EYFS Safe Sleeping Policy

'Love one another as I have loved you.'

Commitment to equality:

We are committed to providing a positive working environment which is free from prejudice and unlawful discrimination and any form of harassment, bullying or victimisation. We have developed a number of key policies to ensure that the principles of Catholic Social Teaching in relation to human dignity and dignity in work become embedded into every aspect of school life and these policies are reviewed regularly in this regard.

This EYFS Safe Sleeping Policy is submitted for approval and adoption by the Governing Body.
Approval date: October 2026 Review date: September 2027

Signed by Chair of Governors: J. Stuart-Collins

Signed by Headteacher: J Burns

1. Purpose and scope

At St Nicholas, we recognise that children may need rest or sleep during the school day. We respond sensitively to each child and provide a safe, supervised place to sleep. This policy applies to planned and unexpected sleep or rest in Reception and across the school, including during visits and transitions. It also covers older pupils who need rest or sleep, for example a child with SEND in Year 1, and children who become unwell at school and are resting while awaiting collection.

Our EYFS provision is Reception only. We do not provide nursery or infant care. The detailed infant and under two sleep arrangements in the EYFS are therefore not operating procedures for this provision. Any change to the age range must trigger a policy review before children attend. The school extends the safe sleeping procedures in this policy to pupils beyond the EYFS as a school safeguarding and welfare arrangement; this does not extend the statutory EYFS framework to older pupils.

2. Statutory basis and school procedures

This policy is informed by the EYFS statutory framework for group and school based providers effective 1 September 2026, particularly paragraph 3.86 on sleeping arrangements, the supervision requirements and paragraph 3.93 on risk assessment. Children must be settled safely and sleeping children checked frequently. The framework also gives specific requirements for children under two. Staff must read the NHS SIDS advice referenced by the framework, recognising its infant focus.

For every pupil covered by this policy, the school adopts continuous direct sight and hearing supervision by an adult in the same room, with a close physical check recorded at the start of sleep and at intervals of no more than 10 minutes until the child wakes. This interval and the monitoring log in Appendix 1 are school procedures to demonstrate safe practice; EYFS does not prescribe a 10 minute interval or a particular log template. Check more often where an individual assessment requires it.

3. Responsibilities

The Headteacher ensures suitable space, equipment, staffing and emergency arrangements are available. The EYFS Lead, or the responsible school leader for an older pupil, identifies the agreed sleep location, briefs all staff including cover staff, checks practice and reviews completed logs. Staff must not improvise an unsafe sleeping arrangement.

The supervising adult remains responsible until another briefed adult explicitly accepts a handover. Sleeping children remain included in staffing and supervision arrangements; their sleep must not reduce supervision of the wider class. A suitably qualified paediatric first aider must be available in line with EYFS requirements.

4. Responding to a tired child

Offer a calm rest opportunity when a child appears tired. Children are not required to sleep and must not be kept awake to meet a routine or used sleep as a behaviour sanction. Agree usual preferences with parents, while prioritising the child's immediate welfare and safe practice.

Children who fall asleep unexpectedly must be assessed promptly and supported in a safe, supervised resting place appropriate to their age, size and medical needs. School sleep mats and clean bedding are available. An older pupil who becomes unwell may rest temporarily on a suitable sofa in the designated supervised rest area while awaiting collection, where a risk assessment confirms this is safe. Staff must follow first aid advice and any individual healthcare plan.

Unusual drowsiness, sleep after a head injury or difficulty waking must be treated as a potential health concern, rather than assumed to be ordinary tiredness. Seek the first aider immediately and follow the medical and emergency procedures.

5. Preparing the sleep space

The school has safe sleep mats and bedding available for children who need to rest or sleep. Allocate an individual mat and clean bedding, and check that the equipment is suitable for the child's age, size, developmental and medical needs. The sleep surface must be firm, flat, clean and intact. Follow the manufacturer's instructions and check condition, hygiene and suitability before each use; remove damaged equipment from service. Where a mat is unsuitable for an older pupil or a child's individual needs, the responsible lead must arrange an appropriate safe alternative before use.

Position the sleep space away from doors, busy routes, heaters, direct sunlight, blind cords, electrical leads, small objects and other entanglement or trapping hazards. Keep evacuation routes clear. Provide sufficient separation to prevent children rolling onto each other and to allow adults immediate access.

Keep the area comfortably ventilated, with enough light to see breathing and skin colour clearly. Remove outdoor coats, hats and items with cords or straps that could create a hazard. Use minimal, lightweight bedding if needed and keep the face and head uncovered. Avoid heavy or weighted bedding and bulky soft items under this routine policy.

Allow children covered by this policy a comfortable natural position on the safe surface, keeping their airway clear and avoiding chin to chest slumping. Do not impose infant positioning rules on Reception children. Any medically required position or specialist equipment must be set out in a clinician informed individual healthcare plan and risk assessment, with staff trained to use it.

6. Individual needs and family partnership

Ask parents about usual sleep patterns, relevant health conditions, medication effects and any professional advice. Share relevant information with staff on a need to know basis. Where sleep is recurrent, discuss a planned approach with parents and involve the SENCO or healthcare professionals as appropriate.

Record additional monitoring, safe positioning, equipment and emergency actions in an individual plan where needed. Parent requests cannot authorise unsafe arrangements. Do not administer any medicine to induce sleep; administer prescribed medicines only under the school's medicines procedure.

7. Supervision and recorded checks

A designated adult must remain in the room with the child continuously within direct sight and hearing. A monitor, camera or timer does not replace this supervision. Use a reminder if helpful, but complete checks at the child's side. Never leave a sleeping child alone, including during staff breaks or outdoor provision.

At the start of sleep and every 10 minutes or less, observe normal breathing by looking for chest movement, check usual skin and lip colour, confirm the face and airway are clear and the position is safe, and check for signs of overheating, sweating or distress. Make any necessary adjustment immediately. Do not shake or unnecessarily disturb a sleeping child.

Enter the actual time, observations, actions and staff initials on the monitoring log in Appendix 1 as checks occur. Do not prefill times or retrospectively invent checks. Record a missed or delayed check honestly, assess the child immediately, inform the EYFS Lead and review the cause. The 10 minute interval is a maximum gap, not permission to wait when concerned.

Record any handover with the time and both adults' names. The incoming adult confirms the child's condition, next check due and any individual instructions. On waking, record the time and wellbeing, support a calm return to activities and tell parents about the sleep and any concerns the same day.

8. Illness and emergencies

If breathing, colour, responsiveness or wellbeing is abnormal, act immediately. Summon the paediatric first aider and call 999 where the child is unresponsive, is not breathing normally, has severe breathing difficulty or appears seriously unwell. Begin first aid or CPR according to training and the emergency call handler's instructions. Do not wait for a parent or the next scheduled check.

Arrange another adult to supervise the class, bring emergency equipment and meet the ambulance. Inform parents as soon as possible without delaying treatment. Record events, timings, first aid and contacts in the appropriate incident records as well as the sleep log. The Headteacher manages any required notifications under the school's applicable reporting duties.

Children who become unwell and need to rest while awaiting collection are covered by this policy, whether or not they fall asleep and regardless of year group. Follow the school illness procedures, seek first aid advice and contact parents as appropriate. Use a suitable supervised rest area, with an allocated adult maintaining direct sight and hearing. Record the child's condition and checks on Appendix 1, noting whether the child is resting awake or asleep, alongside any required illness or first aid record. For a sleeping child, record checks at least every 10 minutes; for an awake unwell child, record checks at least as frequently, or more often as directed by the first aider or individual healthcare plan. Act on deterioration immediately and never treat unusual drowsiness or difficulty waking as ordinary sleep. During a fire alarm or evacuation, the allocated adult ensures the child is taken to safety and included in the headcount; never leave the child behind.

9. Hygiene records and review

Allocate clean bedding to one child, store it separately and wash after use or sooner if soiled. Clean sleep surfaces after use and follow infection control procedures. Store completed logs securely with access limited to relevant staff; retain them under the school's records retention schedule. Record safeguarding concerns through the school safeguarding procedures.

The EYFS Lead checks logs after use and reviews any repeated sleep, missed checks, equipment issues or concerns with staff. Review the sleep space within routine EYFS safety checks and after incidents. Share this policy with parents and include it in staff induction.

Appendix 1 Sleep and Rest Log

Child: _____ Class: _____ Date: _____
Location: _____ Supervising adult: _____
Reason for rest or sleep: _____
Start time: _____ Individual instructions or plan reference: _____

Maintain sight and hearing supervision. Check and record at the start and every 10 minutes or sooner if required. Check breathing, colour, clear airway, safe position and comfort. Act immediately on concerns.

Time	Awake or asleep	Checks and any action	Staff initials

Record "all checks normal" if appropriate; describe any concern and action. Record handovers here with the time and both adults' names.

End or waking time: _____ Wellbeing: _____
Parent informed by and time: _____
Collected by and time if applicable: _____
Incident reference or follow up if needed: _____
Staff name and signature: _____

Confidential — store securely. Use another sheet if needed.