Tarnerland Nursery School

Sleep Policy

POLICY STATEMENT

At Tarnerland Nursery School, we are committed to providing a safe, nurturing and responsive sleep environment for every child. We recognise that sleep is essential for children's health, wellbeing, growth and development, and we are committed to reducing the risk of Sudden Infant Death Syndrome (SIDS) and sleep-related accidents by following current government guidance and recognised best practice.

All staff understand that every child has individual sleep needs. We work closely with parents and carers to ensure these needs are met safely while following safer sleep guidance.

This policy reflects:

- EYFS Statutory Framework (September 2026)
- Department for Education Safer Sleep Guidance
- The Lullaby Trust Safer Sleep Guidance
- NHS Safer Sleep Advice
- Working Together to Safeguard Children
- Childcare Act 2006

PURPOSE

The purpose of this policy is to:

- provide a safe sleeping environment for every child
- minimise known risks associated with sleep
- ensure all staff understand safer sleep practices
- promote consistent practice throughout the nursery
- work in partnership with parents and carers
- ensure appropriate supervision of sleeping children
- support children's emotional wellbeing through responsive care.

ROLES AND RESPONSIBILITIES

Senior Leadership Team

SLT will:

- ensure this policy is implemented
- provide appropriate equipment
- ensure staff receive safer sleep training

- monitor compliance
- review sleep records
- investigate any concerns.
- complete individual risk assessments when required.

Practitioners

Practitioners will:

- follow this policy at all times
- carry out regular sleep checks
- record observations accurately
- communicate with parents
- report concerns immediately

PARTNERSHIPS WITH PARENTS

We believe parents know their child best.

Before a child starts at the nursery we will discuss:

- normal sleep routines
- preferred settling techniques
- comforters
- medical needs
- allergies
- sleep patterns
- previous sleep difficulties
- advice provided by health professionals.

Parents will be informed that, whilst we will respect individual routines wherever possible, we must always follow recognised safer sleep guidance.

Where alternative sleeping arrangements are requested, these will only be considered following discussion with parents and, where appropriate, written medical advice and a documented risk assessment.

INDIVIDUAL SLEEP RISK ASSESSMENTS

Individual assessments will be completed where appropriate, including for children who:

- have SEND
- have reflux or feeding difficulties
- have epilepsy
- have respiratory conditions
- have medical advice regarding sleep positioning
- have any additional health needs.

Risk assessments will be reviewed regularly and whenever circumstances change.

SLEEP PROCEDURES

- We provide a designated, calm and appropriately ventilated sleep area for children who need to sleep or rest during the day.
- Each child has their own clean sleep space and bedding. Sleep spaces and bedding must be in good condition, suitable for the child's age and checked before use.
- Children under two years must be placed down to sleep on their back, in their own separate sleep space, on a clear, flat and firm surface.
- Babies aged 12 months and under must only be placed to sleep in a cot or suitable travel cot.
- For children under 12 months, the cot must contain only a firm, flat, waterproof mattress and lightweight bedding tucked securely no higher than the shoulders, or a correctly fitted sleep bag used in line with the manufacturer's guidance.
- Where a blanket is used for a baby, the baby is placed feet-to-foot at the bottom of the cot and the blanket is firmly tucked in.
- Cots and sleep spaces must not contain pillows, duvets, cot bumpers, loose bedding, wedges, straps, toys or other unnecessary items. Sleep comforters may only be used for children over 12 months.
- All children's mouths are checked for objects or food before going to sleep.
- Children's heads and faces must remain uncovered. Bibs, necklaces, hooded clothing, dummy clips and other items that could create a strangulation or suffocation risk are removed before sleep.
- Children are always initially placed on their back. Once a child can independently roll from back to front and back again, they may find their own sleeping position; staff continue to place them down on their back.
- Children are never restrained in a sleep position and are not left to sleep in car seats, bouncers, pushchairs or other sitting devices.
- Settling is calm and responsive. Staff do not use weighted blankets, sleep positioners or unapproved sleep aids.
- Children who do not sleep are offered a supervised quiet rest opportunity and are not forced to sleep or kept awake against their needs.

SLEEP MONITORING AND SUPERVISION

- Children must be within sight and hearing of staff while sleeping.
- We use visual sleep monitors to support staff in maintaining eyes on sleeping children at all times. The monitors do not record or store images or sound.
- Sleep monitors are an additional safeguarding measure only. They do not replace direct staff supervision, physical checks or the requirement to respond immediately to any concern.
- A practitioner physically checks every sleeping child at least every ten minutes. Checks are completed in person and recorded at the time of the check - never retrospectively.

- At each physical check, staff observe the child's breathing, colour, temperature/comfort, sleep position, head and face covering, and the safety of the immediate sleep space. Staff should gently touch the child where needed to confirm normal breathing and temperature.
- Checks may be increased and continuous one-to-one supervision provided where a child is unwell, has a medical condition, has recently had a medical episode, is new to the setting, is unsettled or where the risk assessment identifies a need.
- If a child has a dummy and this should fall from their mouth during their sleep the member of staff will not put it back into the mouth unless the child wakes.
- The sleep monitoring record must identify the child, date, room, staff initials, time, position, breathing, comfort/temperature and any action taken.
- Staff deployment must ensure that monitor oversight and physical checks can continue during breaks, staff changes and emergencies. A clear handover is required whenever responsibility changes.

SLEEP ENVIRONMENT AND TEMPERATURE

- The sleep environment will be monitored to ensure children remain comfortable.
- For babies under 12 months, the room temperature will be maintained, where reasonably practicable, within the recommended range of **16°C–20°C**.
- Staff will monitor children for signs of overheating by checking their chest or the back of their neck and adjusting clothing where appropriate.
- If a child feels clammy, sweaty or unusually hot, staff remove a layer of clothing or bedding, move the child to a cooler safe space and reassess immediately.
- Where the room reaches 28°C or above, a dynamic risk assessment must be completed by a senior member of staff. Steps may include relocating children, increasing safe ventilation, reducing bedding and clothing, closing blinds, using approved fans safely, increasing checks and offering hydration once children are awake.
- If a safe sleep environment cannot be maintained, children will not be put down to sleep in that room. A supervised quiet rest arrangement will be provided and parents will be informed where this affects the child's usual routine.
- Sleep equipment must not be positioned beside radiators, heaters, underfloor heating hot spots, direct sunlight, blind cords, electrical leads or other heat and entrapment hazards.
- The room must remain sufficiently lit for staff and the monitor to clearly observe children's colour, position and breathing movements.

EMERGENCIES, ILLNESS AND MEDICAL NEEDS

- If a child becomes unwell and needs rest, a senior practitioner assesses their symptoms, temperature, responsiveness and comfort. Parents are contacted where required under the sickness policy.
- A child who is unusually drowsy, difficult to rouse, breathing abnormally, displaying a change in colour, or showing any other concerning symptom must receive immediate first aid assessment. Emergency services are contacted without delay where indicated.

- If a child is found unresponsive or not breathing normally, staff call 999, begin paediatric first aid/CPR and follow the nursery emergency procedures. The manager contacts the parent or carer as soon as possible without delaying emergency action.
- Following a seizure or other significant medical episode, a child may only rest once stable and in accordance with their individual healthcare plan. Continuous one-to-one monitoring is required until collected or until medical advice states otherwise.
- Any sleep-related medical incident is recorded on an HS2 form and reported in line with the accident, incident, safeguarding and notification procedures, and followed by a review of the child's care plan and risk assessment.
- Any request for a child to sleep in a position or with equipment that differs from this policy must be supported by written advice from an appropriate healthcare professional.

PARTNERSHIPS WITH PARENTS

- Parents and carers are asked for information about their child's usual sleep pattern, settling routine, comfort needs, health and any recent changes.
- Parents are informed daily of the time their child went to sleep, the time they woke, the duration of sleep and any significant observations.
- Staff explain that the nursery must follow safer sleep guidance even where home routines differ. Safe sleep requirements cannot be waived by parental request.
- Any significant change in a child's sleep pattern, breathing, responsiveness or comfort is discussed promptly with the family and recorded.
- Individual sleep plans are reviewed regularly and whenever a child's health, development, medication or sleep needs change.

SAFEGUARDING, HYGIENE AND TRAINING

- All staff follow the Child Protection and Safeguarding Policy. Any unexplained injury, concerning symptom or disclosure identified during sleep routines is reported immediately to the Designated Safeguarding Lead.
- Sleep monitoring equipment is positioned to protect children's dignity and privacy. As the monitors do not record, no images or audio are stored, downloaded or shared.
- Only authorised staff may view the monitor. The screen is positioned securely and away from public or parent view.
- Bedding is allocated to an individual child during use, stored hygienically and laundered after a number of uses or sooner if soiled. Sleep mats and cots are cleaned between children in line with infection-control procedures.
- The nursery will not allow a child to consume milk from a bottle as a soother for settling to sleep.
- Staff receive safer sleep training during induction and refresher training at least annually or whenever guidance changes. Leaders observe practice and address any unsafe practice immediately.
- Sleep records, risk assessments and individual sleep plans are stored securely in line with the setting's retention and data-protection procedures.

MONITORING AND REVIEW

SLT will review sleep records, monitor compliance with ten-minute checks and carry out periodic observations of sleep practice. Any missed check, monitor failure, unsafe sleep arrangement or deviation from this policy must be reported immediately, recorded and reviewed as a safeguarding and health and-safety concern.

This policy will be reviewed annually, following any sleep-related incident, where monitoring identifies a concern, or sooner if the EYFS, Department for Education, NHS or Ofsted guidance changes.

REST TIME

All rooms have a ‘cosy corner’ area for children to have periods or rest when they require.

Most children by the age of 3 to 5 years tend not to have an afternoon sleep, however if a child requires a sleep then staff will arrange for the child to sleep on a mat in a quieter space within their own rooms.

Nursery staff will discuss with the parent / carer the child’s sleep / rest routine and how this falls within the nursery day. There may need some adaption to sleep times to ensure suitable staffing can accommodate individual needs and that there are safe areas to sleep.

Nursery staff strive to provide as many learning opportunities as possible, therefore staff will discuss with the parent / carer the balance between rest and play time whilst attending the nursery session.