to ensure that you are providing as safe a sleep environment as possible for every baby and child in your care.

Direct supervision of babies under 6 months
Babies under six months of age must always have an adult with them in the same room for every sleep, in accordance with Department for Education guidance. Older babies and children should remain within sight and hearing of staff and be checked frequently in line with the providers safer sleep policy and individual risk assessment.

The hierarchy of guidance:

The framework for safer sleep practice.

- Safer sleep practice in early years settings is informed by:
- The statutory EYFS requirements.
- The Department for Education is safer sleep guidance for earlier providers.
- The strengthened EYFS safer sleep requirements taking effect from September 2026.
- The evidence-based recommendations published by the lullaby trust and the NHS.

This workbook reflects all of these sources to provide practical, evidence informed guidance for early years providers.

I have used all these essential documents to provide you with authoritative best practice guidance.

Changes to DfE Guidance

The updated guidance from the Department for Education (DfE) around sleep arrangements for babies aged 12 months and under includes the recommendation that settings move away from floor beds and similar sleep solutions in favour of cots. This has understandably sparked a significant debate across the sector.

Here I explain the rationale for this change.

The rationale is primarily risk reduction, consistency with the evidence base, and the use of sleep equipment designed and tested specifically for babies under 12 months. Although many providers have used floor beds, coracles, and similar sleep solutions successfully for years, the Department for Education has concluded that, for babies under one year, cots provide the safest and most evidence-based option.

This change is not because floor beds have suddenly become 'unsafe' or because providers using them have been doing anything wrong. Rather, the Department for Education has chosen to adopt the most precautionary approach for babies under 12 months by requiring sleep spaces that have the strongest evidence base and are specifically designed and tested for infant sleep. The aim is to reduce variation in practice and ensure that every baby under one is sleeping in an environment that meets recognised safety standards.

The key reasons are:

1. Alignment with safer sleep evidence

The DfE worked with The Lullaby Trust and safer sleep experts to align the EYFS directly with established safer sleep advice for babies. The strongest evidence on reducing the risk of Sudden Infant Death Syndrome (SIDS) is based on babies sleeping in a cot or other recognised infant sleep space, such as a Moses basket or travel cot that meets British Standards.

2. British Safety Standards

Cots, travel cots, carrycots, and Moses baskets are manufactured and tested to specific British standards. Floor beds and many commercial sleep pods or coracles are not designed or tested against the same standards for babies under 12 months.

3. Entrapment and suffocation risks

The DfE has said it sought expert advice because of concerns about floor beds with rigid or semi-rigid sides. It specifically refers to prevention of future deaths findings highlighting the risk of babies becoming trapped or suffocating where partially

enclosed sleep products are used. Although this concerned a bedside crib, the principle is that babies under one are particularly vulnerable to entrapment hazards.

4. A clear national standard

Previously, providers interpreted "firm, flat surface" differently, leading to considerable variation. Some used cots, others floor beds, others used coracles. The new wording removes that ambiguity by introducing a simple rule:

- Babies aged 12 months and under → cot or recognised infant sleep space (including a travel cut, carrycot or Moses basket that meets relevant safety standards).
- Children over 12 months → cot, bed or suitable mattress on the floor may be appropriate.

5. Babies under 12 months have different risks

Infants under one are at greatest risk of SIDS and have less mobility, poorer head control (particularly younger babies), and less ability to move away from hazards. Because this age group is uniquely vulnerable, the DfE has adopted a more precautionary approach than for older children.

The updated guidance removes ambiguity by making clear that babies age 12 months and under should sleep only in recognised infant sleep spaces designed and tested for that purpose.

Why has this caused debate?

The debate is understandable because many nurseries have successfully used floor beds or coracles for years without incident. Supporters argue they:

- encourage independence;
- allow practitioners to settle babies without lifting them over cot sides;
- are consistent with some Montessori approaches; and
- have not been shown to cause harm when properly supervised.

However, the DfE's position is that the absence of evidence of harm is not the same as evidence of safety. Where babies under 12 months are concerned, it has chosen to base the statutory expectation on the sleep environment with the strongest safety evidence and recognised product standards.

What Serious Case Reviews, Investigations and Coroners' Findings Have Taught Us

The strengthened safer sleep requirements within the Early Years Foundation Stage have not been introduced by chance. They reflect learning from a number of tragic incidents in which babies and young children have died while sleeping in early years provision or in circumstances where unsafe sleep practices were identified.

Some cases have resulted in criminal prosecutions, while others have led to safeguarding practice reviews, coroners' Prevention of Future Death reports and significant changes to national guidance. These cases remind us that seemingly small departures from safer sleep guidance can have devastating consequences.

Although every case is unique, the same themes appear repeatedly.

Common Findings

Investigations have found unsafe practices including:

- Babies being placed to sleep in unsafe positions.
- Children sleeping on unsuitable surfaces, such as beanbags, cushions, or soft furnishings.
- The use of restraint or inappropriate settling techniques.
- Inadequate supervision of sleeping children.
- Unsafe bedding or items left within cots.
- Failure to recognise environmental hazards.
- Poor staff knowledge of current safer sleep guidance.
- Weak leadership oversight and ineffective monitoring of practice.
- Risk assessments that were absent, incomplete, or not followed consistently.
- A gradual drift away from established safe practice because unsafe routines had become "normal."

These findings reinforce an important message:

Most serious incidents are not caused by one catastrophic mistake. They are often the result of several small lapses occurring together.

The Importance of Professional Curiosity

Many serious case reviews highlight occasions where practitioners accepted practices because "that is how we have always done it."

Effective safeguarding requires professionals to remain curious, reflective, and prepared to challenge practice that does not align with current evidence.

Ask yourself:

- Is this practice supported by current guidance?

- Could this increase a child's risk?
- Have we become complacent?
- Would I be confident explaining this decision to parents, Ofsted, or a coroner?

Creating a culture where practitioners feel confident to question practice is one of the strongest safeguards an organisation can have.

Learning From a Significant Nursery Case

One particularly significant case involved the death of a baby at a nursery after unsafe sleep practices were used, including placing the child face-down on a beanbag and restraining them. The subsequent criminal investigation and conviction highlighted multiple failures, including unsafe sleeping arrangements, poor supervision, weak leadership, and organisational shortcomings. The case prompted widespread calls for stronger national guidance and contributed to renewed attention on safer sleep across the early years sector.

The lesson is clear:

No child should ever be restrained to encourage sleep or placed to sleep on an unsafe surface. Safer sleep guidance must be followed consistently, every time, for every child.

Every Sleep Matters

Children sleep many thousands of times during their early years. Because most sleep periods end safely, it can be tempting to believe that taking shortcuts carries little risk. However, serious safeguarding reviews consistently show that past success does not make an unsafe practice safe.

Every sleep should be approached with the same level of vigilance, regardless of:

- how briefly a child is expected to sleep
- how familiar practitioners are with the child
- how experienced the practitioner may be
- how busy the setting is
- whether the child "usually sleeps like this at home"

Safer sleep is not optional. It is an essential safeguarding responsibility that protects children when they are at their most vulnerable.

Deborah's Reflection

Every serious safeguarding review represents a child who should have gone home safely. The greatest tribute we can pay to those children is to ensure that the lessons learned change our practice. High-quality safeguarding is not measured by what we know—it is measured by what we do, consistently, every single day.

Ten Lessons from Serious Safeguarding Reviews: What Every Early Years Professional Needs to Remember About Safer Sleep

Every serious safeguarding review represents a child who should have remained safe. While each case is unique, investigations repeatedly identify similar themes. These lessons should inform everyday practice in every early years setting and childminding provision.

1. Safer Sleep Guidance Must Be Followed Every Time

Most serious incidents do not occur because practitioners are unaware of safer sleep guidance—they occur because agreed procedures are not followed consistently.

Remember: Safer sleep is not a matter of professional preference. It is evidence-based safeguarding practice.

2. Small Deviations Can Have Serious Consequences

Many incidents result from a combination of seemingly minor decisions rather than one significant error.

For example:

A blanket positioned too high.

A sleep check completed late.

A baby left sleeping in unsuitable equipment.

A cot placed in an unsafe location.

Each small lapse increases risk.

3. Never Use Unsafe Sleep Equipment

Serious reviews have highlighted the dangers associated with:

Beanbags.

Sleep positioners.

Cot bumpers.

Pillows.

Soft bedding.

Sleep nests, pods, and positioners should not be used as routine sleep equipment. Any exceptional clinical arrangement should be supported by written medical advice, an individual care plan, and a detailed risk assessment.

Children should always sleep on a firm, flat, clear sleep surface appropriate for their age.

4. Supervision Saves Lives

Sleeping children remain vulnerable.

Technology may help supervision, but it never replaces it.

Practitioners should:

Know who is responsible for supervising sleeping children.

Complete regular physical observations.

Respond immediately to concerns.

Maintain clear communication between staff.

Recorded sleep checks compliment supervision – they do not replace practitioners remaining vigilant and responsive throughout a child's sleep.

Effective supervision is an active process—not passive observation.

5. Safer Sleep Is Everyone's Responsibility

Safeguarding does not belong solely to the Designated Safeguarding Lead.

Every practitioner should:

Understand current safer sleep guidance.

Challenge unsafe practice.

Report concerns immediately.

Follow agreed procedures consistently.

Children rely on every adult to keep them safe.

6. Challenge Unsafe Practice Immediately

Many safeguarding reviews describe situations where practitioners noticed concerns but assumed someone else had approved the practice.

Professional curiosity means asking questions such as:

Is this safe?

Is this consistent with our policy?

Is this supported by current guidance?

If the answer is no—or you are unsure—act immediately.

7. Risk Assessments Must Be Living Documents

Risk assessments are only effective if they reflect what actually happens in practice.

Regularly review:

Sleep environments.

Equipment.

Room temperatures.

Cot positioning.

Staffing arrangements.

Individual children's needs.

If circumstances change, your risk assessment should change too.

8. Parents Are Important Partners

Parents know their child best.

Effective partnerships help practitioners understand:

Sleep routines.

Medical needs.

Comfort preferences.

Recent illness.

Changes at home.

Respectful professional conversations help parents understand that safe sleep guidance is based on evidence rather than individual preference.

However, professional responsibility stays with the provider.

If parental requests do not align with safer sleep guidance, practitioners must explain why current evidence-based practice will be followed.

9. Leadership Shapes Practice

The strongest safeguarding cultures are created by leaders who:

Model best practice.

Observe practice regularly.

Encourage professional challenge.

Learn from near misses.

Keep staff knowledge up to date.

Act quickly when concerns arise.

Safer sleep should never become "something we've always done."

It should remain an active safeguarding priority.

10. Every Sleep Counts

Children may sleep hundreds of times each year in early years provision.

Each sleep is an opportunity to demonstrate high-quality safeguarding.

Never assume:

"They'll only be asleep for five minutes."

"They always sleep like this."

"We've never had a problem before."

Safer sleep procedures should be followed every time, for every child, without exception.

Reflective Questions

Consider the following with your team:

Could every member of staff confidently explain your safer sleep procedures?

Would practice remain safe if your most experienced practitioner was absent?

How do leaders assure themselves that safer sleep guidance is consistently followed?

When did you last review your sleep environment from a child's perspective?

Have you discussed recent learning from national guidance, safeguarding reviews or near misses?

If Ofsted observed a sleep period today, what evidence would they see of a strong culture of safer sleep?

Deborah's Inspection Tip

The most effective safeguarding cultures are not those that simply have policies—they are those where every practitioner understands why those policies exist and applies them consistently. Serious safeguarding reviews remind us that children's safety depends not on isolated acts of good practice, but on the consistent application of safe procedures, vigilant supervision, and a culture where everyone feels responsible for protecting children. Every sleep matters, every observation matters, and every decision matters.

Notes

Activity 1: **Safer Sleep Audit**

Rate each statement.

RAG Rating

🟢 Fully Embedded
🟠 Partially Embedded
🔴 Requires Development

Statement	**Rating**	**Evidence**
Safe Sleep Policy reflects current guidance		
Staff understand the policy		
New staff receive induction before caring for babies		
Refresher training is provided		
Sleep areas are regularly monitored		
Sleep records are completed consistently		
Parents receive information about safe sleep		
Sleep equipment is checked regularly		
Safe sleep is discussed during supervision		
Leaders carry out observations of practice		
Near misses are reviewed		
Practice is regularly audited		

Please note

Children must always be within sight and hearing of staff when sleeping.

A baby monitor can be used for children over six months of age, and you must ensure it allows children to be seen and heard at all times.

Examples of Safe Sleep Near Misses

A **near miss** is an event that had the potential to cause harm but, fortunately, did not result in injury or death. Every near miss should be taken seriously, investigated and used as a learning opportunity to reduce future risk.

Example 1 – Blanket Over the Face
A practitioner checks a sleeping baby and finds that a loose blanket has slipped over the baby's nose and mouth. The blanket is removed immediately, and the baby is breathing normally.

Learning:
Use well-fitted lightweight bedding.
Position babies with their feet at the foot of the cot.
Consider using a correctly fitted baby sleeping bag, if appropriate and agreed with parents.

Example 2 – Baby Rolled onto Their Tummy for the first time
A baby who had been placed on their back rolls onto their tummy during sleep for the first time.

Learning:
Review supervision arrangements.
Discuss developmental changes with parents.
Ensure the sleep environment remains free from pillows, soft toys, and loose bedding.
Continue to place the baby on their back at the beginning of every sleep. If the baby can independently roll from back to front and front to back, they may find their own sleeping position. Continue to ensure the sleep space remains clear and free from hazards.

Example 3 – Cot Positioned Near a Window
During a routine room check, a practitioner notices that a cot has been placed beneath a window with curtain cords hanging nearby.
Learning:
Move the cot at once.
Review room layouts.
Include cot positioning in regular environmental risk assessments.

Example 4 – Child Overheating

A sleeping toddler is found to be very warm, flushed and sweating because the room temperature has increased significantly during the afternoon.

Learning:
Monitor room temperatures throughout the day.
Dress children appropriately for the environment.
Avoid placing cots near radiators or in direct sunlight.

Example 5 – Sleep Check Missed
A practitioner becomes occupied supporting another child and realises that a scheduled sleep check has been delayed.
Learning:
Review staffing arrangements.
Consider whether staffing deployment or competing priorities contributed to the delay and whether the changes are required to reduce the likelihood of recurrence.
Allocate responsibility for sleep supervision.
Consider visual reminders or timed prompts.
Ensure supervision remains continuous.

Example 6 – Baby Monitor Battery Failure
A childminder discovers that the baby monitor battery has gone flat during a sleep period.

Learning:
Check equipment before every sleep.
Keep monitors fully charged.
Never rely solely on technology.
Continue regular physical observations.

Example 7 – Unsafe Sleep Equipment
A practitioner notices that a parent has brought in a sleep positioner and asks for it to be used during naps.

Learning:
Explain the setting's safer sleep policy.
Discuss current evidence-based guidance with parents.
Record the professional discussion.

Example 8 – Cot Containing Soft Toys
A practitioner discovers that another member of staff has placed several soft toys in a baby's cot to help them settle.

Learning:
Remove the items immediately.
Reinforce safer sleep guidance during staff supervision.
Check that all practitioners understand the policy.

Example 9 – Sleeping Child Not Visible
A child falls asleep in a buggy with the hood fully extended, making it difficult to see the child's face.

Learning:
Ensure sleeping children can be easily seen.
Maintain a clear view of the child's face and airway.
Babies age 12 months and under should be transferred to their cost or recognised sleep space as soon as practical after returning to the setting.

Example 10 – Parent Requests Unsafe Practice
A parent asks practitioners to place their baby on their side to sleep because this is how they settle best at home.

Learning:
Explain that the setting follows national safer sleep guidance.
Place the baby on their back for every sleep.
Record the conversation and any agreed actions.

Example 11 – Child Left Asleep in a Car Seat
A baby falls asleep during a journey and remains in the car seat after arriving at the setting while paperwork is completed.

Learning:
Babies should be removed from car seats as soon as practicable after travel and transferred to their cot or recognised infant sleep space if they are to continue sleeping.
Reinforce procedures for arrival and departures.

Example 12 – Incomplete Information About Sleep Needs
A child begins overnight care, but the childminder later discovers the child has a history of reflux that was not discussed during the handover.

Learning:
Use a comprehensive overnight care questionnaire.

Ask parents detailed questions about sleep routines and medical needs.
Update records regularly.

Professional Reflection

After every near miss, leaders should ask:
What happened?
Why did it happen?
Could someone have been harmed?
Were existing procedures followed?
What needs to change?
Does our risk assessment need updating?
Do staff require further training or supervision?
How will we share the learning with the whole team?

Deborah's Inspection Tip
Strong safeguarding cultures do not hide near misses—they learn from them.

Providers who encourage open reporting, reflective discussion and prompt action are far more likely to identify emerging risks before they result in serious harm.

Near misses are valuable opportunities to strengthen practice, improve systems and protect children.

Notes

Professional Reflection

What are your settings three greatest strengths in relation to Safer Sleeping?

What requires immediate attention to further reduce risk?

Activity 2: **Sleep Environment Checklist**

Mattress is firm and flat	
Baby placed on back to sleep	
Head and face remain uncovered	
No duvets	
No soft toys	
No baby nests used for sleep	
Room temperature comfortable	
Sleep checks completed	
Individual care plans followed	
Mattress fits cot correctly	
Feet positioned at foot of cot where appropriate	
No pillows	
No cot bumpers	
No sleep positioners	
Bedding appropriate	
Ventilation appropriate	
Practitioner supervision effective	
Sleep records completed accurately	
Room temperature - **16 – 20°C**.	
Check Baby's chest or back of neck to ensure they are neither too hot nor cold.	
Sleeping Babies under 6 months always have an adult with them in the same room every sleep	

Overall Evaluation

Secure □

Partially Secure □

Immediate Action Required □

Priority Actions

What is the ideal sleep room temperature?

The recommended room temperature for babies is **16 – 20°C**.
It is important to make sure that the baby is a comfortable temperature – not too hot or too cold.
The risk of sudden infant death syndrome (SIDS) is higher in babies who get too hot.
A room temperature of 16 – 20°C, with light bedding or a lightweight, well-fitting baby sleep bag, is comfortable.
It can be difficult to guess room temperature – so use a thermometer.

How to check if baby is too hot or too cold

Every baby is different and our advice on the ideal room temperature for babies is intended as a guide only.

You will still need to check the baby regularly to see if they are too hot.

To do this, feel the baby's chest or the back of their neck (baby's hands and feet will usually be cooler, which is normal). If the baby's skin is hot or sweaty, remove one or more layers of bedclothes or bedding.

Safe Bedding Options

The safest sleep environment for babies includes a firm, flat mattress in good condition, protected by a waterproof cover and fitted with a well-fitting cotton sheet. The sleep space should remain clear and free from unnecessary items.

Avoid pillows, duvets, quilts, and cot bumpers for the first 12 months, as they are a suffocation hazard and increase the risk of sudden infant death syndrome (SIDS).

Baby Sleep Bags are the most recommended option because they prevent babies from wriggling under loose bedding. Sleep bags should be the correct size for the baby, fit securely around the neck and arm openings, and be appropriate for the room temperature.

Cellular Blankets are lightweight and breathable, which reduces the risk of overheating. If lightweight cellular blankets are used, they should be tucked in securely low shoulder height with the baby positioned feet-to-foot in the cot.

A Firm, Flat Mattress with no raised edges. The mattress should be firm, flat and in good condition, with no raised or cushioned areas that could increase the risk of suffocation.

https://www.lullabytrust.org.uk/baby-safety/safer-sleep-information/room-temperature/

Providers may find it useful to check whether products meet the relevant British Safety Standards:

- cots, travel cots, Moses baskets and carrycots: BS EN 716-1:2017, BS EN 1466:2014 or BS EN 1466:2023
- bedside cribs: Since 2020, all bedside cribs should meet the new crib safety standard BS EN 1130:2019. This means cots should no longer have a side that fully drops down.
- mattresses: BS 7177:2008+A1:2011
- mattresses for cots, travel cots and cribs: BS EN 16890:2017+A1:2021
- sleepbags: BS EN 16781:2018

This list is provided for reference, you must ensure you are satisfied that your setting's sleeping arrangements meet the EYFS requirements.

https://help-for-early-years-providers.education.gov.uk/health-and-wellbeing/safer-sleep

Good Practice

When purchasing sleep equipment, check that it complies with the relevant British standards and is suitable for the age and developmental state of the children who will use it. Always follow the manufacturers instructions for assembly, use and maintenance.

Sleeping Outdoors in Early Years Settings

Sleeping outdoors or in the fresh air is a well-established practice in many early years settings and, when managed safely, can form part of a child's daily routine.

Some early years settings choose to offer Outdoor sleeping as part of their daily routine. Wherever children sleep, the same evidence-based safer sleep principles must always be followed.

Providers choosing to offer outdoor sleeping must ensure that robust risk assessments, clear procedures and effective supervision arrangements are in place.

Safer Sleep Principles

Whether sleeping indoors or outdoors, babies should always:

be placed **on their back for every sleep**

sleep in **their own separate sleep space**

sleep on a **firm, flat, waterproof mattress**

have a sleep space that is **clear of pillows, duvets, cot bumpers, nests, pods, sleep positioners, beanbags, and soft toys**

be regularly monitored throughout their sleep in accordance with the setting's safer sleep policy.

Babies aged 12 months and under should sleep in a cot or recognised infant sleep space, such as a travel cot, carrycot, or Moses basket, which meets relevant safety standards and is appropriate for the Outdoor environment.

Outdoor Sleeping Considerations

When children sleep outdoors, providers should give careful consideration to:

Weather conditions

Protect children from direct sunlight, strong winds, heavy rain, and extreme temperatures.

Outdoor sleeping should not take place when weather conditions could compromise children's safety or wellbeing.

Temperature

Overheating remains one of the most significant safer sleep risks.

Dress babies appropriately for the outdoor temperature.

Avoid excessive layers, thick hats during sleep, heavy blankets, or over-wrapping.

Regularly check the baby's chest or the back of their neck to ensure they are warm but not hot or sweaty.

Supervision

Children sleeping outdoors must be appropriately supervised at all times.

Practitioners should carry out regular visual checks and record sleep checks in line with the setting's policy.

Sleeping children must never be forgotten or left without effective monitoring.

Sleep Equipment

Outdoor cots or sleep equipment must provide a firm, flat sleep surface and be maintained in a safe, clean condition.

The sleep environment should remain free from loose bedding and unnecessary items.

Prams, Pushchairs and Car Seats

Prams, pushchairs, and buggies should not routinely be used as a baby's main sleep space within the setting.

If a baby falls asleep during a journey in a buggy or car seat, they should be transferred to their cot or recognised sleep space as soon as it is practical if they are to continue sleeping.

Risk Assessment

Settings offering outdoor sleeping should ensure their risk assessment considers:

the age and developmental stage of each child

individual medical needs

weather conditions

supervision arrangements

security of the outdoor environment

suitable sleep equipment

temperature monitoring

emergency procedures

Protection from insects and other environmental hazards.

Good Practice

Providers should ensure that parents understand the setting's approach to outdoor sleeping and obtain any necessary information about the child's usual sleep routines and individual needs.

Sleep arrangements should always reflect current safer sleep guidance and be reviewed regularly as part of the setting's wider safeguarding and health and safety procedures.

Creating the Best Conditions for Quality Sleep

High-quality sleep begins long before a child closes their eyes. The most effective sleep environments are calm, predictable, and responsive to children's individual needs.

Responsive care should never involve holding a child down, restraining them or preventing them from moving freely. Gentle reassurance, such as briefly patting a child or holding their hand, may be appropriate where it reflects the child's individual

care routine and they remain free to move. Practitioners should never use force, repeated physical intervention or restraint to induce or maintain sleep.

This is an important distinction because it reinforces both safer sleep and children's rights and wellbeing. Practitioners should remain responsive and emotionally available, but any physical intervention should only ever be what is necessary to meet a child's immediate comfort or care needs—not to induce or enforce sleep.

Rather than relying on repeated physical interventions to encourage sleep, practitioners should focus on creating the calm, predictable conditions that naturally support relaxation and sleep.

Every child is different. Some settle quickly, while others need reassurance and time. Sensitive, responsive care stays at the heart of good practice.

A Calm and Predictable Environment

Children settle more easily when they know what to expect. Consider:

- following a consistent sleep routine each day
- reducing noise and activity before sleep times
- using soft, natural lighting where possible
- maintaining a comfortable room temperature (between 16°C and 20°C)
- ensuring the sleep environment feels calm, uncluttered, and secure.

Simple environmental cues help children recognise that it is time to rest.

Gentle Transitions

Moving directly from energetic play to sleep can be difficult for many children. A gradual wind-down period may include:

- quiet stories
- gentle conversation
- looking at books
- calming songs or lullabies
- quiet individual activities.

Avoid highly stimulating play immediately before sleep.

The Importance of Emotional Security

Children settle best when they feel emotionally safe. Practitioners can provide reassurance by:

- staying calm and unhurried
- using a quiet, reassuring voice
- staying nearby while children settle

- responding sensitively to individual needs
- recognising that some children may need more reassurance than others.

Being emotionally available is often far more effective than relying on repeated physical intervention.

Supporting Independent Sleep

The aim is not to make children sleep, but to help them feel sufficiently calm and secure to fall asleep naturally.

Where appropriate, practitioners should encourage children to develop their own settling strategies while remaining responsive if reassurance is needed.

Children should never be forced to sleep or physically restrained to remain lying down.

Working with Parents

Discuss children's usual sleep routines with parents and carers. Useful information includes:

- usual sleep times
- preferred settling routines
- use of a comforter or dummy
- medical needs
- cultural or family practices.

Where home routines do not align with current safer sleep guidance, practitioners should explain the reasons for the setting's safer sleep policy in a respectful and supportive manner.

Professional Reflection

The quality of children's sleep is influenced far more by the emotional climate created by practitioners than by physical settling techniques.

Ask yourself:

- Does our sleep environment feel calm and unhurried?
- Are our routines predictable and consistent?
- Do practitioners provide reassurance without relying on physical intervention?
- Do we respect children's individual sleep needs?
- Does our practice fully reflect current safer sleep guidance?
- How do we know that every practitioner applies these approaches consistently, even when leaders are not present?

Creating the right conditions for sleep is an important part of safeguarding. Calm, responsive practice supports children's wellbeing while promoting safe, healthy sleep habits.

Safer Sleep During Overnight Care

Guidance for Childminders & Settings Providing Overnight Care

Providing overnight care is a significant responsibility. While the fundamental principles of safer sleep remain the same as those used during daytime care, overnight provision introduces additional safeguarding, supervision, and emergency planning considerations.

Children are at their most vulnerable while sleeping. We must therefore ensure that every aspect of the sleeping environment, supervision arrangements and emergency planning has been carefully considered before offering overnight care.

High-quality overnight care is underpinned by thoughtful preparation, robust risk assessment, and a commitment to protecting children's safety and wellbeing throughout the night.

Before Offering Overnight Care

Before providing overnight care, you should ensure that you have carefully considered whether the setting, policies and procedures are suitable for caring for children throughout the night.

This includes reviewing:

- Registration requirements.
- Insurance arrangements.
- Risk assessments.
- Fire safety procedures.
- Sleeping arrangements.
- Parent information.
- Emergency planning.

Good preparation provides reassurance for families while demonstrating that safeguarding stays central to every aspect of overnight care.

Registration and Insurance

Before providing overnight care, you should ensure you comply with all relevant registration and insurance requirements.

Consider:

- Have I confirmed with Ofsted or my childminder agency whether any changes to my registration or operating arrangements are needed before providing overnight care?
- Does your public liability insurance specifically cover overnight care?
- Have your policies been updated to include overnight care arrangements?
- Have emergency contact procedures been reviewed?
- Have parents received clear written information about overnight arrangements?

Maintaining accurate records shows professionalism and helps ensure compliance with statutory requirements.

Creating a Safe Sleeping Environment

The sleep environment should support both comfort and safety.

Children should always sleep in accommodation appropriate for their age and stage of development.

For babies this means:

- A firm, flat mattress protected by a waterproof mattress cover.
- A fitted sheet.
- Feet positioned at the foot of the cot.
- Babies always placed on their back to sleep unless alternative medical advice has been provided in writing.

Babies should **not** sleep with:

- Pillows.
- Duvets.
- Cot bumpers.
- Sleep positioners.
- Sleep nests, pods and sleep positioners.
- Loose blankets that could cover the face.
- Soft toys.
- Cushions.

Older children should have age-appropriate bedding that minimises overheating and entrapment risks.

Cot Positioning Matters

Where a child sleeps is just as important as what they sleep in.

Never position a cot underneath or immediately beside a window.

This simple precaution helps reduce several avoidable risks, including:

- Blind or curtain cords creating strangulation hazards.
- Curtains becoming accessible as babies begin pulling themselves upright.
- Objects falling from windowsills.
- Windows being opened accidentally.
- Exposure to excessive sunlight or cold draughts.
- Older babies trying to climb from the cot.

Similarly, avoid positioning cots close to:

- Radiators.
- Portable heaters.
- Electrical cables.
- Heavy furniture that could topple.
- Shelving containing unsecured objects.

Every sleeping area should be carefully risk assessed before use.

Overnight Supervision

Children remain under the practitioners' care throughout the night.

Appropriate supervision arrangements should therefore be in place at all times.

The frequency of recorded sleep checks should reflect the child's age, individual needs and risk assessment, while recognising that regular checks compliment rather than replace continuous vigilance.

Where possible, babies should sleep in the same room as the practitioner.

If children sleep in a separate room, that room should be close enough for the practitioner to respond immediately should assistance be required.

Many practitioners choose to use high-quality audio or video baby monitors to support supervision.

However, it is important to remember that:

Baby monitors support supervision—they never replace it.

Technology cannot replace regular physical checks to ensure children remain safe, comfortable, and breathing normally.

Sleep checks should be proportionate to the child's age, developmental stage, and individual needs.

Any concerns should always be acted upon at once.

Fire Safety During Overnight Care

Emergency evacuation procedures should be practised and reviewed regularly to ensure they remain realistic, particularly where babies or very young children require assistance to leave the building safely.

Fire safety planning becomes even more important when children are sleeping.

An overnight fire risk assessment should consider:

- Escape routes from sleeping areas.
- Smoke alarm coverage.
- Carbon monoxide alarms where appropriate.
- Safe storage of keys.
- Access to emergency exits.
- Emergency lighting if required.
- Keeping hallways and exits free from obstruction.
- Emergency contact details.
- A fully charged mobile telephone.

Providers should carefully consider how they would evacuate children who are unable to walk independently.

Ask yourself:

If I had to evacuate my home at two o'clock in the morning, how would I safely remove every child in my care?

Planning ahead allows rapid decision-making during an emergency.

Home Security

Children should sleep in an environment that remains secure throughout the night.

Before children settle to sleep, check that:

- External doors are locked.
- Windows are secure while maintaining safe ventilation.
- Blind cords are secured safely out of children's reach.
- Medicines stay inaccessible.
- Cleaning products are locked away.
- Hazardous items cannot be accessed.
- Visitors cannot gain access to sleeping children.
- Mobile telephones remain fully charged and easily accessible throughout the night.

Security forms an important part of safeguarding.

Working in Partnership with Parents

Parents know their child's usual routines better than anyone else.

Before overnight care begins, gather detailed information to ensure routines can be followed safely wherever appropriate.

Useful information includes:

Sleep Routine

- Usual bedtime
- Settling routine
- Comforter used
- Favourite bedtime story
- Sleep associations
- Typical waking times
- Night waking patterns

Health

- Medical conditions
- Allergies
- Medication
- Reflux
- Sleep apnoea
- Febrile seizures
- Any breathing concerns
- Recent illness

Feeding

- Evening meal arrangements
- Milk feeds
- Night feeds if applicable
- Bottle preparation instructions
- Dietary requirements

Personal Care

- Nappy routine
- Toileting arrangements
- Continence needs
- Comfort measures

Emergency Information

- Parent contact numbers
- Alternative emergency contacts
- GP details

- Consent for emergency medical treatment
- Hospital preferences where appropriate

Emotional Wellbeing

Consider asking parents about:

- Recent changes at home
- Separation anxiety
- Bereavement or family changes
- Recent disrupted sleep
- Anything likely to affect settling.

Accurate information enables you to provide safe, responsive, and individualised care.

Recording Overnight Care

Keeping accurate records promotes continuity of care and provides reassurance for families.

Records might include:

- Time the child settled to sleep.
- Sleep observations and physical checks.
- Night waking.
- Comfort provided.
- Milk feeds.
- Medication administered.
- Nappy changes.
- Any accidents or incidents.
- Time the first child woke.
- General wellbeing throughout the night.

These records support effective communication with parents and provide valuable safeguarding evidence.

Professional Reflection

Consider the following questions:

- If an inspector visited during an overnight stay, what evidence would demonstrate that safeguarding remains equally robust throughout the night?
- Would my overnight arrangements meet the same high standards I would expect during the day?
- Have I fully assessed every foreseeable risk?
- Would I be able to evacuate every child safely during the night?
- Does my sleeping environment reflect current safer sleep guidance?

- How confident am I that parents fully understand my overnight care procedures?
- Are my overnight policies, insurance, and registration arrangements fully up to date?
- Would an inspector see overnight care as being safe, well planned, and effectively managed?

Deborah's Inspection Tip

High-quality overnight care is not simply about providing somewhere for children to sleep. It is about demonstrating that every foreseeable risk has been anticipated, carefully assessed and managed. Inspectors are likely to consider how well you identify and minimise risks, maintain effective supervision, work in partnership with parents and ensure children's safety and wellbeing throughout the night. Thoughtful planning, meticulous attention to detail and consistently high standards of safeguarding provide the strongest evidence of high-quality practice.

Notes

Activity 3: **Sleep Observation Record**

Observer:
Date:
Time:
Number of babies asleep:

What did I observe?

Environment

Practitioner interactions

Sleep checks

Level of supervision

Sleep environment – was the sleep space free from unnecessary items?

Baby positioning

Individual Needs – were the child's individual sleep arrangements followed appropriately?

Communication between staff

Professional judgement demonstrated

Strengths observed (Evidence)

Areas for Development

Agreed Actions

- Action
- Person Responsible
- Completion Date
- Impact Reviewed

Activity 4: **Practitioner Knowledge Quiz**

Discuss as a team.

Why should babies under six months have an adult in the same room for every sleep?

Why should babies normally be placed on their backs to sleep?

Why should pillows not be used?

What is the ideal room temperature for sleeping babies?

How would you know whether a baby is too warm?

What should you do if a parent requests tummy sleeping?

What should a sleep check include?

What would concern you during a sleep check?

How often should safe sleep knowledge be refreshed?

Who is responsible for safe sleep?

□ Manager
□ Baby Room Leader
□ DSL
□ Everyone

What should you do if you observe unsafe practice?

What would you do if you identified a safer sleep near miss?

Why is understanding the evidence as important as knowing the policy?

Activity 5: **Case Studies**

Case Study One

A parent asks practitioners to place their six-month-old baby on their tummy because "that's the only way he sleeps."

Questions

How would you respond?
How would you explain the evidence behind your decision?
How would you maintain a positive relationship?
Would you involve the manager?
What records would you keep?

Notes

Case Study Two

During a learning walk you notice a practitioner has left a comfort blanket covering part of a sleeping baby's face.

What immediate action would you take?
Would this require recording as a near miss?
How would you follow this up?
How could this become a learning opportunity?

Notes

Case Study Three

A new practitioner has completed induction but admits they are unsure why babies should sleep on their backs.

What would you do?

How could leaders ensure this knowledge gap is addressed?

How would you reassure yourself that this practitioner is now competent before they supervise sleeping babies independently?

Notes

Activity 6: **Myth or Fact?**

Tick whether each statement is a Myth or Fact.

Statement	**Myth**	**Fact**
Babies sleep better on their tummy		
A firm, flat mattress is safest		
Cot bumpers make cots safer		
Babies should always be placed on their backs initially		
Sleep positioners reduce risk		
Sleep checks should involve active observation		
Safe sleep is everyone's responsibility		
Parents and providers should work together		
Policies alone keep babies safe		
Safe sleep forms part of safeguarding		
The ideal sleep room temperature is 15c – 19c		

Team Discussion

Discuss why each statement is Myth or Fact.
Understanding the evidence helps practitioners apply safer sleep guidance confidently and consistently.

Which myths have you heard within practice?

What myths have you encountered from parents, colleagues or social media?

Activity 7: **Inspection Questions**

How would you answer?

Practitioners

How do you know a baby is sleeping safely?

What would concern you during a sleep check?

How do you know when a baby is too hot?

How do you communicate with parents?

How would you respond to a parent who asks you to go against the setting's safer sleep procedures?

What would you do if another practitioner did not follow the policy?

Leaders

How do you know that safer sleep practice is consistent across all staff and rooms?

How do you monitor safe sleep practice?

How do you assure yourself that guidance is consistently implemented?

How is safe sleep included within induction?

How do you monitor compliance?

How do you learn from incidents and near misses?

How do you use supervision and learning from near misses to improve practice?

How do you know your policy is understood?

Remember…

Inspectors are rarely looking for rehearsed answers. They are interested in understanding how well practitioners know the children in their care, how confidently they apply safer sleep guidance in everyday practice, and

whether leaders have greeted a culture where safeguarding is consistently embedded. Genuine understanding will always be more convincing than memorised responses.

Activity 8: **Parent Communication Reflection**

Reflect upon your current practice.

Do parents receive your Safe Sleep Policy? □ Yes □ No

Do you explain the reasons behind your procedures? □ Yes □ No

Would parents understand why certain requests cannot be accommodated?

□ Yes □ No

Could your communication be improved? □ Yes □ No

How will you strengthen parent partnerships in relation to safer sleep?

How confident are you that parents understand not only what your safer sleep procedures are, but why they are important.

Key Messages

Safer sleep is one of the most important safeguarding responsibilities within early provision. Every sleep period should reflect current evidence based guidance, vigilantly provision and thoughtful professional practice.

Safer Sleep Best Practices

- Sleep Space & Surface: All babies aged 12 months and under should sleep in a cot or a recognised infant sleep space, such as a travel cot, carrycot, or Moses basket, that meets relevant safety standards.
- Sleeping Position: Always lay babies on their backs for every nap.
- Clear Cot Rules: Ensure the sleep space is free from extra items like toys, pillows, loose bedding, cot bumpers, wedges, or straps.
- Bedding & Temperature: Rooms should be kept between 16–20°C. Use lightweight blankets tucked in firmly at the child's shoulders (placed "feet-to-foot") or use well-fitted baby sleep bags. Keep children's heads uncovered.
- **Supervision & Ratios: Babies under six months must have an adult in the same room while they sleep. All sleeping children must be within the sight and hearing of staff, with frequent sleep checks documented in accordance with the providers safer sleep policy.** https://help-for-early-years-providers.education.gov.uk/health-and-wellbeing/safer-sleep
- Travel Arrangements: Prams, pushchairs, and car seats should not form the main sleep space. If a child falls asleep while traveling, they must be transferred to their cot or recognised infant sleep space if they are to continue sleeping after returning to the setting.

For official regulations and resources, review the full DfE Safer Sleep Guidance or the Lullaby Trust Safer Sleep Overview.

Professional Curiosity

Never assume that long-standing practice is automatically safe. Continue to question routine routines, learn from their Mrs and remain professional professionally curious.

Activity 9: **Leadership Self-Evaluation**

Reflect honestly on your leadership.

Rate yourself from 1 (Developing) to 5 (Highly Effective)

Leadership Statement	**Score**
I understand current safe sleep guidance	
I regularly observe sleep practice rather than relying solely on records	
Our policy reflects current evidence	
Staff receive effective induction	
Safe sleep is regularly discussed	
I monitor practice routinely	
I challenge unsafe practice confidently	
Staff feel able to raise concerns	
Parents understand our procedures	
We learn from near misses	
Safe sleep forms part of quality assurance	
I could confidently discuss safe sleep during inspection	
Learning from incidents, near misses and safeguarding reviews informs continuous improvement.	

Leadership Reflection

What am I most proud of?

What do I need to improve?

What action will I take within the next month?

What action will I complete within the next three months?

How will I know that these actions have improved practice?

Activity 10: **Action Plan**

Area for Improvement	Action to be taken	Responsibility	Timescale	How will Success be Measured?

My Personal Commitment

Having completed this webinar and workbook, I commit to strengthening safe sleep practice by:

I recognise that safer sleep is an essential safeguarding responsibility and commit to applying current evidence-based guidance consistently in my everyday practice.

Signature _____

Date _____

Final Reflection - Remember…

Safe sleep is not simply a policy.

It is not merely a checklist.

It is not something we think about only when babies are asleep.

It reflects the strength of our safeguarding culture.

Every sleep.

Every baby.

Every day.

Because every baby deserves to wake safely.

Appendix 1

Safer Sleep Policy Statement (Example only)

The safety and wellbeing of every baby and child is our highest priority. We are committed to providing a safe, nurturing, and responsive sleep environment that promotes healthy sleep while minimising the risk of sleep-related harm.

Our practice is informed by the statutory requirements of the Early Years Foundation Stage, the Department for Education's safer sleep guidance for early years providers and the evidence-based recommendations of The Lullaby Trust.

We recognise that every child has individual sleep needs. Sleep arrangements are planned in partnership with parents and carers while ensuring that all practice remains consistent with current safer sleep guidance.

We are committed to ensuring that:

every baby is placed on their back for every sleep unless there is documented medical advice stating otherwise;

babies sleep in their own separate, firm, flat and clear sleep space that meets current safer sleep guidance;

sleep environments are safe, comfortable, well ventilated and maintained at an appropriate temperature;

babies under six months always have an adult with them in the same room while sleeping, in accordance with Department for Education guidance;

leaders and practitioners carry out and record sleep checks in line with our safer sleep procedures and individual risk assessments;

staff receive regular training and understand their responsibilities for promoting safer sleep;

parents are informed about our safer sleep procedures and are supported to understand the reasons for our approach;

concerns about a child's health, wellbeing or sleep are acted upon promptly and, where appropriate, shared with parents and relevant professionals.

We do not use practices that compromise children's safety or wellbeing, including unsafe sleep equipment or physical restraint to encourage sleep. Instead, practitioners create calm, predictable sleep routines that support children to settle naturally through sensitive, responsive care.

Safer sleep is an essential part of safeguarding. Through vigilant supervision, evidence-informed practice, and strong partnerships with families, we strive to ensure that every child experiences sleep that is both safe and restorative.

We regularly review our safer sleep arrangements in light of national guidance, safeguarding reviews, near misses and changes in children's individual needs.

Safe sleep is everyone's responsibility. Every practitioner has a duty to follow safer sleep procedures consistently, remain vigilant while children are sleeping, and challenge any practice that does not reflect current guidance.

Notes

References and Further Reading

The guidance and information contained within this workbook are informed by the following publications and organisations.

Department for Education (2026)

Safer Sleep: Help for Early Years Providers

Available at:
https://help-for-early-years-providers.education.gov.uk/health-and-wellbeing/safer-sleep

Department for Education (2026)

Changes to the Early Years Foundation Stage (EYFS) Framework from September 2026

Available at:
https://help-for-early-years-providers.education.gov.uk/support-for-practitioners/changes-to-the-eyfs-framework

Department for Education (2025)

Early Years Foundation Stage (EYFS) Statutory Framework

Available at:
https://www.gov.uk/government/publications/early-years-foundation-stage-framework–2

Department for Education

Working Together to Safeguard Children (2023, updated guidance)

Available at:
https://www.gov.uk/government/publications/working-together-to-safeguard-children–2

The Lullaby Trust

Safer Sleep Advice

Available at:
https://www.lullabytrust.org.uk/safer-sleep-advice/

The Lullaby Trust

Mattresses and Bedding

Available at:
https://www.lullabytrust.org.uk/baby-safety/mattresses-and-bedding/

The Lullaby Trust

Room Temperature

Available at:
https://www.lullabytrust.org.uk/baby-safety/safer-sleep-information/room-temperature/

NHS

Sudden Infant Death Syndrome (SIDS)

Available at:
https://www.nhs.uk/conditions/sudden-infant-death-syndrome-sids/

British Standards Institution

Relevant British Standards relating to infant sleep equipment, including:

- BS EN 716-1:2017 (Cots)
- BS EN 1466:2023 (Carrycots and Moses baskets)
- BS EN 1130:2019 (Bedside cribs)
- BS EN 16890:2017+A1:2021 (Mattresses)
- BS EN 16781:2018 (Baby sleep bags)

HM Government

Keeping Children Safe in Education (KCSIE) 2025

Available at:
https://www.gov.uk/government/publications/keeping-children-safe-in-education–2

Child Safeguarding Practice Reviews

Learning has been drawn from published Child Safeguarding Practice Reviews, Serious Case Reviews, coroners' Prevention of Future Death reports and criminal investigations relating to sleep-related deaths and serious incidents involving babies and young children.

Acknowledgements

This document has been developed using the latest available evidence and national guidance. Particular acknowledgement is given to the Department for Education, The Lullaby Trust, the NHS, safeguarding partnerships and the many published safeguarding reviews whose learning continues to improve the safety and wellbeing of babies and young children.

Professional Courtesy

This workbook has been developed through many hours of research, professional reflection and careful consideration of current legislation, national guidance and safeguarding learning.

It has been created to support early years leaders, practitioners, and childminders in strengthening safer sleep practice and, ultimately, to help keep babies safe.

You are warmly encouraged to use this workbook within your own setting or organisation for training, supervision, reflection, and professional development.

As a matter of professional courtesy, I kindly ask that you respect the intellectual property contained within this publication. Please do not reproduce, amend, rebrand, distribute, or present this material as your own work, or share it beyond your own organisation without prior written permission.

If you believe others would benefit from this resource, I would be delighted if you directed them to me so they can access an authorised copy.

Thank you for respecting the time, experience and professional expertise invested in producing this workbook, and for sharing my commitment to improving outcomes for babies and young children.

Deborah Udakis
Early Years Consultant | Former Her Majesty's Inspector

Every baby deserves the safest possible start. By working together, sharing good practice ethically and continuing to learn from one another, we can help ensure that every sleep is a safer sleep.

Guidance checked and accurate at the time of publication (July 2026). Providers should ensure they remain familiar with future updates to the EYFS, Department for Education safer sleep guidance and The Lullaby Trust recommendations.

Deborah Udakis

PROFESSIONAL PRACTICE SERIES

VOLUME 1

Safer Sleep *in* Early Years Settings

PROFESSIONAL GUIDE

ABOUT THIS GUIDE

This professional guide has been created to help early years providers and childminders understand and implement the latest safer sleep guidance with confidence.

Grounded in current legislation, national guidance and the learning from serious safeguarding reviews, it combines practical tools, reflective activities and expert insight to support high-quality, consistent and evidence-informed practice.

Whether you are leading a team, supporting staff development or reviewing your setting's practice, this workbook will help you create the safest possible sleep environment for every baby in your care.

WHAT YOU WILL FIND INSIDE

- ✓ Guidance and best practice
- ✓ Checklists and audit tools
- ✓ Reflective activities
- ✓ Case studies
- ✓ Inspection focus
- ✓ Leadership and governance
- ✓ Parent communication support
- ✓ Action planning
- ✓ Resources and templates

WHO IS THIS GUIDE FOR?

Nursery Managers, Leaders and Practitioners

Childminders and Childminding Assistants

Governors, Trustees and Early Years Professionals

> "Safe sleep is not just about the environment. It is about professional vigilance, informed decisions and a culture that puts babies first."
>
> *Deborah Udakis*

Every sleep. Every baby. Every day.

BECAUSE EVERY BABY DESERVES TO WAKE SAFELY.

About the Author

Deborah Udakis is a leading Early Years Consultant and former Her Majesty's Inspector (Ofsted) with over 45 years of experience in early years education and childcare.

A highly respected national speaker, trainer and advisor, she is passionate about raising standards, supporting leaders and improving outcomes for all babies and young children.

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Professional Courtesy

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