The Oak Partnership

TOP Nursery Sleep Policy

We are committed to safeguarding and ensuring the health, safety and well-being of all pupils in accordance with safeguarding procedures and

Document Information

	Information	
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Version Control

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7.0	July 2026	GM EYSL	Updated in line with current and September 2026 safer sleep

			guidance; added non-recording sleep monitors and management oversight

Contents

1. Aims

This policy sets out clear guidance on sleep and rest arrangements for children in the nursery. It aims to ensure that every child is safe, comfortable and appropriately supervised, while recognising individual sleep needs and supporting children's wellbeing and development.

The nursery will follow the latest statutory and government safer sleep guidance. Safe sleep practice is a safeguarding responsibility and must be understood, implemented and overseen consistently by all staff and leaders.

2. Legislation and Statutory Responsibilities

This policy is guided by the following statutory requirements and frameworks:

- Statutory Framework for the Early Years Foundation Stage (EYFS) for group and school-based providers, effective September 2025, and the strengthened safer sleep requirements effective from 1 September 2026
- Department for Education: Safer sleep - Help for early years providers
- NHS guidance on reducing the risk of sudden infant death syndrome (SIDS)
- The Health and Safety at Work etc. Act 1974
- The Children Act 2004
- The Equality Act 2010
- Ofsted early years inspection toolkit and guidance
- Local Safeguarding Children Partnership procedures

The EYFS requires sleeping children to be checked frequently to ensure they are safe. The nursery's ten-minute physical checks are a minimum internal control and do not replace continuous supervision, professional judgement or immediate action where concerns arise.

3. Roles and Responsibilities

☐ The Nursery Manager is responsible for implementing, monitoring and reviewing this policy and ensuring that the daily sleep arrangements are adequately staffed and risk assessed.

☐ A designated member of the nursery management team will take responsibility each day for oversight of the sleep monitors, the sleep room arrangements and completion of records.

☐ All practitioners are responsible for following safer sleep procedures, remaining alert to children’s wellbeing and completing accurate physical sleep checks every ten minutes.

☐ The Key Person works with parents and carers to understand the child’s usual sleep pattern, preferences, medical needs and any changes which may affect sleep.

☐ Leaders ensure staff receive induction, regular safer sleep updates, practical competency checks and supervision of practice.

4. Equal Opportunities

The nursery respects and accommodates children's cultural, religious, medical and individual differences around sleep. All children are provided with equitable opportunities to rest in a calm and inclusive environment. Individual preferences will be supported only where they remain consistent with safe sleep guidance. Where a medical need requires a different arrangement, this must be supported by written medical advice and an individual risk assessment or care plan.

5. Sleep Procedures

- The nursery provides 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, carrycot, Moses basket 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.
- 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, except during unavoidable transport and with active supervision until moved to an appropriate sleep space.
- 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.

6. Sleep Monitoring and Supervision

- Children must be within sight and hearing of staff while sleeping.
- The nurseries 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.
- A designated member of the management team is responsible for oversight of the monitors each day, including confirming that they are switched on, correctly positioned, functioning and providing a clear view of every occupied sleep space.
- 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.
- 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.

7. Sleep Environment and Temperature

- The sleep room or sleep area is risk assessed before use and checked throughout the sleep period for cleanliness, ventilation, lighting, temperature, trip hazards, cords, blind loops, radiator/heated-surface risks, emergency access and the safe spacing of sleep equipment.
- Room temperature is recorded before sleep begins and monitored throughout the sleep period. Staff check the child's chest or the back of their neck rather than relying on hands or feet when assessing whether they are too hot or cold.
- 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.

8. 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 using Appendix 3, 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.

9. Partnership 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.

10. Safeguarding, Hygiene and Training

- All staff follow the Trust Safeguarding and Child Protection 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 each child's use or sooner if soiled. Sleep mats and cots are cleaned between children in line with infection-control procedures.
- 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.

11. Monitoring and Review

The Nursery Manager 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.

Appendix 1

Sleep Monitoring Record

Child's Full Name: _____

Date: _____

Room: _____

Key Person: _____

Management Lead Responsible for Monitor: _____

Monitor check before sleep: ☐ switched on ☐ clear view ☐ sound/visual working ☐ non-recording status confirmed

Room temperature at start: _____ °C Sleep began: _____

Time	Staff Initials	Position (Back/Side/Front/Other)	Breathing & Colour Normal?	Comfort / Temp Checked	Sleep Space Clear	Notes / Action

Checks must be completed physically every 10 minutes and recorded at the time. Monitor viewing is additional and does not replace direct checks. Any concern must be acted on immediately and reported to a senior member of staff.

Appendix 2

Individual Sleep Plan Template

Child's Full Name: _____

Date of Birth: _____

Key Person: _____

Preferred sleep time: _____

Usual duration of sleep: _____

Usual settling methods: _____

Comfort object (over 12 months only): _____

Usual sleep clothing / bedding: _____

Medical considerations: _____

Medication that may affect sleep: _____

Known breathing or sleep concerns: _____

Action plan if unwell or difficult to rouse:

_____

Additional supervision required: _____

Healthcare professional advice attached:

_____

Date agreed with parent/carer: _____

Parent/Carer signature: _____

Key Person signature: _____

Manager signature: _____

Review date: _____

Appendix 3

Medical Incident During Sleep - Emergency Response Record

Child's Name: _____

Date: _____

Time of Incident: _____

Staff Present: _____

Lead First Aider: _____

Management Lead: _____

1. Description of incident:

_____
_____

_____
_____

_____
_____

2. Observations made (breathing, colour, movement, responsiveness, temperature):

_____
_____

_____
_____

_____
_____

3. Actions taken (first aid, 999, parental notification):

_____
_____

_____
_____

_____
_____

4. Child's condition following the incident:

_____
_____

_____
_____

_____
_____

5. Parental communication:

_____
_____

_____
_____

_____
_____

6. Follow-up action required:

_____
_____

_____
_____

_____
_____

Outcome: ☐ Fully recovered ☐ Required medical attention ☐ Collected by parent/carer ☐ Transferred to hospital

Follow-up: ☐ Risk assessment review ☐ Individual care plan review ☐ Safeguarding review ☐ Ofsted/other notification considered

Staff Signature: _____

Manager Signature: _____

Date completed: _____

Appendix 4

Daily Sleep Room Risk Assessment

Date: _____

Room: _____

Completed by: _____

Management Lead: _____

Check	Yes	No	Action / Notes
Sleep spaces clean, firm, flat and suitable for each child's age	☐	☐	
Cots/mats/bedding in good condition and individually allocated	☐	☐	
No pillows, duvets, bumpers, loose items, toys, cords or straps	☐	☐	
Monitor switched on, functioning, correctly positioned and not recording	☐	☐	
All occupied sleep spaces visible and audible to staff	☐	☐	
Room temperature recorded and appropriate	☐	☐	
No radiator, heater, direct sunlight or underfloor heating hazard	☐	☐	
Ventilation adequate and windows/fans used safely	☐	☐	
Emergency access and evacuation route clear	☐	☐	
Staff deployment supports continuous oversight and	☐	☐	

10-minute checks			
Individual sleep plans and medical needs reviewed	☐	☐	
Lighting sufficient to observe colour, position and breathing	☐	☐	

If the room reaches 28°C or above, complete a dynamic risk assessment and record the control measures below. Do not use the room for sleep if a safe environment cannot be maintained.

_____
_____

_____
_____

_____
_____

_____
_____

Manager sign-off: _____ Time: _____

Reference Sources

- Department for Education - EYFS statutory framework for group and school-based providers
- Department for Education - Safer sleep: Help for early years providers
- NHS - Reduce the risk of sudden infant death syndrome (SIDS)
- Ofsted - Early years inspection toolkit and September 2026 updates