Safer Sleep and Rest Policy

Kingfisher Kindergarten recognises that some children aged 2 years and over may need to sleep or rest during the day. We provide a safe, calm and appropriately supervised environment in which children can sleep according to their individual needs.

This policy reflects the Early Years Foundation Stage statutory framework for group and school-based providers, effective from 1 September 2026. The framework requires babies and children to be put down to sleep safely, all sleeping children to be frequently checked, and children to remain within sight and hearing of staff while sleeping.

The detailed EYFS requirements for children under 2 do not directly apply to the children covered by this policy. However, we adopt relevant safer-sleep principles as good practice for children aged 2 and over.

We will:
• Provide children with a safe, clean and comfortable place to sleep or rest.
• Respect each child's individual sleep needs while balancing these with their wellbeing and the information supplied by parents or carers.
• Ensure that sleeping children remain within sight and hearing of staff and are checked frequently.
• Maintain appropriate staff-to-child ratios and effective supervision throughout sleep periods.
• Reduce foreseeable risks associated with unsuitable sleep spaces, overheating, entrapment, suffocation and restricted access to a child.
• Record relevant sleep information and communicate it to parents or carers.
• Ensure staff know how to respond promptly if a child becomes unwell or unresponsive.

It applies to all employees, agency staff, students, apprentices, volunteers and managers involved in supervising sleeping children.

Children will not be forced to sleep. A child who does not sleep will be offered a quiet rest or another suitable calm activity. Staff will not routinely keep an exhausted child awake solely to alter their sleep pattern at home where this would be contrary to the child's immediate welfare.

During registration and settling-in, parents or carers will be asked about:
• The child's usual sleep times and approximate duration.
• The child's normal sleep cues and settling routine.
• Any comfort needs or known difficulties.
• Relevant health conditions, medication, allergies or professional advice.
• Any recent changes that may affect sleep.
• How parents or carers wish staff to respond if the child sleeps longer than usual.

Sleep arrangements will be reviewed when the child's needs change. The child's welfare will take priority if a parental request is inconsistent with safe practice, medical advice or the child's immediate needs.

Staff will not use unsafe sleep practices at the request of a parent or carer. Any disagreement will be discussed with the manager and recorded.

Sleep environment -
Children aged 2 and over will sleep in their own separate sleep space on a clear, firm, flat and stable surface, we use hard foldable sleeping mats on the floor.

We will ensure that:
• Sleep equipment is suitable for the child's age, size and stage of development.
• Equipment is used in accordance with the manufacturer's instructions.
• Sleep spaces are positioned to allow staff to see, hear, check and quickly reach every child.
• Mats and mattresses are adequately spaced to reduce obstruction, cross-infection and accidental contact.

• Walkways and emergency exits remain clear.
• Children cannot become trapped between a mattress, wall, furniture or other equipment.
• Sleep spaces are away from blind cords, cables, radiators, heaters, direct sunlight, doors and other hazards.
• Furniture and equipment cannot fall or be pulled onto a child.
• Each child has individual, clean bedding.
• Bedding is lightweight, appropriate for the room temperature and kept away from the child's face.
• Children's heads and faces remain uncovered.
• Staff take reasonable steps to prevent children from becoming too hot or too cold.
• The room is suitably ventilated and maintained at a comfortable temperature.
• Sleep equipment and bedding are checked for damage, contamination and recalls.

The room temperature will be monitored when necessary, taking account of weather conditions, heating, ventilation, clothing and each child's needs.

Prohibited items and practices -
Children must not be put to sleep:
• On beanbags, sofas, cushions, improvised bedding or other soft or unstable surfaces.
• In bouncers, swings or equipment that is not intended for unsupervised sleep.
• With weighted blankets or weighted sleep products unless their use is supported by written advice from an appropriate regulated health professional, agreed with the setting and covered by an individual risk assessment.
• With cords, straps, necklaces, lanyards, drawstrings, bags or clothing that could create a strangulation or entrapment hazard.
• With items covering or close to their face.
• In a position or location that prevents effective sight, hearing or immediate staff access.

Sleep positioners, wedges and restraint devices will not be used. Children will never be restrained in order to make them sleep.

Comfort items –
A familiar comfort item may be permitted following an individual assessment, provided it is suitable for the child's age and does not present a foreseeable risk.
Staff will remove or reposition any item that covers the child's face, restricts breathing, causes overheating, or creates an entrapment or strangulation risk. Bottles and food will not be left with a sleeping child.

Settling children -
Staff will use calm, respectful and responsive methods to settle children. These may include:
• A consistent sleep routine.
• Quiet reassurance.
• Soft music or a familiar story.
• Sitting near the child while maintaining appropriate professional boundaries.
• Offering an approved comfort item.

No child will be left to become severely distressed. Staff must follow the setting's safeguarding, positive behaviour and intimate-care procedures at all times.

Supervision and checks -
Sleeping children must always remain within sight and hearing of staff. A designated member of staff will be responsible for sleep supervision. Responsibility must be clearly handed over if that member of staff leaves the area.

All sleeping children will be checked:
• When they first fall asleep.
• At least every 10 minutes thereafter.
• More frequently where indicated by an individual risk assessment, illness, disability, medication, unusual tiredness or professional advice.
• Immediately if a staff member hears or observes anything unusual.

The 10-minute interval is this setting's operational standard. The EYFS requires frequent checks but does not prescribe a universal number of minutes.

During each check, staff will satisfy themselves that:
• The child's breathing appears normal.
• The child's colour appears normal for them.
• The child's face and head are uncovered.
• The child is not too hot or too cold.
• Their position does not present an obvious risk.
• Bedding and clothing are not obstructing breathing or creating entrapment.
• The sleep space remains clear and safe.
• The child is showing no signs of illness, distress or injury.

Checks must be active and meaningful, not carried out solely by looking through a window or assuming that a quiet child is safe.

Sleep records -
The setting will maintain a sleep record containing:
Child's Name, Time the child fell asleep, Time child woke up, Total Nap Time, Comments and staff signature and parents signature.
Records will be completed at the time of each sleep, stored securely and retained in accordance with the setting's records-retention arrangements.
Parents or carers will normally be told when and for how long their child slept, along with any significant observations or concerns.

Waking children -
Where agreed with parents or carers, staff may gently wake a child after an agreed period. This will be done gradually and sensitively.
A child will not be abruptly or repeatedly disturbed where doing so causes significant distress. If a child is unusually difficult to wake, appears unwell or does not respond normally, staff will treat this as a potential emergency.

Children who fall asleep unexpectedly -
If a child falls asleep outside the planned sleep period, staff will assess their immediate safety and wellbeing.
A child who falls asleep in a car seat during travel will be transferred to their separate sleep space as soon as the setting is reached. A child aged over 12 months who falls asleep while travelling should, where possible, be moved to a separate sleep space with a clear, firm and flat surface, such as an appropriate bed or suitable floor mattress. A lie-flat pram or pushchair will not be used as the child's main sleep space. Coats, hats and excess bedding will be removed or adjusted to reduce overheating.

If unusual tiredness could indicate illness or injury, the setting's illness and accident procedures will be followed and the parent or carer contacted.

Illness, medication and additional needs -
A child who is unwell will not simply be put to bed without assessment. Staff will follow the setting's illness, medication and emergency procedures.
Where a health condition, disability or prescribed treatment affects sleep:
The setting will obtain relevant information from the parent or carer.
Advice from an appropriate health professional will be sought where necessary.
An individual healthcare plan and risk assessment will be prepared where appropriate.
Staff responsible for the child will be informed and trained.
Emergency arrangements will be clear and accessible.

Emergency procedure -
If a child appears unresponsive, is not breathing normally or causes staff serious concern, staff will:

Attempt to rouse the child and immediately call for assistance.
Call 999 without delay.
Begin appropriate first aid or cardiopulmonary resuscitation in line with their training and the emergency call handler's instructions.
Ensure another member of staff supervises the remaining children.
Contact the child's parent or carer as soon as emergency action is underway.
Preserve the area and relevant records where required.
Notify the designated safeguarding lead and setting manager.
Complete the required accident, incident and safeguarding records.
Make any required notification to Ofsted, local authority, insurer or other relevant body within the applicable timescale.

At least one person with a current paediatric first-aid certificate will be available on the premises and during outings as required by the EYFS.

Risk assessment -
The manager will ensure that sleep arrangements are included within the setting's risk-assessment process. This will consider:
• The suitability, condition and location of sleep equipment.
• Room temperature, ventilation and direct sunlight.
• Entrapment, strangulation, suffocation and trip hazards.
• Staff deployment, ratios and lines of sight.
• Access to sleeping children during an emergency.
• Infection prevention and cleaning.
• Individual health, developmental or additional needs.
• Emergency evacuation arrangements.
• Product safety notices and recalls.

Dynamic risk assessments will also be made whenever circumstances change, including during hot or cold weather, staffing changes or alterations to the room.

Hygiene and infection prevention -
Sleep mats, mattresses and beds will have cleanable or waterproof protective surfaces where appropriate.
The setting will ensure that:
• Each child has individually identified bedding.
• Bedding is not shared between children unless it has been appropriately laundered.
• Used bedding is stored separately from clean bedding.
• Sleep equipment is cleaned and disinfected according to the setting's cleaning schedule.
• Soiled bedding is removed promptly and handled safely.
• Equipment is fully dry before storage.
• Manufacturer cleaning instructions are followed.
• Damaged or contaminated equipment is removed from use.

Staffing and training -
All relevant staff will:
• Read this policy during induction and following each review.
• Understand the EYFS safer-sleep requirements and the setting's procedures.
• Read the NHS guidance on sudden infant death syndrome, as required by the EYFS, while recognising that SIDS guidance is primarily directed towards babies. NHS safer sleep advice
• Know how to carry out and record meaningful sleep checks.
• Understand the signs that a child may be unwell or in distress.
• Know the setting's emergency and paediatric first-aid procedures.
• Challenge and report unsafe practice immediately.

Students and volunteers must not be given sole responsibility for sleeping children unless this is consistent with the EYFS, their role, competence and the setting's supervision arrangements.

Safeguarding and allegations -
Any concern that a child has been placed at risk through unsafe sleeping arrangements, inadequate supervision, inappropriate restraint or poor staff practice must be reported immediately to the manager or designated safeguarding lead. Concerns about an adult's conduct will be managed under the setting's safeguarding and allegations procedures. Whistleblowing procedures may be used where concerns are not addressed appropriately.

This policy was adopted by Kingfisher Kindergarten Ltd

Date to be reviewed	Annually
Signed on behalf of the provider	La-Ryne van der Westhuizen
Role of signatory	Owner