THE

WORKING PARENTS' SLEEP PLAN

A 14-NIGHT STEP-BY-STEP PLAN
FOR BETTER SLEEP AND HAPPIER DAYS

MORE SLEEP.
LESS STRESS.
STRONGER
TOGETHER.

REALISTIC · GENTLE · EFFECTIVE

Made for working parents.

START HERE

How this plan works

One method, fourteen nights, four moves. Read this page, then the checklist opposite, and you are ready for the weekend.

1. **Read Part One (pages 3–10, about 20 minutes).** Safety, timing, the sleep space, the 20-minute routine, the working-parent evening and night feeds. Every night card assumes you have read it. Short on time? Pages 4, 7 and 10.
2. **Do the prep weekend (page 14).** Set up the room, agree the plan with your partner or co-carer on the Plan Sheet, and run the routine a few times with no pressure. Families who skip this are the ones who quit on Night 3.
3. **Run the nights (pages 15–23).** Each night has a card: where you sit, what you do, what is normal, what to write down. Read tonight's card while the bath runs. Do not read ahead further than tomorrow.
4. **Add naps on Day 4 (page 25).** Nights first, then days. At-home days use the nap plan; daycare days use the handoff sheet.

Three rules for all fourteen nights

RULE 1 · SAME RESPONSE, EVERY TIME

Babies learn from patterns, not single nights. A response you can repeat at 2 a.m. on a Wednesday beats a perfect one you can only manage on Saturday.

RULE 2 · NEVER LEAVE DISTRESS ALONE

This is a stay-close plan. Fussing and protest are normal and you talk your baby through them. Real distress gets a hands-on response, every time, at every stage.

RULE 3 · DON'T GO BACK, DON'T RUSH FORWARD

If a night is rough, repeat the same position tomorrow. Don't retreat to an earlier one, and don't jump ahead because a night went well.

Who this is for

Healthy, full-term babies from about **4 to 12 months** (count from due date if early) whose doctor has no concerns about growth or feeding. Own room or a crib in yours, breast or bottle, daycare or at home, one parent or two. **Not** for babies under 4 months (page 3 has gentle foundations), babies who are unwell, or a fortnight that already holds travel, a house move or a return to work. Pick a calmer fortnight.

WHAT TO EXPECT

Nights 1–3 are the hardest: 20–60 minutes of protest at bedtime while you sit beside the crib.

Nights 4–7 most families see a clear turn: quicker settling, fewer wakings.

Nights 8–14 you move to the door and then out of the room. Long stretches become the norm.

In a large review of behavioural sleep studies, more than 8 in 10 babies showed a clear, lasting improvement. Gradual, parent-present methods work about as well as check-in methods, with less crying.

WHAT "SLEEPING THROUGH" MEANS HERE

Every baby surfaces several times a night. The skill is sliding back into sleep without help. For a healthy baby over six months with no night feeds: a consolidated **8–11 hours** and a baby who settles in under 15 minutes with you out of the room. For a 4–5-month-old or a baby with a kept feed: one short, sleepy feed and long stretches either side.

<15	0–1	8–11h	You
MIN TO FALL ASLEEP	WAKINGS NEEDING YOU	LONGEST STRETCH	OUT OF THE ROOM

HEALTH NOTICE

General educational information for healthy, full-term babies aged roughly 4–12 months. Not medical advice. Talk to your baby's doctor before starting, and before changing night feeds. Stop and seek advice if your baby is unwell, was premature, has reflux, breathing difficulties, feeding or weight concerns, or any medical condition. Always follow current safe-sleep guidance.

Is your baby ready? Are you?

Tick every box honestly. All ticked, you can start this weekend. If not, use the "while you wait" box and come back in a few weeks.

Your baby

- [ ] At least **4 months old**, counted from the due date. (Many pediatricians prefer 5–6 months; ask yours.)
- [ ] **Gaining weight well**; no feeding concerns from your doctor.
- [ ] **Not currently unwell**: no fever, cold, ear infection or bad teething week. Loud snoring, gasping or breathing pauses need a doctor's review first.
- [ ] Out of the swaddle and sleeping in an arms-free sleep sack.
- [ ] Has had a few days of the 20-minute routine (page 7), even a rough version, so it isn't new on Night 1.

Your household

- [ ] You can give this **14 consecutive nights at home**: no travel, no house move, no big visitors.
- [ ] **Every adult who does bedtime or nights has read pages 11–13** and agrees to the same responses. A grandparent who rocks to sleep on Night 5 undoes Nights 1–4.
- [ ] You have agreed who takes which nights on the Plan Sheet (page 31); whoever finds crying hardest steps back on the tough ones.
- [ ] Night 1 is a **Friday or Saturday**, so the hardest nights fall before a day off.
- [ ] You have agreed a reset limit (three pick-ups or 45 minutes) and that the Plan Sheet, not either of you, decides on the night.

TALK TO YOUR DOCTOR FIRST IF

Your baby was premature or small for dates; there is reflux, an allergy or slow weight gain; you are unsure which night feeds to keep; or anyone in the house is struggling with their own mood right now. Sleep deprivation and postpartum depression feed each other, and you deserve support too.

UNDER 4 MONTHS? WHILE YOU WAIT

Formal sleep training isn't appropriate for newborns, but the foundations are:

- Start the bedtime routine (page 7) from about 8 weeks.
- Bright mornings outside; dim, boring nights.
- Once a day, put your baby down drowsy but awake and see what happens. If it doesn't work, pick them up.
- Vary how they fall asleep (carrier, stroller, crib, arms) so no single way becomes the only way.

WHY BABIES WAKE, IN ONE BREATH

A night is a chain of 45–90-minute sleep cycles. At the top of every cycle your baby briefly surfaces and runs a check: *is everything the same as when I fell asleep?* If the rocking, the feed or your hand is gone, they wake fully and call for it.

How your baby falls asleep at bedtime is how they expect to fall back asleep at 1, 3 and 5 a.m. Change bedtime and the night follows. That is the whole plan.

WHAT WE WILL NOT DO

We will not leave your baby to cry in an empty room, and we will not promise no crying at all. Any change to how a baby falls asleep is met with protest. Our job is to make the change small, predictable and warm enough that the protest fades, night after night, until there is nothing left to protest.

Safe sleep: the non-negotiables

Current American Academy of Pediatrics recommendations (2022), echoed by pediatric bodies worldwide. Every sleep, night and nap, home and away, the whole first year. If anything conflicts with your own doctor's advice, follow your doctor.

SAFETY INSIDE THIS PLAN

Nothing in the Stay-Close Method asks you to add anything to the crib, change your baby's sleep position, leave a distressed baby, or skip a feed your doctor wants kept. If you are ever so tired you might fall asleep holding your baby, put them down safely first.

Position & surface

- [ ] **Back to sleep**, every sleep, until their first birthday. Once your baby rolls both ways on their own, you can leave them as they settle, but still place them on their back.
- [ ] A **firm, flat, level surface**: a crib, bassinet or play yard that meets current safety standards, with a fitted sheet and nothing else.
- [ ] **No inclined sleepers**, rockers, loungers, swings, bouncers, car seats or carriers for sleep. If your baby dozes off in one, move them to the crib.
- [ ] Never sleep with a baby on a **sofa or armchair**. It is one of the highest-risk situations there is, and it happens when an exhausted parent "just sits down for a minute".

What goes in the crib

- [ ] **Nothing soft.** No pillows, blankets, quilts, bumpers, positioners, stuffed animals or loose bedding. A bare crib is exactly right.
- [ ] A **wearable sleep sack** instead of a blanket, with no weights: the AAP advises against weighted sacks, swaddles and blankets.
- [ ] **Stop swaddling** at the first sign of trying to roll, often 2–4 months. Every baby in this plan's age range should be in an arms-free sack.

Where your baby sleeps

- [ ] **Room-share, don't bed-share.** The AAP recommends your baby sleeps in your room, on their own separate surface, ideally for at least the first six months. Bed-sharing risk is highest under four months, with a parent who smokes or has had alcohol or sedating medication, or on a soft surface.

Temperature & comfort

- [ ] Room **comfortable for a lightly dressed adult**, roughly 68–72°F (20–22°C). Overheating raises risk: no hats indoors, and one more layer than you would wear is plenty.
- [ ] A **pacifier** at bedtime and naps is protective. Don't attach it to anything or force it.

Everything else

- [ ] Breastfeeding is protective; any amount helps.
- [ ] Keep **immunisations** up to date; keep the home and car smoke-free.
- [ ] Supervised **tummy time** daily.
- [ ] Breathing monitors and "anti-SIDS" products are no substitute for any of the above.

ROOM SET-UP, IN ONE LINE

Bare crib · firm mattress on the lowest setting · fitted sheet only · sleep sack rated for the room · sound machine across the room · dark enough that you can't read.

How much sleep, and when

Timing is the lever most families pull wrong, and the easiest to fix. Too early and they protest the twenty minutes they weren't yet tired; too late and they arrive overtired, wired and harder to settle.

AGE	WAKE WINDOWS	NAPS	DAY SLEEP	NIGHT SLEEP	TOTAL / 24H	TYPICAL BEDTIME
4 months	1.5–2.5 h	3–4	3.5–4.5 h	10–12 h	14–16 h	6:30–8:00 p.m.
5 months	2–2.5 h	3	3–4 h	10–12 h	14–15 h	6:30–7:45 p.m.
6–7 months	2–3 h	3 → 2	3–3.5 h	10–12 h	14 h	6:30–7:30 p.m.
8–9 months	2.5–3.5 h	2	2.5–3 h	10–12 h	13.5–14 h	6:30–7:30 p.m.
10–12 months	3–4 h	2	2–3 h	10–12 h	13–14 h	6:45–7:45 p.m.

Ranges drawn from pediatric sleep guidance and large infant-sleep datasets; individual babies vary by an hour or so either way. "Wake window" is the time from waking up to being asleep again, including the routine.

READY FOR SLEEP (ACT NOW)

- Quieter, staring, losing interest in toys
- Slower movements, a glazed look
- First yawn, rubbing eyes or ears
- Turning away from faces and light

OVERTIRED (YOU'VE MISSED IT; GO FASTER)

- Sudden burst of energy, frantic play
- Arching, back-stiffening, hard to hold
- Fussing that escalates instead of settling
- Hysterical laughing that tips into crying

THE BEDTIME FORMULA

Bedtime = end of last nap + wake window for age − 20 minutes for the routine.

Last nap ended at 4:30 and your 7-month-old's window is 2.5–3 hours: aim to be asleep by 7:00–7:30, so start the routine at about 6:40–7:10. On daycare days, when naps are shorter, use the early end of the range. An earlier bedtime almost never causes early waking; an overtired bedtime almost always does.

Three sample days that fit a working week

All assume a 6:30 a.m. wake, a caregiver or daycare in the day, and parents home by about 5:45 p.m. Shift the whole day to match your baby's natural wake time; the shape stays the same.

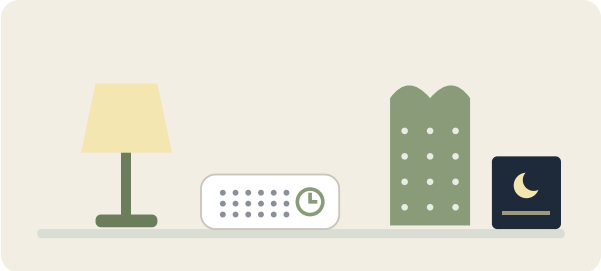
AGE	SHAPE OF THE DAY	NOTES
Around 5 months 3 naps + cat nap	Wake 6:30 · Nap 1 ≈ 8:30 · Nap 2 ≈ 11:30 · Nap 3 ≈ 2:45 · cat nap 5:00–5:30 (stroller or car) · routine 6:55 · asleep ≈ 7:15	Windows of about 2 h. If the cat nap doesn't happen, bring bedtime forward to 6:30–6:45.
Around 7 months 2 naps + optional cat nap	Wake 6:30 · Nap 1 ≈ 9:00 · Nap 2 ≈ 1:00 · optional cat nap 4:30–5:00 · routine 6:45 · asleep ≈ 7:05	Windows 2.5–3 h. Many babies drop the third nap between 6 and 8 months. On no-cat-nap days, bedtime moves to 6:30. Early bedtime is your best friend.
Around 10 months 2 solid naps	Wake 6:30 · Nap 1 ≈ 9:30 · Nap 2 ≈ 2:00 (end by 3:30) · routine 6:50 · asleep ≈ 7:10	Windows 3–4 h, longest before bed. Keep the second nap from running past 3:30–4:00 or bedtime drifts late.

DAYCARE DAYS

Daycare naps are shorter and lighter: brighter rooms, other babies, a set schedule. Don't fight it. Expect a more tired baby in the evening and move bedtime 15–30 minutes earlier. Give daycare the handoff sheet (page 34) so they know your wake-window targets and your baby's cues.

The sleep space

The four-piece sleep kit, and how to set the room up in an hour.



The sleep kit: a dim warm lamp, a steady sound source, an arms-free sleep sack, and one short book.

SET-UP CHECKLIST

- [ ] Blackout up; test at bedtime with the door closed
- [ ] Sound machine across the room, continuous, all night
- [ ] Crib bare; mobile down; sleep sack that fits, one spare
- [ ] Chair placed touching the crib; water, dim book light, phone on silent
- [ ] Room 68–72°F; TOG to match

1. Dark

Darker than you think. Melatonin is suppressed by light, and a baby who can see the room has something to look at at 5 a.m. Aim for a room where you can't read the tracker without a light. Blackout blinds are the best sleep purchase you will make; blackout film or a travel blind works too.

2. Steady sound

Continuous white or pink noise (a fan-like hum, rain, static) masks the dishwasher, the neighbour and the older sibling, and becomes a sleep cue your baby recognises anywhere. On all night, moderate volume, across the room rather than beside the crib; as loud as a running shower heard from the crib is a sensible ceiling.

3. Comfortable

A firm, flat mattress with a fitted sheet, nothing else. Sleep sack rated for the room (about 1.0 TOG for 68–72°F, 2.5 for cooler rooms) over a onesie or light pajamas. Judge warmth at the back of the neck, not the hands: warm, not sweaty.

4. Boring

Mobile down; toys and light-and-music projectors out of the crib. The crib's only job is sleep, and the more single-purpose it is, the faster your baby recognises what happens there. **Plus one extra:** a comfortable chair or floor cushion you can move. You will spend nine nights in it.

5. Room-sharing set-up

If the crib is in your bedroom, everything above still applies, plus: position the crib so your baby cannot see your face from where they lie (the foot of your bed or a corner), with a folding screen or hung sheet as a barrier if the room is small. On the later nights, "out of the room" means lying in your own bed, still and silent, which most room-sharing babies accept once they can't see you.

The 20-minute bedtime routine

Short enough to run on a weeknight. Consistent enough to work as a sleep cue on its own. In one study of over two hundred babies, a simple three-step routine lengthened the longest night stretch within three nights, with no other changes. The magic is the order, the calm and the repetition.

MINUTES	STEP	WHAT IT LOOKS LIKE	WHY IT WORKS
0–5	**Wind down**	Dim the lights in the whole house. Screens off. Slow the pace. Say the same phrase every night: *"It's nearly bedtime."* Final feed happens here for babies who feed before bed.	Light and pace tell the body clock night is coming. The phrase becomes a cue.
5–10	**Bath or wash**	A warm bath on alternate nights; other nights a warm washcloth to face, hands and feet. Calm, not splashy.	Body temperature rises in the bath and falls afterwards; that drop triggers drowsiness.
10–14	**Change & sleep sack**	Fresh diaper, pajamas, sleep sack on. Sound machine on, blinds closed. Now you are in the sleep room with the lamp only.	The sleep sack going on becomes a strong physical cue.
14–18	**Book & cuddle**	One short book, the same one for now, in your arms in the chair. Then a cuddle, a little song or hum. Baby calm and drowsy, eyes open.	Connection lowers stress hormones. Predictable words anchor the ending.
18–20	**Down awake**	Say the **sleep phrase**, kiss, place in the crib on their back, awake. Lamp off. Take tonight's position.	This is the moment they learn. Everything before it exists to make this moment easier.

WHERE THE FEED GOES

Move the last feed to the **start** of the routine, in the living room with the lights on, or right after the bath but before the book. The goal is a full baby put in the crib awake, not a baby who fell asleep on the bottle or breast. If your baby always dozes off feeding, feed first and let the bath wake them a little; that is what the bath is for.

"DROWSY BUT AWAKE", DECODED

Calm, fed, warm and heavy-lidded, but eyes open and aware of being put down. Fully asleep on arrival: nothing learned. Wide-eyed and playful: the routine went too fast or bedtime is too early. Aim for the middle and don't obsess; the 14 nights are forgiving of "too awake". That is what you are there for.

The sleep phrase

Choose one short sentence you will say in the same calm voice at every bedtime and every waking for two weeks. Something like *"I love you. It's time to sleep. Night night."* By Night 5 the phrase alone starts to bring your baby's shoulders down; by Night 12 it is doing most of the work from the doorway. It is also what your partner, your mother and the babysitter say, so the message is identical whoever is in the chair.

Make it yours, then freeze it

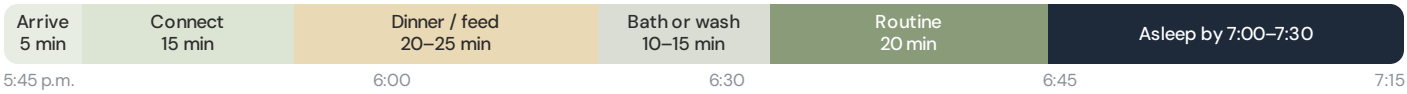
Swap the song, swap the book, add goodnight to the moon. Then stop changing it. For fourteen nights the routine is identical: same order, same words, same room. Write it on the Routine Card (page 35) and stick it inside the wardrobe door. For naps, a two-minute miniature: sack, sound, blinds, phrase, one verse, down awake.

COMMON ROUTINE MISTAKES

- **Too long.** A forty-minute routine on a weeknight becomes a five-minute routine by Thursday. Twenty every night beats forty on the good ones.
- **Too stimulating.** Tickling, flying games and bright bathroom lights at 6:50 p.m. undo the wind-down.
- **Feeding last.** If the last thing before sleep is a feed, the feed is the sleep association. Move it earlier.
- **Starting too late.** If your baby is already rubbing their eyes when you start, you are twenty minutes behind. Start at the first quiet moment.

The working-parent evening

Ninety minutes from the front door to lights out. The hardest part of a sleep plan for a working household is not the method. It is the logistics.



BLOCK	WHAT HAPPENS
Arrive (5 min)	Bag down, shoes off, phone on the counter. Do not check email. Your baby has waited all day; the next fifteen minutes are the most important connection of the evening.
Connect (15 min)	Floor time, face to face. Songs, peekaboo, a walk round the garden. This is the play your baby needs, and it also reduces bedtime protest: a baby who has had your full attention separates more easily. Get the energy out here, not in the bath.
Dinner & feed (20–25)	Solids if they are on them, then the milk feed with the lights still up. If one parent cooks for the adults, the other feeds the baby. Adults eat after bedtime; it is the single best trade you will make this fortnight.
Bath or wash (10–15)	Bath on alternate nights, a warm washcloth on the others. Start dimming the house now.
Routine (20)	Page 7, exactly as written. Phrase, down awake, tonight's position.
Asleep (by 7:00–7:30)	Then dinner, then the tracker, then whatever is left of you.

IF YOU'RE HOME LATE

If you walk in at 6:30, skip the bath and shorten connect to five minutes; bedtime moves at most thirty minutes. If you walk in after 7:00, the other adult or the caregiver has already started bedtime. Don't reopen it; a baby who is mid-routine and sees a new face gets a second wind. See them in the morning instead. It hurts, and it is the right call.

THE 5:45 HANDOVER

Whoever does pickup gives the other a one-line report: last nap ended at 3:40, ate well, seems tired. That one line sets bedtime. Ask daycare to write nap times down; the handoff sheet on page 34 has a space for it.

WORKING-PARENT RULES OF THUMB

- **Protect bedtime, not the morning.** Early wake-ups are survivable. Late bedtimes wreck the whole night.
- **Weekends are for holding the line,** not catching up. Same bedtime Saturday as Tuesday, within 30 minutes.
- **Batch everything.** Bottles washed and lined up. Pajamas and sleep sack in the same drawer. The book on the chair. Fewer decisions at 6:40 p.m.
- **Tell daycare** you are doing a sleep plan and give them the handoff sheet. Ask them not to rock or feed to sleep if they can avoid it, and to note nap times.
- **"Sleep when the baby sleeps"** is bad advice for working parents. Instead: Night Lead goes to bed by 9 p.m. Guard it like a meeting with your CEO.
- **Adults eat after bedtime.** Cold dinner, warm baby.

Two adults, one plan: the shift system

Split the night into two jobs and rotate them, rather than both of you waking for everything.

Bedtime Lead runs the routine and takes the chair until the baby is asleep, then is off duty. **Night Lead** sleeps early (yes, at 8:30 p.m., with earplugs) and responds to every waking from bedtime until the morning threshold. Swap roles the next night, or run them in blocks of two nights each. Whoever has the early meeting takes Bedtime Lead the night before. If only one of you can tolerate protest calmly, that person takes more of Nights 1–3 and the other more of Nights 7–14, when the job is mostly sitting quietly in a doorway.

NIGHT	BEDTIME LEAD	NIGHT LEAD (ASLEEP → 6 A.M.)	MORNING (6–7:30)
Fri (1)	Parent A	Parent B	Parent A
Sat (2)	Parent A	Parent B	Parent A
Sun (3)	Parent B	Parent A	Parent B
Mon (4)	Parent B	Parent A	Parent B
Tue–Thu	Continue in two-night blocks. Whoever has the earlier start next morning is Bedtime Lead, not Night Lead.		

When you disagree about crying

One of you will find the protest harder than the other. That is normal and not a character flaw. Decide, on the prep weekend, that the plan is what you agreed on paper, not what either of you feels at 7:40 p.m. on Night 2. The Plan Sheet exists so that neither of you has to be the bad guy; the sheet is. If one of you needs to leave the house for Night 2's bedtime, that is a legitimate part of the plan.

DOING IT SOLO

Thousands of single parents have run this plan and it works. Three adjustments:

- Start on the first night of your longest stretch of days off.
- Go to bed within an hour of your baby on Nights 1–4; the dishes will forgive you.
- Pre-decide your reset limit (three pick-ups or 45 minutes) so you are not deciding at 2 a.m. If a friend or relative will take one morning, make it the morning after Night 3.

THE NIGHT LEAD'S KIT

- Earplugs and a phone alarm set to the morning threshold, so you are not listening for every grumble
- The tracker and a pen on your nightstand
- Tonight's card read before you sleep, so 2 a.m. you already knows the position
- Water, and a plan for the one kept feed if there is one

IF ONE OF YOU IS AT BREAKING POINT

Swap tonight. Let the other parent, or a trusted relative who has read pages 11–13, take Nights 1–3 and rejoin at the door position, which is much easier to sit through. If there is no one to swap with, use the room-sharing version (page 13) and lie in your own bed; it is easier on the nervous system than the chair. If low mood or anxiety is a pattern for you right now, please talk to your doctor.

Night feeds

Which ones to keep, how to stop them becoming the reason for waking, and how to reduce them gently if your doctor agrees. This plan separates feeding from falling asleep; it does not take feeds away.

1. **Agree the "kept feeds" with your doctor.** Before Night 1, ask how many night feeds your baby needs given age, weight and growth. As a rough guide, many doctors are comfortable with one to two feeds at 4–5 months, zero to one at 6–8 months, and none for most healthy 9- to 12-month-olds eating well in the day. The answer goes on your Plan Sheet as the number of **kept feeds**. Every waking above that number is a habit waking, handled by the Stay-Close Method like any other.
2. **Give each kept feed a rule you can apply half-asleep.** The simplest is a **time floor**: "the first waking after 1 a.m. is a feed; any waking before that is not." Some families use a **dream feed** at their own bedtime (10–10:30 p.m., lifting the baby to feed without fully waking them) and treat every later waking as a non-feed. Try it for three nights; if it doesn't lengthen the first stretch, drop it.
3. **Feed, then back down awake.** Lights off, sound on, feed efficiently with minimal chatting, change the diaper only if needed, then back in the crib *awake*, say the phrase, respond from tonight's position. A feed that ends with the baby asleep on you is the old association in a different outfit. If they always doze off feeding, unlatch or remove the bottle a little earlier each night and finish with a moment upright before the crib.
4. **Optional, with your doctor's OK: the gentle reduction.** Bottles: reduce by about 1 oz (30 ml) every two nights until you reach 2 oz, then drop the feed and respond with the method instead. Breastfeeding: reduce by two minutes every two nights until the feed is about three minutes, then drop it. Offer a little more milk or food in the day as you go.

NON-NEGOTIABLE

Never reduce or drop a night feed against your doctor's advice, and go back a step if weight gain, wet diapers or daytime feeding change. Hunger is not a habit; this page is about habit wakings only.

HUNGER OR HABIT?

- Takes a full feed and settles: probably hungry.
- Takes two minutes, dozes, wakes when unlatched: probably habit.
- Wakes at the same clock time nightly: usually habit.
- Suddenly hungrier for a week: possible growth spurt; feed and reassess.

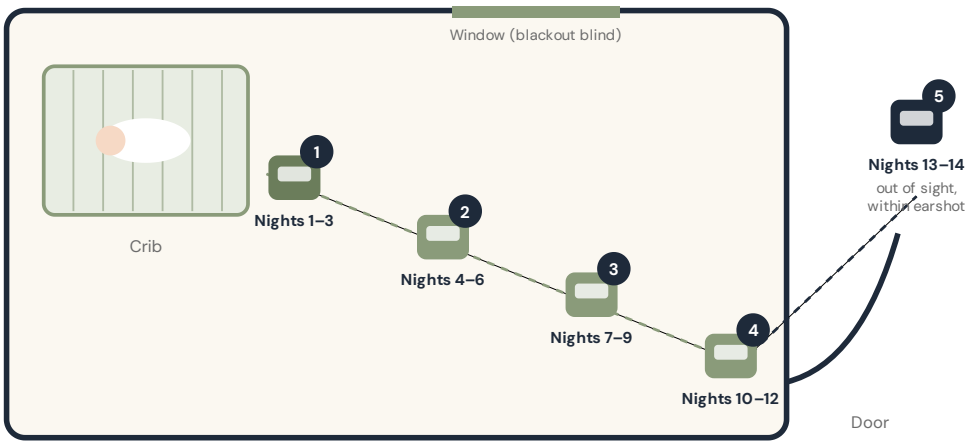
BREASTFEEDING PARENTS

Many find it helps if the other parent does Nights 1–3, because the baby doesn't smell milk on the person in the chair. Move the bedtime feed to the start of the routine, and unlatch before sleep. Kept feeds stay exactly as your doctor advised.

The Stay-Close Method

Sleep researchers call it “parental presence with gradual withdrawal”. You stay in the room. You do a little less each night. Your baby learns the rest, and the change is never bigger than a few feet of carpet.

You already have two of the three parts: the **routine** (page 7) and the **timing** (page 5) get your baby to the crib calm, fed and ready. The third is what you do in the fifteen minutes after you put them down, and at every waking: you take a **position** in the room, you respond to protest with the **ladder** (page 12), and every three nights you move a little further from the crib. By Night 13 you are outside the door.



The five positions. Move only on the schedule, never because a night went well or badly.

NIGHTS	WHERE YOU ARE	WHAT YOU DO FOR PROTEST	WHAT YOU DO FOR DISTRESS
1–3	Chair touching the crib	Voice, then hand on chest or back (intermittent, not constant). Pick up only if distressed.	Pick up, calm, back down awake.
4–6	Chair halfway to the door	Voice from the chair. After 2 minutes of protest, walk over for a brief touch, then sit back down.	Pick up, calm, back down awake.
7–9	Chair inside the door	Voice from the chair. Brief touch only after 5 minutes, then back to the chair.	Pick up, calm, back down awake.
10–12	Chair in the open doorway	Voice from the doorway, every couple of minutes. Walk in for a brief touch only after 5 minutes.	Pick up, calm, back down awake.
13–14	Outside, out of sight	Say the phrase and leave. If protest lasts 5 minutes, a calm 30-second check from the doorway; repeat every 5–10 minutes.	Go in, pick up, calm, back down awake.

The response ladder

Every time your baby protests, you respond from the bottom rung up, and go only as high as you need. Then you come back down. The point is to give the smallest help that works, so your baby does the largest share of the settling they can manage tonight.

RUNG 1

Voice

The sleep phrase, in the same calm tone, then a slow "shhh" in rhythm with your breathing. From the chair, without leaning in. Most protest in the second week stops here.

RUNG 2

Touch

A hand resting on their chest or back, or slow patting. 20–30 seconds, then lift your hand and see. Touch is a bridge, not a place to stay: intermittent beats constant.

RUNG 3

Pick-up-to-calm

For distress only. Lift, hold against you, walk or sway until the crying drops to fussing. Then back in the crib, awake. Say the phrase. Return to your position.

PROTEST

The sound of a baby who expected one thing and got another. Grizzling, whining, fussing, crying that rises and falls with pauses, looking around, responding when you speak. Loud and hard to listen to, and exactly what learning sounds like. **Answer with voice, then touch. Do not pick up.**

DISTRESS

Different in quality, not just volume. Hard, sustained crying that escalates without pause for more than two or three minutes; a red, sweaty face; hiccupping, gagging or coughing; a cry that sounds like pain; a baby who does not register your voice. **Always Rung 3, at every stage, from anyone in the chair.** Pick up, calm, check (diaper, temperature, anything hurting), then back down awake. You will not undo the plan by comforting a distressed baby. You will undo it by rocking a protesting one to sleep.

THE FOUR RULES IN THE CHAIR

- **Boring on purpose.** Dim light, no eye-contact games, no phone glow on your face. You are furniture that loves them.
- **Same words.** The sleep phrase and "shhh". Nothing else. Conversation is interesting, and interesting is the enemy.
- **Stay until asleep.** Then wait two full minutes before you move. Creeping out too early is the most common Night 1 mistake.
- **Back down awake, every time.** If a pick-up ends with a baby asleep on your shoulder, you have taught the old lesson. Put them down at "calm", not at "asleep".

The full reset (your safety valve)

Some bedtimes go sideways: overtired, coming down with something, or simply having a night. If you have used Rung 3 three times, or forty-five minutes have passed and things are escalating rather than settling, **stop**. Lights up, out of the room, ten minutes of calm together on the sofa, an offer of milk if they might be hungry. Then re-run the last five minutes of the routine (book, phrase, sleep-sack check) and start again. **One reset per bedtime.** If the second attempt also fails, get your baby to sleep however you need tonight, write "rescue" on the tracker, and start again tomorrow from the same position. One rescued night does not reset the plan. Three in a row means something else is going on: page 27.

Night wakings

When your baby wakes, **listen for two minutes before you go in**. Sleepy grumbling, a short cry then quiet, a few complaints while they resettle: that is a baby practising the skill, and going in interrupts the practice. If it builds into real protest, go in, take tonight's position, and respond exactly as at bedtime: same ladder, same phrase. No lights, no words beyond the phrase, no diaper change unless soiled. A kept feed by your Plan Sheet rules: feed with the lights off, back down awake, then position and ladder.

Night wakings usually lag bedtime by a few nights. A baby who settles in ten minutes on Night 4 may still wake three times that night. By Nights 6–8, most wakings that were not hunger stop. Hold your nerve through the lag.

Mornings, naps and the room-share version

The three things every family asks about on Night 2, answered before you need them.

The morning threshold

Choose a time, ideally **6:00 a.m.** and no earlier than 5:30, and write it on your Plan Sheet. Any waking before it is a night waking and gets the night response. Once the threshold passes, wait until your baby is either content for ten minutes or clearly done, then do a **dramatic wake-up**: lights on, curtains open, a cheerful "Good morning!" and out of the crib. The contrast matters. It teaches that night ends when the light comes on, not when the crying does. Early risers before the threshold: page 27.

Naps during the fourteen nights

For Days 1–3, get naps however you can: stroller, carrier, car, daycare's way. Protect the total; don't worry about the method. An overtired baby at 7 p.m. makes the nights much harder. From **Day 4**, if your baby is at home, start the nap plan on page 25. If your baby is at daycare, the nap plan applies to weekends and the handoff sheet applies to weekdays.

WHAT A TYPICAL FORTNIGHT LOOKS LIKE

Night 1: 20–60 minutes of protest, several wakings. **Night 2:** often a little easier. **Night 3:** often the test night; worse than 2. **Nights 4–6:** the turn; settling in 10–20 minutes. **Nights 7–9:** under 15 minutes; wakings down to kept feeds. **Nights 10–14:** brief protest at each move, then quiet. Yours will differ. The shape rarely does.

ROOM-SHARING VERSION

Nights 1–9 are identical. On Nights 10–12, "the doorway" becomes **your own bed**: lie down, face away, stay still, respond with voice. On Nights 13–14, wait outside the room until your baby is asleep, then come in quietly to bed. If they stir when you come in, lie still and silent; most babies resettle within a minute once they cannot see you.

WHEN TO PAUSE THE PLAN

Fever, vomiting, a new rash, a bad cold with a blocked nose, an ear infection, the day of vaccinations, or a baby who is clearly in pain. Pause, comfort however you need to, and restart at the last position you completed once they are well. Also pause if the parent in the chair is at breaking point. That is not weakness; it is information, and tomorrow is another night.

HOLD OR MOVE? THE RULE AT EVERY PHASE BOUNDARY

Every three nights you decide: move to the next position, or hold for two more nights. The gate on each phase page tells you what "ready" looks like. The default is to **move**; a held phase is not lost time, but staying too long in any one spot can turn your presence into the new association.

Never move because a night went well, and never retreat because a night went badly. Positions change on schedule, not on feelings.

The prep weekend

Two days of set-up that make the difference between a plan and a wish. Night 1 is a Friday. Do the first list on Wednesday evening, the second on Thursday, the third on Friday itself. None of it takes more than an hour.

Two days before · Decide

- [ ] Both of you (or you and anyone who does nights) have read pages 11–13.
- [ ] Called or messaged the pediatrician: how many night feeds to keep, and any concerns.
- [ ] Filled in the **Plan Sheet** (page 31): bedtime target, morning threshold, kept-feed rule, sleep phrase, who does which nights.
- [ ] Agreed your reset limit (three pick-ups or 45 minutes), and that the Plan Sheet, not either of you, decides on the night.
- [ ] Checked the calendar: no travel, visitors or late events for 14 nights.
- [ ] Told daycare or the caregiver, and filled in the handoff sheet (page 34) for Monday.

The day before · Set up

- [ ] Blackout the sleep room. Test it at bedtime with the door closed.
- [ ] Sound machine placed across the room, volume set, on all night.
- [ ] Crib bare. Mobile down. Sleep sack that fits, one clean spare.
- [ ] Chair positioned touching the crib. Water, dim book light, phone on silent.
- [ ] Routine Card (page 35) written and stuck inside the wardrobe door.
- [ ] Batch prep: bottles, pajamas and sleep sacks in one drawer; adults' dinner planned for after bedtime.
- [ ] Tracker (page 32) on the nightstand with a pen.

Day 0 · Friday

- [ ] Bright morning: curtains open, outside if you can.
- [ ] Naps as normal. Protect the last one; a cat nap in the stroller is fine.
- [ ] Home by 5:45 if you possibly can. The 90-minute evening, page 8.
- [ ] Full feed at the start of the routine, lights up.
- [ ] Routine exactly as on the card. Phrase. Down awake. Chair.
- [ ] Read the Night 1 card while the bath runs.

A WORD BEFORE YOU START

Tonight will be the hardest night of the plan, and you will get through it sitting next to your baby with your hand on their chest. You are not leaving them; you are teaching them, slowly, that they can do this. Almost every parent who has done this would tell you the same thing: harder than they expected on Night 1, easier than they expected by Night 5. Turn the page.

PHASE 1 · NIGHTS 1–3

1 Beside the crib

Chair touching the crib. Voice and touch for protest; pick-up-to-calm for distress. The hardest three nights, and the most important.

NIGHT 1 — Chair touching the crib, hand within reach

Friday · Bedtime Lead stays until asleep, plus two minutes

AT BEDTIME

Routine exactly as on the card. Phrase, kiss, down on their back, awake. Lamp off. Sit. Expect protest within a minute. Answer it with the phrase and "shhh" first. When it builds, rest a hand on their chest for 20–30 seconds, then lift it and see. Repeat. Pick up only for distress, and put them back down the moment crying drops to fussing. Tonight, use touch generously; it is the last night you will use it this freely.

IF THEY WAKE

Listen for two minutes. Then in, chair, phrase, hand. Kept feeds per the Plan Sheet; back down awake afterwards.

WHAT'S NORMAL TONIGHT

Twenty to sixty minutes of protest at bedtime. Two, three or more wakings. A baby who eventually falls asleep with your hand on them: fine for tonight. A parent who feels this cannot possibly work: also normal.

PARENT NOTE

Your job is to be calm and boring for as long as it takes. Breathe slowly; babies match the breathing of the person beside them. If you tense up, swap with your partner or step out for sixty seconds and come back.

Tracker: time down, minutes to sleep, wakings, longest stretch, one word for how it felt.

NIGHT 2 — Chair touching the crib, touch a little less

Saturday · Same lead if possible, so the response is identical

AT BEDTIME

Identical routine, phrase and chair. Tonight give voice a little longer before you add your hand: count slowly to thirty of protest before touching. When you do touch, keep it to 15–20 seconds, then lift. You are showing your baby that your voice alone means what your hand meant last night.

IF THEY WAKE

Two minutes of listening, then in. Aim to lift your hand before they are fully asleep at least once tonight.

WHAT'S NORMAL TONIGHT

Often a little easier than Night 1: shorter protest, a slightly longer first stretch. Sometimes identical. If it is worse, check the basics (last nap too late? room dark enough? hungry?) and carry on.

PARENT NOTE

Do not read ahead. Do not compare with a friend's baby. Fill in the tracker and go to bed early; Night Lead is on duty and you are off.

Tracker: same fields, plus how many times you used touch versus voice alone.

NOTES ON THESE NIGHTS

NIGHT 3

Chair touching the crib, voice first, touch as backup

Sunday · The test night. Hold the line.

AT BEDTIME

Same everything. Tonight voice is your main tool: phrase, shush, and a full minute of protest before you touch. Touch in short bursts and lift your hand as soon as the crying softens. If distress comes, pick up, calm, back down awake, without apology and without changing the plan.

IF THEY WAKE

Same as bedtime. If a waking feels like hunger but is not a kept feed, hold the rule: voice, touch, back to sleep. Write it down and review the feed rule with your doctor if it keeps happening.

WHAT'S NORMAL TONIGHT

Night 3 is often harder than Night 2. Babies test whether the new rules are real, and the answer they need is a calm, boring yes. Longer protest tonight is not the plan failing; it usually breaks on Night 4 or 5.

PARENT NOTE

This is the night most families quit, at about 7:35 p.m., certain they are doing harm. You are not. You are three feet away with your hand on their chest. Tomorrow moves the chair. Tonight, stay.

Tracker: note the longest stretch. Compare it with Night 1, not with Night 2.

END OF PHASE 1 · MOVE TOMORROW?

Yes if, on at least one of the three nights, your baby fell asleep with your hand off them for the last minute or two. That is the skill, and it is enough to build on. **Hold Phase 1 for up to two more nights** (repeat Night 3) if every settle still ended with your hand on them the whole way, or two of three bedtimes needed a full reset. Then move regardless: Phase 2 is where most babies make the leap, and staying too long can turn your hand into the new association.

BEFORE YOU MOVE THE CHAIR

Move it *before* the routine tomorrow, so your baby sees it in its new place from the start. Same routine, same phrase, same reset limit. Nothing else changes.

NOTES ON THESE NIGHTS

PHASE 2 · NIGHTS 4–6

2 Middle of the room

Chair halfway between crib and door. Voice from the chair; walk over for a brief touch after two minutes of protest. This is where the turn usually happens.

NIGHT 4 — Chair halfway to the door

Monday · First weeknight. Nap plan begins today for at-home days.

AT BEDTIME

Move the chair before the routine so your baby sees it in its new place. Routine, phrase, down awake, sit. Respond with voice from the chair. If protest continues for two full minutes (count it; two minutes feels like ten), walk over calmly, hand on chest for 15 seconds, phrase, and back to the chair. Do not sit back down beside the crib. Distress: pick up, calm, back down, back to the chair.

IF THEY WAKE

Chair in the same halfway spot. Same response. Kept feeds as planned.

WHAT'S NORMAL TONIGHT

A burst of protest when they notice the distance, then, for many babies, a surprisingly quick settle. Some barely notice the move; others protest like Night 1 for ten minutes and then drop off. Both are fine.

PARENT NOTE

Weeknights are shorter on patience. Start the routine on time, even if adults eat at 8:15. The first weeknight sets the pattern for the other four.

Tracker: how many walk-overs you needed. Tomorrow's target is fewer.

NIGHT 5 — Chair halfway, walk-overs after three minutes

Tuesday · Daycare day: bedtime 15–30 minutes earlier

AT BEDTIME

Same chair. Stretch the wait before a walk-over to three minutes, and keep each touch to about ten seconds. The phrase and a slow "shhh" are your main answer. If your baby stands or sits (common from 7–8 months), lay them down once, calmly, say the phrase, and return to the chair; after that, let them find their own way down.

IF THEY WAKE

Halfway chair. Voice first. Note whether any waking resolved with voice alone; that is the goal for this phase.

WHAT'S NORMAL TONIGHT

Settling in 10–20 minutes for many families. First stretch lengthening. One or two wakings instead of three or four. If you are not seeing any of this yet, check timing (page 5) and feed placement (page 7), which explain most stalls.

PARENT NOTE

If the other parent has not done a bedtime yet, tonight or tomorrow is the time, Plan Sheet in hand. The baby needs to learn the rules are the same whoever is in the chair.

NOTES ON THESE NIGHTS

NIGHT 6

Chair halfway, voice only unless distressed

Wednesday · Last night in the middle of the room

AT BEDTIME

Try to do the whole settle from the chair with voice alone. Walk over only if protest has continued for five minutes without softening, and keep it to a ten-second touch. Most babies at this point protest for a few minutes and then roll over. Let them. The quieter you are, the quicker they finish.

IF THEY WAKE

Same chair, voice first. If a waking resolves during your two-minute listen, you don't go in at all. Write that down; it is the first sign of the whole night consolidating.

WHAT'S NORMAL TONIGHT

By now most families have one clear win: a shorter settle, a longer first stretch, or a waking that resolved with voice. If tonight wobbles after two good nights, it is the Night 3 pattern repeating at the phase boundary. Stay put.

PARENT NOTE

Half of the plan is done. Read your tracker back from Night 1. The line usually goes the right way, even when it doesn't feel like it in the room.

Tracker: did you need to walk over at all? If not, write "voice only".

END OF PHASE 2 · MOVE TOMORROW?

Yes if at least one bedtime in this phase settled with voice only and wakings are trending down. **Hold Phase 2 for two more nights** (repeat Night 6) if every bedtime still needed walk-overs, or the baby has been unwell. A held phase is not lost time; it is the plan working at your baby's pace.

HALFWAY THROUGH: THREE QUESTIONS FOR THE TRACKER

- Is bedtime settling shorter than on Night 1? (It usually is by now.)
- Has any waking resolved with voice alone, or during the two-minute listen?
- Are the wakings that remain the kept feeds, or habit wakings at the same clock time?

If all three are "not yet", re-check timing (page 5), feed placement (page 7) and the down-awake rule before Night 7.

NOTES ON THESE NIGHTS

PHASE 3 · NIGHTS 7–9

3 By the door

Chair just inside the door, angled away from the crib. Voice only; a brief touch after five minutes. Wakings drop to kept feeds for most babies this week.

NIGHT 7 — Chair inside the door, angled away

Thursday · One week done

AT BEDTIME

Chair goes beside the door before the routine starts. Sit angled slightly away, so your baby can see you are there but cannot catch your eye. Voice for protest. Wait five full minutes before a walk-over, and make it brief. Distress is still distress: pick up, calm, back down.

IF THEY WAKE

Chair by the door. Two minutes of listening; then voice. Kept feeds per plan. Everything else is voice and patience.

WHAT'S NORMAL TONIGHT

A short protest at the new distance, then settling in under 15 minutes. Many babies now settle faster at the door than they did mid-room, because the parent is less of a distraction.

PARENT NOTE

You will be tempted to skip ahead because it is going well. Don't. Three nights at each position is what makes the next move small enough to accept.

Tracker: minutes to sleep, wakings, first stretch. Circle any night with no wakings besides kept feeds.

NIGHT 8 — Chair inside the door, quieter

Friday · Begin reducing kept feeds if your doctor agreed (page 10)

AT BEDTIME

Same chair. Say the phrase once when you sit down, then use only "shhh", spaced out: a few seconds, then a minute of silence, then again if needed. You are fading your voice the way you faded your hand. Walk-overs only after five minutes of unbroken protest, and only for ten seconds.

IF THEY WAKE

Same. If you agreed a feed reduction, tonight is a good night to begin: one ounce less, or two minutes less, and back down awake.

WHAT'S NORMAL TONIGHT

Settling in 5–15 minutes. One waking or none besides kept feeds. A first stretch of 5–8 hours for many babies over six months. A baby who still wakes at the same clock time nightly is almost certainly waking from habit now; keep the response consistent and it fades within a few nights.

PARENT NOTE

Two weekend nights ahead. Keep bedtime within 30 minutes of the weekday time. Late weekend bedtimes are how Monday gets ruined.

Tracker: feed amount or minutes if you are reducing. Longest stretch.

NOTES ON THESE NIGHTS

NIGHT 9

Chair inside the door, silent presence

Saturday · Last night inside the room

AT BEDTIME

Same position. Aim for near-silence: the phrase once at the crib, then nothing unless protest passes two minutes, and then only a brief "shhh". Your presence is doing the work now. If your baby settles without you making a sound, you are ready for the doorway.

IF THEY WAKE

Chair by the door, silent presence, occasional "shhh". Notice how many wakings you did not have to go in for.

WHAT'S NORMAL TONIGHT

Many babies settle within ten minutes and sleep through to a kept feed or the morning threshold. If yours has not had a night like that yet, don't worry: babies under six months and strong feed-to-sleep babies often make this leap in the second week.

PARENT NOTE

Tomorrow you move outside the door. Room-sharers: tomorrow you get into your own bed. Read the room-sharing box on page 13 tonight.

Tracker: total wakings this week versus last week. Write both numbers down.

END OF PHASE 3 · MOVE TOMORROW?

Yes if at least two of the three nights settled without a walk-over. **Hold Phase 3 for two more nights** (repeat Night 9) if walk-overs were still needed most nights, or you are mid-feed-reduction and wakings are unsettled. The door is a comfortable place to spend an extra night; the doorway is a bigger step and deserves a settled baby.

ROOM-SHARERS, READ TONIGHT

From Night 10 the doorway is your own bed: lie down, face away, stay still, respond with voice. Set the crib so your baby can't see your face from where they lie. Page 13 has the full version.

NOTES ON THESE NIGHTS

PHASE 4 · NIGHTS 10–12

4 In the doorway

Chair in the open doorway, mostly out of view. Voice from the doorway; walk in only after five minutes. Room-sharers: your own bed, facing away.

NIGHT 10 — Chair in the open doorway, partly visible

Sunday · The first night your baby can't fully see you

AT BEDTIME

Routine, phrase, down awake. Walk out and sit in the doorway with the door open; your baby should see a bit of you, or your shadow, but not your face. "Shhh" from the doorway every couple of minutes. Walk in only after five minutes of unbroken protest, for a brief touch and the phrase, then straight back out. Distress: in, pick up, calm, down, out.

IF THEY WAKE

Two minutes of listening. Then the doorway, "shhh". Go in only for distress or a kept feed.

WHAT'S NORMAL TONIGHT

A fresh burst of protest: this is the step babies notice most after Night 1. It usually lasts 5–15 minutes, then quiet. Some babies sleep through for the first time tonight, because a parent in the room had become the last thing to notice at each cycle.

PARENT NOTE

Sitting in a dark doorway listening without going in is harder than sitting beside the crib. Set a timer for the five minutes so you are not guessing.

Tracker: did you need to walk in? Minutes to sleep. First stretch.

NIGHT 11 — Doorway, door half-closed

Monday · Fading your voice again

AT BEDTIME

Same doorway, but pull the door halfway so your baby can hear you and not see you. Phrase once at the crib, then only "shhh" from the doorway, and only if protest passes two minutes. Five-minute rule for walking in. You are two nights from out of the room; the more silent tonight goes, the smoother that will be.

IF THEY WAKE

Doorway. Silence for two minutes, then "shhh" if needed. Kept feeds as planned, then back to the doorway until asleep.

WHAT'S NORMAL TONIGHT

Shorter protest than Night 10. Many babies now settle in under ten minutes and wake only for a kept feed, or not at all. Early-morning wakings (4:30–5:30) sometimes appear this week as night sleep consolidates; treat them as night wakings and keep the morning threshold firm.

PARENT NOTE

If you are reducing a feed, you are near the 2 oz or three-minute mark. Plan the night you drop it entirely, and respond with voice from the doorway when it goes.

Tracker: minutes to sleep. Wakings. Feed amount if reducing.

NOTES ON THESE NIGHTS

NIGHT 12

Doorway, door nearly closed, silent

Tuesday · Last night in a chair

AT BEDTIME

Door almost closed, chair just outside. Phrase at the crib, then silence. “Shhh” only if protest passes three minutes. Walk in only after five minutes of unbroken protest, or for distress. Tonight you are, in every way that matters to your baby, already out of the room. Tomorrow you simply don’t sit down.

IF THEY WAKE

Listen two minutes. Doorway. Silence, then “shhh” if needed. If a waking resolves while you are still lying in bed listening, you have arrived.

WHAT’S NORMAL TONIGHT

Settling in a few minutes with little or no protest. Wakings limited to kept feeds. A baby who chats or sings to themselves for ten minutes before dropping off: normal and a good sign. Leave them to it.

PARENT NOTE

Tonight, sit down with your partner and the tracker and read Night 1 aloud. Twelve nights ago you sat beside the crib with your hand on their chest for an hour.

Tracker: minutes to sleep and wakings. Note any early-morning wakes and the time.

END OF PHASE 4 · MOVE TOMORROW?

Yes if at least two of the three doorway nights settled without you walking in. **Hold Phase 4 for two more nights** (repeat Night 12) if you walked in most nights, or early-morning waking has appeared and is still being sorted. Then go.

TOMORROW, NO CHAIR

Put the chair back where it lives. Tonight’s routine ends with the phrase, the kiss, down awake, and you walking out. The doorway checks replace the chair; they are a visit, not a stay.

NOTES ON THESE NIGHTS

PHASE 5 · NIGHTS 13–14

5 Out of the room

Say goodnight and leave. A calm 30-second check from the doorway if protest lasts five minutes, then every 5–10 minutes. Distress still gets you, every time.

NIGHT 13 — Out of the room, checks at 5 and 10 minutes

Wednesday · No chair

AT BEDTIME

Routine, phrase, kiss, down awake, and walk out, closing the door to where it will stay all night. Go somewhere you can hear but not hover. If protest continues for five minutes, go to the doorway (not the crib), say the phrase and "shhh" for about thirty seconds, and leave again. Repeat at ten minutes, then every ten. No pick-ups for protest. Distress: in, pick up, calm, down, out.

IF THEY WAKE

Two minutes of listening from your bed. Then the doorway check, phrase, out, on the same five-then-ten-minute pattern. Kept feeds as planned; feed, down awake, out.

WHAT'S NORMAL TONIGHT

Often the quietest night yet: a short, indignant protest at the closed door, then sleep. A few babies protest for 20–30 minutes; the doorway checks are your answer, not the chair. Do not bring the chair back.

PARENT NOTE

Eat dinner at the table. With cutlery. Tonight is what the last twelve nights were for.

Tracker: minutes to sleep, number of doorway checks, wakings, longest stretch.

NIGHT 14 — Out of the room, first check at 10 minutes

Thursday · The last night of the plan, and the first of the rest

AT BEDTIME

Same as last night, with the first doorway check at ten minutes instead of five. Most babies will not need it. Your baby now has a routine they recognise, a room that means sleep, a phrase that means goodnight, and the skill of getting from awake to asleep without you. That is the whole plan, and it is theirs to keep.

IF THEY WAKE

Listen. Doorway check at five minutes if needed. Kept feeds as agreed, or none if you have dropped them. Morning threshold, then the dramatic wake-up.

WHAT'S NORMAL TONIGHT

Settling in under ten minutes, often under five. Wakings limited to kept feeds. For a healthy baby over six months without night feeds: eight to eleven hours. Not there yet? Page 29 shows how to run a third week from the doorway, which is what most late bloomers need.

PARENT NOTE

Turn to page 29 for what to do from here, and pages 27–28 for how to protect what you've built through teething, travel and the next daycare cold. Then go to sleep. You've earned it.

Tracker: fill in the last row, then read the whole sheet from the top.

NOTES ON THESE NIGHTS

The 2 a.m. card

Whichever night you are on, this is what to do when your baby wakes. Read it once now; keep it on your phone.

Baby is awake. Do this, in order.

Same ladder, same phrase, same position as tonight's bedtime. No lights, no words beyond the phrase, no diaper change unless soiled.

1. Listen for two minutes.	Grumbling, a short cry then quiet, complaints with pauses: that is practising. Stay in bed. If it builds into steady protest, go.
2. Is it a kept feed?	Check the Plan Sheet rule (time floor or dream feed). If yes: lights off, sound on, feed efficiently, back in the crib **awake**, phrase, then position. If no: it is a habit waking; continue.
3. Protest or distress?	**Protest** rises and falls, pauses, responds to your voice → Rung 1 voice, then Rung 2 touch if your position allows it. **Distress** is hard, sustained, red-faced, doesn't register you → Rung 3: pick up, calm, check diaper and temperature, back down awake, phrase, position.
4. Take tonight's position.	Exactly where you sat at bedtime; see the row below. Respond from there with the same timings. Stay until asleep plus two minutes (chair nights) or check on the 5-then-10 pattern (Nights 13–14).
5. Before the morning threshold?	Then it is still night: night response, no lights, no getting up. After the threshold: wait until content or clearly done, then the dramatic wake-up. Lights on, curtains open, "Good morning!"
6. Write one line.	Time, what you did, how long. Then back to bed. Night Lead only; Bedtime Lead stays asleep.

Nights 1–3	Nights 4–6	Nights 7–9	Nights 10–12	Nights 13–14
Chair at crib. Voice → hand 20–30s → lift.	Chair halfway. Voice; walk over after 2–3 min, 10–15s touch.	Chair by door. Voice; touch only after 5 min.	Doorway. "Shhh"; walk in only after 5 min.	Out. Check at 5, then every 10 min, 30s each.

STOP AND RESET IF

You have used Rung 3 three times, or 45 minutes have passed and it is escalating. Lights up, ten calm minutes together, offer of milk, re-run the last five minutes of the routine, one more try. If that fails, get them to sleep however you need, write "rescue", and start tomorrow from the same position.

YOUR SLEEP PHRASE, FOR THE PERSON ON DUTY

_____

Kept-feed rule: _____

Morning threshold: _____ a.m. Reset limit: _____

The nap plan

Start on Day 4, or whenever your baby is home with you for the day. Naps are harder than nights: sleep pressure is lower, the room is brighter, the world is more interesting, and a daytime cycle ends after about 45 minutes with a big temptation to stay up. That is why nights come first. A baby who can settle at 7 p.m. and resettle at 2 a.m. already has the skill.

The six nap rules

1. **Same cues, short version.** Sleep sack on, sound on, blinds down, the phrase, one verse of the song, down awake. Two minutes, start to finish.
2. **Timing by wake window, not by the clock.** Use the ranges on page 5 and watch for the first quiet, glazed moment. For naps, err on the earlier side of the window.
3. **Same position as tonight.** Whatever position you are in for the nights, use it for naps. If naps go badly, you may sit one position closer for naps only, for up to a week. Never further away.
4. **The 30-minute rule.** Respond with the ladder for up to 30 minutes. Not asleep by then: stop. Lights up, cheerful voice, out of the room, a short wake window of 30–45 minutes, then try again or use a rescue nap. Grinding out a 70-minute nap fight teaches nothing except that the crib is a battleground.
5. **The 45-minute rule.** Wakes after one cycle crying: treat it like a night waking. Listen two minutes, then position and ladder for up to 15 minutes. Often they go back down for a second cycle; that is how naps lengthen. Wakes at 45 minutes happy and chatty: the nap is over. Get them up.
6. **One rescue nap a day is fine.** Especially the last one: stroller, carrier, car. While the nights are being learned, a rescued afternoon nap protects bedtime and costs you nothing. Just don't let every nap become the rescue kind.

WHAT TO EXPECT FROM NAPS

Naps usually lag the nights by a week or two. Expect 30–45-minute naps to be the norm under six months even when everything is right, and to lengthen naturally between six and nine months as the daytime cycle matures. Happy on waking, gaining weight, sleeping well at night: short naps are a phase to ride out, not a problem to fix.

WEEKENDS

Weekends are where working parents actually teach naps: two days, four to six naps, all at home, all with the method. Treat them as the nap version of Nights 1 and 2: expect protest, hold the position, use the 30-minute rule, rescue the last nap if you need to. Most families see weekend naps lengthen within two or three weekends, and daycare naps often follow, because the baby has learned the cues.

Nap schedules, transitions and daycare

Naps are “aim for” targets, not guarantees. Each schedule assumes a 6:30 a.m. wake; shift everything to match your baby’s morning, keep the wake windows, and let bedtime land where the last nap puts it (page 5).

Nap schedules by age

AGE	NAPS	A TYPICAL DAY (6:30 WAKE)	WATCH FOR
4–5 months	3–4	Nap 1 ≈ 8:15–8:30 · Nap 2 ≈ 11:30 · Nap 3 ≈ 2:45 · optional cat nap 5:00–5:30 · bedtime 6:45–7:30	Windows 1.5–2.5 h. The fourth nap goes first, usually by 5 months.
6–8 months	3 → 2	Nap 1 ≈ 9:00 · Nap 2 ≈ 1:00 · optional cat nap 4:30–5:00 until dropped · bedtime 6:30–7:30	Windows 2–3 h. The third nap becomes inconsistent, then disappears. Earlier bedtime on no-cat-nap days.
9–12 months	2	Nap 1 ≈ 9:30 · Nap 2 ≈ 2:00 · bedtime 6:45–7:45	Windows 3–4 h. Cap the second nap at about 3:30–4:00 to protect bedtime.

THE 3-TO-2 TRANSITION (6–8 MONTHS)

You will know it is time when the third nap becomes a fight most days, or pushes bedtime past 8 p.m. For two or three weeks run a hybrid: two proper naps, plus a 15–20-minute stroller cat nap only on days when the second nap ended before 3 p.m. On other days, bring bedtime forward to 6:15–6:30. Early bedtimes during transitions are the bridge, not a step backwards. The 2-to-1 transition usually waits until 13–18 months, whatever daycare says.

DAYCARE NAPS: MAKE PEACE, THEN ADJUST

Shorter and lighter almost everywhere: brighter room, louder sounds, shared schedule. Give daycare the handoff sheet, ask for nap times to be written down, and stop there. At home, move bedtime 15–30 minutes earlier on daycare days and resist a late-afternoon car nap that pushes bedtime out. A short day and an early night beat a long nap and a late night, every time.

NAP TIMING, WORKED EXAMPLE

7-month-old, woke at 6:30, wake window 2.5–3 h. Watch from 8:45 for the first glazed look; nap 1 down by about 9:00–9:15. Woke at 10:00, so nap 2 down by about 12:45–1:00. Woke at 2:00 with no cat nap: the last window ends 4:30–5:00, so start the routine at 6:25 and aim to be asleep by 6:45. Early, on purpose. The next morning is usually later, not earlier.

WHEN NAPS STALL FOR A WEEK

Check the order: timing first (the first quiet moment, not the third yawn), then the room (as dark and as loud as at night), then the cues (the two-minute routine, down awake), then the position. Ninety percent of nap stalls are timing. Never fix a nap stall by moving your chair further away.

Problem, likely cause, fix

Sixteen things that go wrong, what is usually behind each one, and the fix. Read the cause first; it is the part people skip.

PROBLEM	USUALLY	FIX
Bedtime protest isn't shrinking after five nights	Timing. Too early (protest that sounds like play, pauses to look around) or too late (frantic, arching). Less often: a feed still ending in sleep, noise through the door, or a parent chatting, making eye contact, or picking up for protest.	Recalculate bedtime with the formula (page 5) for three nights. Feed to the start of the routine. Sound machine up. Re-read the four chair rules. Stay in the current position until protest drops; don't move on to fix it.
Wakes crying 30–45 minutes after bedtime	The "false start": fell asleep with help still present (hand, voice, feed) and surfaced at the end of the first cycle looking for it. Sometimes overtiredness.	Treat exactly like a night waking: two minutes of listening, then position and ladder. Tomorrow, hand off and voice quiet for the last minute before they drop off. Bedtime 15 minutes earlier if there were overtired cues.
Early waking (4:30–5:45) most days	Light getting in; a too-late bedtime (which paradoxically causes early waking); a first nap that starts too early so the night "ends" at nap 1; or hunger with the last feed too far from bedtime.	Blackout test (page 6). Bedtime 15–30 minutes earlier for a week. Hold the first nap until at least 8:00–8:30. Full feed at the start of the routine. Hold the morning threshold: no lights, no getting up, night response until 6:00. The slowest common fix: one to two weeks.
Still waking every 1–2 hours in week two	A sleep association still in play at bedtime. Fully awake going into the crib? A pacifier being replaced by you? A feed still ending in sleep? Less often: reflux, a blocked nose, too warm.	Back to "down awake" and be strict for three nights. Pacifier: see below. Wakings with arching, coughing or discomfort lying flat: talk to your doctor before continuing.
Standing or sitting up in the crib	A new skill (7–10 months) the brain wants to practise, especially in a quiet room.	Practise sitting down from standing in the day, with praise. At bedtime, lay them down once, calmly, with the phrase. After that, don't keep laying them down: it becomes a game. Voice from your position; most stop within four or five nights.
Rolling onto the tummy and crying	Can roll one way but not back. A two- to three-week phase around 4–6 months.	Always place on the back. Rolls both ways: leave them; it is safe once they can do it themselves in a bare crib. One way only and upset: roll back, phrase, return to your position. Daytime floor practice speeds it up. No swaddles, positioners or wedges.
Pacifier falls out; baby wakes for it	The pacifier is the association and your hand is how it gets back in.	From about 7 months, the "find it" game: several pacifiers in the crib and daytime practice putting it in themselves; most manage within a week. Or remove it at bedtime over three nights (keep for naps if you like), using the method for the extra protest. Replacing it yourself all night is the one option that doesn't end.
Teething	A genuinely sore two or three nights around the time a tooth breaks through. A lot of "teething" is blamed on habit.	Tooth visibly coming and baby clearly uncomfortable: comfort as needed for those nights, pain relief if your doctor approves, routine and room unchanged. As soon as it is through, straight back to the position you were at. Two or three nights of comfort don't undo the plan; two or three weeks of "probably teething" do.

Problem, likely cause, fix (continued)

PROBLEM	USUALLY	FIX
Illness	A daycare cold every three to four weeks in the first year. Normal, and exhausting.	Pause while unwell: comfort freely, feed freely, room-share if you need to, but keep the routine and cues going, because they are what you restart from. When well, restart at the last position completed and give it three nights.
The 8-to-10-month wobble	Separation anxiety, standing, crawling and a burst of mental development, all at once. Good sleepers suddenly protest bedtime and wake calling for you.	This is what Stay-Close was designed for; babies with high separation anxiety did better with a parent-present method. Add daytime peekaboo, short cheerful leaving-and-returning games, and a small goodbye ritual to the routine. Hold the current position; resist going back to the crib-side chair. It passes in two to three weeks.
Travel and time zones	Strange room, strange crib, no blackout, body clock on the wrong time.	Take the sleep kit: travel blackout, sound machine, sleep sack, the book. Run the routine identically. Accept the first night or two will be worse. Time zones: shift naps and bedtime an hour a day towards local time; morning light outside. On return, the three-night reset (page 29). Travel is the commonest reason families think the plan "stopped working". It is waiting at home.
Grandparents, babysitters and "just this once"	A loving adult who rocks to sleep because that is what they know, and a baby who then wakes at 11 p.m. looking for the rocking.	The Routine Card and Response Ladder Card (page 35) exist for this. Walk the caregiver through both and say some protest is expected and fine. If it goes wrong anyway, one night of rocking is one night; back to the position the next night.
Daycare naps are terrible and evenings are meltdowns	Two 30-minute naps in a bright room and beyond tired by 5:30.	Bedtime 6:00–6:30 on daycare days, and mean it: skip the bath, feed first, five-minute routine, down. A 6:15 bedtime will not cause a 5 a.m. wake; an overtired 7:30 will. Ask daycare whether the last nap can be darker or in a stroller. Protect weekend naps hard.
It worked, then stopped	One of the above (illness, travel, teething, a leap), plus a few nights of "just this once" that quietly rebuilt an association. Occasionally a nap schedule that no longer fits.	Name the trigger, check the nap schedule against page 5, and run the three-night reset (page 29). A baby who has learned the skill once relearns it in days, not weeks.
Twins, or a sibling in the same room	Fear that one will wake the other. In practice babies get used to each other's noise fast, and a sound machine covers most of it.	Both twins at once, same method, one parent each for Nights 1–3 if you can. Older sibling: move them in with you for the first week, or explain the baby is learning to sleep and might be noisy; preschoolers sleep more deeply than you fear.
The parent in the chair can't cope	Exhaustion, or a history of anxiety or low mood, colliding with the sound of protest. Common and not a failure.	Swap. Let the other parent or a trusted relative who has read the method take Nights 1–3 and rejoin at the door. No one to swap with: the room-sharing version (page 13) in your own bed is easier on the nervous system than the chair. If low mood or anxiety is a pattern right now, please talk to your doctor.

IF IT JUST ISN'T WORKING

Check timing, feeds and associations (the causes behind almost every stall), run a third week from the doorway (page 29), and ask your pediatrician to rule out reflux, ear infections or breathing issues. Still stuck: a certified pediatric sleep consultant who uses gentle methods can look at your tracker and usually spot what a book can't.

Life after Night 14

You do not need to keep sleep-training. You need to keep the five things that made it work, and forgive yourself for everything else.

THE MAINTENANCE RULES

- **Keep the routine.** Twenty minutes, same order, same phrase. Most families are still running a version of it at four years old.
- **Bedtime within a 30-minute window,** weekends included. Drift is how good sleepers become bad sleepers by Christmas.
- **Down awake, out of the room.** A hard evening that ends in a rocked-to-sleep baby is a rescue, not a relapse. Two in a row is a pattern; back to the rules the third night.
- **Respond to wakings as on Night 14:** listen, doorway check, phrase, out. Pick up for distress, always.
- **Move bedtime, not the rules,** when naps change or daycare days are rough. When the last kept feed goes (page 10), answer that hour with voice from the doorway for two or three nights.

THE THREE-NIGHT RESET

After travel, illness, a run of rescues, or a developmental leap.

- **Night one:** chair inside the door, voice only.
- **Night two:** doorway, door half-closed.
- **Night three:** out of the room, checks at five and ten minutes.

Same routine, phrase and morning threshold throughout. A baby who has learned the skill once relearns it in three nights, not fourteen. Use the reset freely and without guilt; it is the most useful tool in the book once the plan is done.

The third week, for late bloomers

If Night 14 arrives and your baby still needs you at the doorway, or still wakes more than the kept feeds, run a third week from Phase 4: Nights 15–17 in the doorway, door nearly closed; Nights 18–21 out of the room, checks at 10 minutes. Keep the tracker going. Babies who need a third week are usually the youngest, the most feed-attached, or the ones who had a cold in week one, and they almost always get there.

Towards the first birthday

Between nine and twelve months, wake windows stretch to three or four hours, the second nap wants to finish by 3:30, and bedtime may drift half an hour later. Standing, cruising and first words each show up at bedtime for a few nights; respond with the rules and they pass. There is no "12-month regression" in the data, only a lot of change at once. Keep the crib until your child is climbing out or nearly three. If snoring, gasping or breathing pauses ever appear, or you are the one who cannot sleep now that the baby can, talk to your doctor.

QUESTIONS PARENTS ASK AT 7:40 P.M. ON NIGHT 2

Will this harm our bond? No. The best long-term study followed families for five years after infant sleep training and found no differences in attachment, emotional health or behaviour. And this method keeps you in the room.

How much crying is too much? Distress is always too much and always gets a pick-up. Protest is not harmful, but you may set a limit; the reset exists for that. Routinely more than 45 minutes after Night 4 means timing, hunger, illness or an association is still in play.

How long until eight hours? For a healthy baby over six months without night feeds, most families see the first 8-hour stretch between Night 6 and Night 12, typical by the end of week three. Younger babies and kept-feed babies see long stretches around the feeds first.

What if my partner and I disagree? Agree on paper before Night 1; the Plan Sheet is the referee. Two methods on alternate nights is the one thing that reliably fails.

ONE LAST THING

Somewhere in the last two weeks you stopped dreading bedtime. Keep that. The plan was never really about eight hours; it was about getting you back. Sleep well.

Before Night 1 checklist

PRINTABLE 1 · TICK EVERY BOX

YOUR BABY

- [ ] At least 4 months old (from due date); doctor has no concerns
- [ ] Gaining weight well; feeding well in the day
- [ ] Not currently unwell; no vaccinations this week
- [ ] No snoring, gasping or breathing pauses
- [ ] Out of the swaddle; sleeping in an arms-free sleep sack
- [ ] Has had a few days of the bedtime routine

YOUR HOUSEHOLD

- [ ] 14 nights at home; no travel, guests or big changes
- [ ] Every adult doing bedtime or nights has read pages 11–13
- [ ] Pediatrician consulted on night feeds
- [ ] Plan Sheet filled in and signed by both of you
- [ ] Night 1 is a Friday (or the night before a day off)
- [ ] Reset limit agreed: three pick-ups or 45 minutes

THE SLEEP SPACE

- [ ] Room dark enough that you can't read without a light
- [ ] Sound machine across the room, continuous, on all night
- [ ] Crib bare: no bumpers, blankets, toys, mobile
- [ ] Firm flat mattress on lowest setting; fitted sheet only
- [ ] Room temperature 68–72°F (20–22°C); sleep sack TOG to match
- [ ] Chair positioned touching the crib; water and dim light within reach
- [ ] Video monitor set up (optional; useful from Night 10)

THE ROUTINE

- [ ] Routine Card written and stuck inside the wardrobe door
- [ ] Sleep phrase chosen and written on the Plan Sheet
- [ ] Bedtime feed moved to the start of the routine
- [ ] One short book chosen; same one every night for 14 nights
- [ ] Pajamas, sleep sacks and bottles batch-prepped in one place
- [ ] Tracker on the nightstand with a pen
- [ ] Daycare or caregiver handoff sheet filled in for Monday

ALL TICKED?

Then Friday is Night 1. Read page 15 while the bath runs, and turn to Night 1.

Our Plan Sheet

PRINTABLE 2 · THE REFEREE. FILL IN TOGETHER, THEN STICK IT ON THE FRIDGE.

THE BASICS

Baby's name: _____

Age on Night 1: _____ months Night 1 date: _____

Usual wake time: _____ a.m.

Morning threshold (no earlier than 5:30): _____ a.m.

Bedtime target (asleep by): _____ p.m. Routine starts at: _____ p.m.

On daycare days, bedtime moves to: _____ p.m.

NIGHT FEEDS (AGREED WITH OUR DOCTOR)

Number of kept feeds: _____

Kept-feed rule (time floor or dream feed):

_____

Reduction plan, if any:

_____

Doctor's notes:

_____

OUR SLEEP PHRASE

_____

Say it in the same calm voice at every bedtime and every waking, whoever is in the chair.

OUR RESET LIMIT

We stop and do a full reset after _____ pick-ups or _____ minutes of escalating protest, whichever comes first. One reset per bedtime.

WHO DOES WHAT

NIGHT	BEDTIME LEAD	NIGHT LEAD	MORNING
1–2			
3–4			
5–6			
7–8			
9–10			
11–12			
13–14			

POSITION SCHEDULE

NIGHTS	POSITION	DATES
1–3	Chair touching the crib	
4–6	Halfway to the door	
7–9	Inside the door	
10–12	Doorway	
13–14	Out of the room	

WE AGREE

The plan on this sheet is what we do, even at 7:40 p.m. on Night 2. If either of us needs to step out, the other follows the sheet. Distress always gets a pick-up. We move positions on schedule, not on feelings.

Signed: _____ _____

The 14-Night Tracker

PRINTABLE 3 · ONE ROW A NIGHT, FILLED IN BEFORE YOU SLEEP

NIGHT	DATE	POSITION	DOWN AT	MINS TO SLEEP	WAKINGS	FEEDS	LONGEST STRETCH	RESCUE?	NOTES / HOW IT FELT
1		Crib-side							
2		Crib-side							
3		Crib-side							
4		Halfway							
5		Halfway							
6		Halfway							
7		By the door							
8		By the door							
9		By the door							
10		Doorway							
11		Doorway							
12		Doorway							
13		Out							
14		Out							

WEEK ONE, ADDED UP

Total wakings, Nights 1–7: _____

Average minutes to sleep: _____

Longest stretch this week: _____

WEEK TWO, ADDED UP

Total wakings, Nights 8–14: _____

Average minutes to sleep: _____

Longest stretch this week: _____

Compare the two boxes, not two nights. “Rescue?” means you got your baby to sleep the old way tonight: write Y and start again tomorrow from the same position.

Nap Tracker

PRINTABLE 4 · FOR AT-HOME DAYS. ASK DAYCARE TO FILL IN THEIR DAYS.

DAY	WOKE AT	NAP 1 DOWN · ASLEEP · WOKE	NAP 2 DOWN · ASLEEP · WOKE	NAP 3 / CAT NAP DOWN · ASLEEP · WOKE	WHERE	BEDTIME	NOTES
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

OUR WAKE-WINDOW TARGETS

Age: _____ months Naps per day: _____

Before nap 1: _____ · nap 2: _____ · nap 3: _____ · bed: _____

THE NAP RULES, SHORT VERSION

Same cues, two minutes. Down awake. Same position as tonight. Thirty minutes of trying, then stop and reset. Wakes crying at 45 minutes: treat as a waking for 15 minutes. Wakes happy: nap over. One rescue nap a day is fine.

"Where" is crib, stroller, carrier, car or daycare. A rescue nap is not a failure; write it down and move on.

Caregiver & daycare handoff sheet

PRINTABLE 5 · GIVE ONE TO ANYONE WHO DOES NAPS OR BEDTIME

Hello! We are doing a gentle sleep plan with _____. It is working, and it works best when everyone responds the same way. Thank you for helping. Here is everything you need.

SLEEP CUES (PLEASE USE ALL OF THEM)

- Sleep sack on (arms out), sound machine on, room as dark as possible
- Say our sleep phrase: _____
- Put down on the back, awake, in the crib or cot
- Nothing in the crib: no blankets, pillows, toys or bumpers

TIMING

Usually wakes at _____. Wake windows are about _____ hours. Naps are usually around _____ and _____ (and _____).

Signs of tiredness: quiet, staring, first yawn, rubbing eyes or ears, turning away. Please start the nap at the first sign rather than the third.

Please keep the last nap from running past _____ so bedtime works.

IF THEY CRY WHEN PUT DOWN

Some fussing and protest is expected and okay: please stay nearby, use the phrase and a slow "shhh", and a hand on the chest for a few seconds if needed. If the crying escalates into real distress (hard, continuous crying for more than a couple of minutes), please pick up, calm, and try again once they are calm. If they haven't settled after 30 minutes, please stop, get them up, and try again after a short break, or a stroller or carrier nap is fine.

PLEASE AVOID IF YOU CAN

- Rocking, feeding or bouncing all the way to sleep
- Naps in swings, bouncers or car seats (safe-sleep reasons)
- Leaving the pacifier clipped on, or replacing it more than once
- Blankets or hats for sleep

FEEDS

Feeds at about _____, _____ and _____. Please feed before the nap rather than as the last thing before sleep, where possible.

PLEASE WRITE DOWN

NAP	DOWN	ASLEEP	WOKE	WHERE / HOW
1				
2				
3				

Anything else:

Our numbers:

Thank you. One sentence at pickup about how naps went ("last nap ended at 3:40, seemed tired") is the most helpful thing in the world for our bedtime.

Routine Card & Response Ladder Card

PRINTABLE 6 · CUT ALONG THE DASHED LINES. STICK INSIDE THE WARDROBE DOOR.

Our bedtime routine 20 MINUTES

MINUTES	STEP	OURS (FILL IN)
0–5	Wind down · lights dim · feed	
5–10	Bath (alt. nights) or warm wash	
10–14	Diaper · pajamas · sleep sack · sound on	
14–18	Book · cuddle · song	
18–20	Phrase · kiss · down awake · lamp off	

Our sleep phrase: _____

What to do when they cry RESPONSE LADDER

RUNG 1

Voice

The phrase, then a slow "shhh". From your position. Most protest stops here.

RUNG 2

Touch

Hand on chest or back for 20–30 seconds, then lift and see. Brief, not constant.

RUNG 3

Pick up to calm

For distress only. Hold until crying softens, then back in the crib awake. Phrase. Position.

Protest (fussing, grizzling, crying that rises and falls, responds to your voice): voice, then touch. Do not pick up.

Distress (hard, continuous crying for more than 2–3 minutes; red, sweaty, hiccupping; sounds like pain): pick up, calm, check, back down awake. Always.

Full reset after 3 pick-ups or 45 minutes: lights low, out, ten calm minutes, re-run the last five minutes of the routine, try once more. Morning threshold: _____ a.m.