



Sleep Policy

Date reviewed: September 2026

Date of next review: September 2027

Chair of Governors (signature)

Head Teacher (signature)

Purpose and scope

This Sleep Policy sets out the procedures for providing safe, developmentally appropriate sleep routines for all 2-year-old children in our provision. It aligns with:

- Early Years Foundation Stage Statutory Framework (EYFS) – September 2021, updated 2024
- Keeping Children Safe in Education (KCSIE) – 2024
- The Lullaby Trust Safer Sleep Guidance
- NHS safer sleep information

The EYFS requires that providers ensure children are “healthy and safe” and that sleeping children must be frequently checked (EYFS 3.60).

This policy applies to:

- All children aged 2 years attending the provision
- All staff within the 2-year-old room
- Parents/carers providing sleep-related information

Children arriving asleep

We do not admit children who arrive asleep. Children must arrive awake so staff can complete mandatory health and safety checks. If a child does arrive asleep:

- Staff gently wake the child
- If the child cannot be woken safely, the family may be asked to wait until the child fully wakes
- The child will NOT be refused entry unless there is a safeguarding concern
- The incident is recorded and monitored
- This ensures fairness and avoids discrimination while keeping children safe.

Sleep environment and safety

In line with The Lullaby Trust the sleep environment must be kept between 16–20°C, with 18°C being the ideal temperature. Temperature is monitored and recorded before and during sleep periods. Staff will adjust children’s clothing/blankets accordingly.

Lighting, ventilation and noise

Lights are dimmed but bright enough for safe supervision, the room remain well-ventilated and noise levels must support rest but still allow for awareness of staff voice and movement.

Sleep equipment

All equipment must comply with safer sleep standards.

Sleep mats must be firm, flat, waterproof-covered sleep mats

Minimum specifications:

- Mats must show no sagging, tears, or deterioration
- Replaced immediately if damaged
- Reviewed every 6 months for condition and suitability

Bedding

Each child has individual bedding, stored separately in clearly labelled bags. Bedding from home is permitted following risk assessment

Bedding is washed:

- After each child's use, or
- Daily, whichever comes first
- No pillows, duvets, sleep nests, bumpers, or thick blankets

Storage

All equipment stored separately to avoid cross-contamination. Clean and used bedding never stored together.

Supervision and ratios

In compliance with EYFS (para. 3.31):

- Ratio for 2-year-olds: 1:5 (or better if needed)
- Ratios must never be reduced because children are asleep
- Sleep checks conducted by named, trained members of staff
- Staff breaks are planned so ratios remain secure at all times

Sleep checks

Completed every 10 minutes and recorded using the sleep-check template (digital or paper)

Must include:

- Breathing
- Colour
- Position
- Temperature/comfort
- Any concerns

Individual sleep routines

Parents should complete an Individual Sleep Plan at induction. Plans should specify preferred routines, comfort items, maximum nap duration, and any medical conditions. These should be reviewed termly or sooner if needs change. Any conflicts between parental preference and safer-sleep standards will follow a professional judgement override, with reasons documented. All staff must be briefed on each child's plan

Sleep procedures

Staff may support children using:

- Quiet stories
- Gentle music
- Comfort items (risk assessed)
- Calm reassurance

Duration of sleep

Children may sleep as needed unless agreed otherwise.

To ensure clarity:

- Excessively long nap = more than 2 hours (or parent-agreed duration)
- Late nap = beginning after 3:00pm, unless medically required

Staff will gently wake the child if sleep exceeds these agreed thresholds.

If a child does not sleep quiet activities will be offered, such as:

- Books
- Soft sensory play
- Calm individual activities

Safe sleep practices

In line with Lullaby Trust and EYFS welfare requirements children are placed on their backs. If a different position is medically required:

- A GP or consultant letter must be provided
- Risk assessment updated
- Staff briefed and sign to confirm understanding

Clothing and accessories

Remove hats, hoods, bibs, scarves, bulky coats and outdoor wear. No cords, strings, or loose accessories

If a child appears unwell

- Staff immediately wake the child
- Conduct initial well-being check
- Escalate to first aider and DSL if needed
- Contact parents if child remains unwell

Safeguarding and KCSIE alignment

Sleep time is a high-vigilance safeguarding period. If staff observe:

- Marks or injuries
- Concerning behaviours
- Difficulty breathing
- Distress
- Signs of neglect

They must:

- Ensure the child is safe
- Report immediately to the Designated Safeguarding Lead
- Record on Safeguard CPOMS
- Follow safeguarding procedures

KCSIE states that vigilance must be always maintained and concerns must be acted upon without delay.

Documentation, Data Protection and record storage

All sleep-related records must follow UK GDPR and Data Protection Act 2018 requirements. They will be stored securely for 3 years, accessible only to authorised staff, deleted securely after retention period and stored securely for 3 years

Records kept include:

- Sleep times
- 10-minute checks
- Concerns or variations
- Temperature logs
- Parent communications
- Medical sleep position plans

Parent communication and consent

Parents must:

- Complete a Sleep Routine & Consent Form
- Update staff about changes to home routines, illness or sleepless nights

Staff will:

- Share sleep information daily
- Discuss concerns sensitively with families
- Review routines termly or sooner if needed
- Inform parents of any sleep-related incidents

Staff training and competency

All staff involved in supervising sleep must receive training covering:

- EYFS welfare requirements
- Safer sleep (Lullaby Trust)
- SIDS awareness
- Recognising breathing difficulties
- Temperature management
- Emergency procedures
- Recording and documentation
- Safeguarding (link to DSL)

Emergency procedures

If a child cannot be woken:

- Call for First Aider immediately
- Begin emergency procedures (checking airway, breathing)
- Call 999
- Notify DSL
- Contact parents
- Record the incident fully
- Follow post-incident procedures

Risk assessment

A dedicated Sleep Risk Assessment is:

- Completed annually
- Updated for individual children with medical or SEND needs
- Updated if sleep equipment or environment changes
- Signed by the Early Years Lead and DSL
- Includes actions, responsible persons, and review dates

Monitoring, Governance and review

The Early Years Lead and DSL are responsible for:

- Monitoring implementation
- Reviewing sleep logs
- Undertaking sleep-time observations
- Evaluating incident records
- Collecting staff and parent feedback

Links to Other Policies

This policy aligns with:

Safeguarding & Child Protection Policy

First Aid Policy

Health & Safety Policy

SEND Policy

Admissions Policy

Intimate Care Policy

Data Protection & GDPR Policy

Appendix 1: Risk Assessment

This risk assessment identifies and manages potential hazards associated with sleep provision for 2-year-olds. It ensures sleep routines meet:

- EYFS Statutory Framework (2024 update)
- KCSIE (2024) safeguarding requirements
- The Lullaby Trust safer sleep guidance
- Health and Safety Executive (HSE) risk management principles
- Setting’s own policies: Safeguarding, First Aid, SEND, Health & Safety, GDPR

Sleep Risk Assessment Table

Hazard	Risk / Potential Harm	Likelihood	Severity	Control Measures (Existing)	Additional Actions Required	Responsible Person	Review Frequency
Incorrect room temperature	Overheating / cold stress; increased risk of illness	Low	High	Room temp maintained at 16–20°C, ideal 18°C (Lullaby Trust). Thermometers used and monitored. Adjust clothing/blankets.	Add second thermometer ; record temps on sleep log.	Room Leader	Daily
Unsafe bedding or sleep items	Suffocation, overheating, entanglement	Low	High	No pillows, duvets, nests, bumpers or thick bedding. Only thin blanket or sheet. Individual bedding stored separately.	Annual bedding audit; replace worn items.	Room Leader	Termly
Unsafe sleep position	Breathing difficulties, increased risk of harm	Low	High	Children placed on their backs unless documented medical exception. Staff trained in safer sleep practices.	Ensure all exceptions have GP/consultant letter and are added to care plans.	EY Lead / SENCO	As needed

Inadequate supervision	Distress, unnoticed illness, injury	Low	High	10-minute checks recorded. Ratios always maintained (1:5). Trained staff assigned to checks. Doors unobstructed.	Add random leadership spot-checks.	Manager	Termly
Child brought in asleep	Missed health check, potential illness unobserved	Medium	Medium	Child gently woken at arrival. Recorded. Parents reminded of policy.	Monitor repeated occurrences; review with parents if frequent.	EY Lead	Monthly
Clothing hazards (hats, hoods, bibs)	Strangulation or overheating	Low	High	All hats, hoods, bibs and outerwear removed. Staff check before settling.	Add visual prompt at sleep area.	Room Staff	Ongoing
Infection spread via bedding/equipment	Illness transmission	Medium	Medium	Mats cleaned after each use. Bedding washed daily or after each use. Individual storage bags.	Introduce weekly deep-clean log.	Cleaning Team	Weekly
Faulty or inappropriate sleep mats	Suffocation risk, discomfort, injury	Low	Medium	Firm, flat mats checked daily; replaced if damaged.	Biannual equipment inspection.	EY Lead	6-monthly
Medical conditions affecting sleep	Breathing difficulties, seizures, health deterioration	Low	High	Individual Health Care Plans in place. Staff aware of conditions. Medicines stored and administered according to policy.	Request updated medical info every term.	SENCO / EY Lead	Termly

Child becomes unwell during sleep	Sudden illness, breathing issues, fever	Medium	High	Staff trained to respond. Immediate waking and assessment. First aider called. Parents contacted. DSL notified if safeguarding concern.	Include scenario in annual training.	Manager	Annual
Allergy to bedding/materials	Rash, breathing concerns	Low	Medium	Allergy information on file. Hypoallergenic materials used.	Annual allergy review.	EY Lead	Annual
Emergency situation (child unresponsive)	Serious injury or fatality	Low	Severe	Emergency First Aid at Work trained staff onsite. 999 called immediately. DSL and Manager notified. Incident recorded.	Annual emergency drill including sleep situations.	Manager	Annual
Inadequate documentation or GDPR non-compliance	Incomplete records, data breach	Medium	Medium	Sleep logs, temperature checks and concerns recorded securely. Retained for 3 years. Staff GDPR-trained.	Introduce periodic documentation audits.	GDPR Lead	6-monthly
Unsafe environment (trip hazards, poor ventilation)	Trips, injuries, poor sleep quality	Low	Medium				

Appendix 2: Individual child considerations

(Complete for each child requiring personalised sleep risk assessment)

Child's Name

Identified Sleep Risks

Medical Needs

Required Adjustments

Staff Briefed

Review Date Yes / No

This section must be completed for children with:

- Allergies
- Respiratory conditions
- Seizures or epilepsy
- Reflux requiring special sleep position (with medical letter)
- SEND needs affecting sleep
- Anxiety or trauma affecting sleep

Control measures monitoring

The following must be monitored regularly:

Daily: temperature checks, bedding cleanliness, equipment condition

Weekly: ventilation, deep clean procedures

Monthly: analysis of "child arriving asleep" incidents

Termly: individual sleep plans, medical updates

6-monthly: equipment audit, documentation audit

Annually:

Policy review

Staff refresher training

Emergency procedures drill

Emergency Response Summary

If a child becomes unwell:

- Wake the child immediately
- Assess breathing, skin tone, responsiveness
- Call First Aider

- Contact parents
- Inform DSL if any concern
- Record on incident form

If a child is unresponsive:

- Call 999
- Begin emergency first-aid procedures
- DSL + Manager notified
- Parents contacted urgently
- Full written record completed
- Equipment and area secured until review complete

Sign-Off

Assessor Signature:

Date:

Manager Signature:

Date:

DSL Signature:

Date: