



Policy Tracker – Responsibility for monitoring this policy: Nursery Area Coordinator Reviewed annually			
Date of review	Reviewed By:	Role	Date sent to schools
September 2026	Jayne Morgan	Nursery Area Coordinator	September 2026

Sleep and Rest Policy

1. Policy aim

Hales Valley Trust is committed to ensuring that every child has access to appropriate rest and, where needed and developmentally appropriate, sleep. Safe, responsive rest arrangements support children's health, wellbeing, emotional regulation, inclusion and learning.

Children's safety is paramount. All sleep and rest arrangements will be based on the child's age, development, individual needs and current health, and will be agreed with parents or carers wherever possible.

2. Scope

This policy applies to all Hales Valley Trust primary schools and to all staff, volunteers, students and agency staff who care for children during the school day or in school-run wraparound provision. It covers:

- Time for Twos provision, for children aged two and over
- Nursery provision
- Reception
- Years 1 to 6
- before-school, after-school and holiday provision operated by the school
- planned rest or sleep and any occasion when a child falls asleep unexpectedly

The specific safer sleep requirements within paragraph 3.86 of the EYFS apply to children under two years old. HVT applies the principles of safe supervision, appropriate sleep environments and responsive care proportionately to older children who sleep or rest during the school day. HVT normally admits children to Time for Twos from the age of two. Nevertheless, the Trust applies the relevant safer sleep principles throughout early years provision and uses a proportionate, child-centred approach for Reception and older children.

3. Legal and guidance framework

This policy has regard to:

- the Early Years Foundation Stage statutory framework for group and school-based providers, effective from 1 September 2026, particularly paragraph 3.86
- Department for Education, Help for Early Years Providers: Safer sleep
- NHS advice on sudden infant death syndrome and safer sleep
- The Lullaby Trust safer sleep guidance
- the Equality Act 2010 and the Trust's duties to make reasonable adjustments
- the school's safeguarding, first aid, administering medicines, intimate care, health and safety and SEND policies

4. Core principles

- No child will be forced to sleep or prevented from resting when they have a genuine need.
- Sleep and rest will never be used as a punishment or behaviour-management strategy.
- Sleeping children will remain within sight and hearing of staff and will be frequently checked.
- Each child who sleeps will have their own separate, safe sleep space.
- Staff will respond to children's cues and will not leave a distressed child to cry themselves to sleep.
- Parents' views will be respected, but the child's immediate welfare and safety will take priority.
- Any individual arrangement that differs from normal HVT practice must be documented through an individual healthcare plan and/or risk assessment, with professional advice obtained where appropriate. No individual arrangement, parental preference or local risk assessment may override a statutory EYFS safer sleep requirement.

5. Age-appropriate arrangements

5.1 Time for Twos and Nursery

Children may be offered planned sleep or quiet rest in response to their individual routines, developmental stage and cues. Sleep will take place on an individual, firm, flat, waterproof sleep mat or other age-appropriate sleep equipment in a calm, supervised area. Equipment must be positioned so staff can see and hear every sleeping child and can reach them without obstruction.

Children will be placed down on their back to begin sleep, unless a healthcare professional has provided written advice for a different position. If a child can independently move into another position, staff do not need to reposition them, but must continue close observation.

5.2 Reception

Planned sleep is not normally part of the Reception day. A child may, however, need quiet rest because of tiredness, illness, emotional distress, SEND, a medical need or a disrupted sleep routine. The child will be supported in a calm, supervised space. If the child falls asleep, the sleeping and monitoring requirements in this policy apply.

5.3 Years 1 to 6

Planned sleep is not normally part of the school day for children in Years 1 to 6. Quiet rest may be provided where a child is unwell, distressed, exhausted, dysregulated or has an identified medical or additional need. If an older child falls asleep, staff will make the immediate environment safe, maintain the child's dignity, monitor them closely and assess whether first aid, medical advice or collection is required.

6. Individual sleep and rest needs

During admission or induction, staff will discuss relevant sleep and rest information with parents or carers, including:

- the child's usual routine and sleep cues
- any medical condition, medication, SEND or sensory need that may affect sleep
- usual comfort and settling approaches
- any recent changes or concerns, including unusually disturbed sleep
- how sleep will be recorded and communicated

Arrangements will be reviewed when a child's needs change. Where planned sleep is a regular adjustment for a child in Reception or Years 1 to 6, an individual rest plan and, where appropriate, a healthcare plan or risk assessment will be agreed.

7. Sleep environment and equipment

Before sleep, staff must ensure that:

- the sleep area is calm, adequately ventilated and at a comfortable temperature
- the child has their own separate sleep space on a clear, firm, flat and waterproof surface
- the sleep space and routes around it are free from hazards and staff can reach the child quickly
- the child's face and head will remain uncovered
- outer clothing, coats, hats, bibs and any item that could cause overheating or restrict breathing are removed
- cords, straps, bags and other entanglement hazards are out of reach
- bottles, cups and food are not left with a sleeping child
- sleep equipment is clean, in good condition and used in accordance with the manufacturer's instructions

Although within our Trust we do not currently have children attending who are under two years old, it is important to be aware that for children under two years old, the following statutory safer sleep requirements apply, sleep spaces must contain only a firm, flat, waterproof mattress and suitable lightweight bedding tucked securely below the shoulders, or a well-fitted sleep bag used according to the manufacturer's instructions. Where a blanket is used in a cot, the child must be placed feet-to-foot. Cots must not contain pillows, toys, loose or extra blankets, bumpers, wedges or straps. Babies aged 12 months and under must only sleep in a cot, which includes an appropriate cot, carrycot, Moses basket or travel cot.

Comforters must not be placed in the sleep space of a child aged 12 months or under, except for a dummy. For children over 12 months, any comfort item must be age appropriate, agreed with parents or carers and assessed as safe. Weighted blankets or similar products must not be used unless supported by professional advice, an individual risk assessment and clear instructions for staff.

8. Preparing and settling a child

Staff will prepare children for sleep or rest calmly and sensitively. They will:

- check that the child is clean, comfortable and appropriately dressed
- offer the toilet or complete a nappy change where needed
- ensure the child has had food or a drink where appropriate, without delaying urgent rest
- use familiar, appropriate settling approaches such as a story, quiet music or sitting alongside the child
- provide reassuring physical contact only in line with the child's wishes, safeguarding practice and any agreed individual plan

Children will not be left to cry themselves to sleep. If a child does not settle after a reasonable period, staff will offer quiet rest or return them to calm activities and review the approach with parents or carers.

A child who falls asleep while being comforted must be moved as soon as it is safe to do so to their own separate sleep space. Children must not be left to sleep in bouncy chairs, beanbags, car seats, seated equipment or other products not designed as their main sleep space.

9. Supervision and sleep checks

Sleeping children must always remain within both sight and hearing of staff. A member of staff must remain responsible for the sleep area and must be able to respond immediately.

A physical sleep check will be completed and recorded at least every 10 minutes. Checks will be more frequent where indicated by the child's age, health, individual plan, environmental conditions or professional judgement. Staff will check:

- that breathing appears normal
- the child's sleeping position and that the airway, face and head are clear
- skin colour and general appearance
- whether the child appears too hot, too cold, clammy or sweaty
- that bedding and clothing remain safe
- that the sleep environment remains free from hazards

The record must include the child's name, date, time sleep began, time and outcome of each check, any action taken, time the child woke and the initials of the staff member. Records will be retained in accordance with the Trust's record-retention arrangements.

10. Temperature and overheating

Staff will use professional judgement to prevent children becoming too hot or cold. For babies aged 12 months and under, the recommended room temperature is 16°C to 20°C. A child's chest or the back of their neck should be checked when assessing temperature, as hands and feet may normally feel cooler. Clothing or bedding will be adjusted if the child feels hot, clammy or sweaty. A sleeping child's head must never be covered.

11. Waking children and collection

Children will not be routinely or abruptly woken solely for adult convenience. Where waking is necessary for collection, a medical or safeguarding reason, an agreed routine or the effective operation of the provision, staff will wake the child gently and allow time for them to become alert and regulated.

If a child falls asleep unexpectedly, parents or carers will be informed. Sleeping alone does not automatically require collection. Staff will consider the child's presentation, health, age, usual routine and any other symptoms. Collection will be requested where the child appears unwell, cannot comfortably participate in the remainder of the day, requires medical review or where this is otherwise in the child's best interests.

Staff will not accept sleeping children on arrival to the setting, the child must be awake to ensure the child is well before accepting them into the care of the school.

12. Medical needs, SEND and reasonable adjustments

Children with medical conditions, SEND, physical disabilities, sensory needs or other additional needs may require adapted rest arrangements. These will be planned with parents or carers, the SENCo and relevant health professionals. Any positioning advice that differs from this policy must be provided in writing by an appropriate healthcare professional and included in the child's healthcare plan and risk assessment.

Specialist equipment must be suitable for the intended use, checked before use and operated only by staff who have received appropriate instruction or training. Reasonable adjustments must not introduce an unmanaged sleep or suffocation risk.

13. Sleep during travel or outings

If a child over 12 months falls asleep while travelling, they should, where possible, be moved on return to their own separate sleep space on a clear, firm and flat surface. A lie-flat pram or pushchair must not be used as the child's usual sleep space. Coats, hats and blankets must be adjusted to prevent overheating, and supervision must be maintained.

If a baby or child falls asleep in a car seat while travelling, they must be transferred to their appropriate separate sleep space as soon as they return to the setting.

14. Hygiene and infection prevention

- Each child will use individually allocated bedding wherever possible.
- Bedding will be stored separately in a clean, dry and clearly identified place.
- Bedding will be washed regularly and immediately if soiled or after use by a child with a suspected infectious illness.
- Sleep mats and reusable equipment will be cleaned between children and checked regularly for damage.
- Damaged, contaminated or unsuitable sleep equipment will be removed from use immediately.

15. Illness, concern or emergency

Unexpected or unusual sleepiness may be a sign of illness or injury. Staff must seek support from a qualified first aider and follow the school's illness and first-aid procedures if a child is difficult to wake, unusually drowsy, breathing abnormally, has an altered skin colour or otherwise causes concern.

If a child is unresponsive or is not breathing normally, staff must:

- call 999 immediately
- begin appropriate paediatric first aid or CPR
- send for the school's emergency equipment and additional support
- inform the headteacher or designated safeguarding lead and the child's parents or carers as soon as possible
- preserve relevant records and follow required safeguarding, accident-reporting and notification procedures

16. Partnership with parents and carers

Staff will maintain open communication with parents or carers. Planned routines will be discussed at induction and reviewed regularly. Parents or carers will be told about significant changes, unexpected sleep, unusual tiredness and any concern arising during sleep or rest.

Parents or carers may express preferences about sleep length or timing. These will be considered sensitively, but staff will not keep a child awake when they are showing a clear need for sleep if doing so would compromise their wellbeing. Staff will work with families to agree a safe and developmentally appropriate approach.

17. Staff responsibilities and training

17.1 Executive Head/Headteacher/Head of School

The headteacher is responsible for ensuring that the policy is implemented, suitable equipment and staffing are available, local procedures and risk assessments are in place, and concerns or incidents are managed and reported appropriately.

17.2 Early years leader/Nursery Manager

The relevant leader will ensure that staff understand children's individual needs, sleep records are completed, equipment is checked and cleaned, and practice is monitored. They will escalate any gap in staffing, equipment, environment or competence immediately.

17.3 All staff

All staff must read this policy, follow the agreed procedures, remain alert to changes in a child's condition and report concerns without delay. Staff supervising sleep must be familiar with safer sleep principles and know

how to summon emergency assistance. At least one person with a current paediatric first-aid certificate must be always be present.

Safer sleep arrangements will form part of induction for relevant staff and will be refreshed at least annually and whenever guidance, provision or a child's individual needs change.

18. Monitoring and review

School leaders will monitor implementation through checks of the environment, equipment, sleep records, staff knowledge and individual plans. Any incident, near miss, concern or change in national guidance will prompt an immediate review of practice and risk assessment.

This policy will be reviewed annually, or sooner if legislation, statutory guidance, national safer sleep advice or HVT provision changes.

Minimum sleep-check record

The local sleep record may be paper-based or electronic but must include:

- child's full name and provision or class
- date and location of sleep
- time placed down and position
- time sleep began
- each check time, observations and staff initials
- any change of position or action taken
- time the child woke and how they presented
- information shared with parents or carers and by whom
- details of any concern, first aid, collection or escalation

Quick application by age

Provision	Usual approach	If the child sleeps
Time for Twos	Planned sleep or quiet rest according to individual need.	Use an individual firm, flat, waterproof sleep space. Place down on the back, maintain sight and hearing, and record checks at least every 10 minutes.
Nursery	Sleep or quiet rest where developmentally appropriate, although planned sleep is not normally part of the day.	Apply the same safe sleep-space and monitoring procedure, with individual arrangements agreed with parents or carers.
Reception	Quiet rest as needed. Planned sleep is not normally part of the day.	Make the environment safe, maintain dignity, sight and hearing, complete and record checks, assess health and inform parents or carers.
Years 1 to 6	Supervised quiet rest for illness, distress, exhaustion, regulation, SEND or medical need.	Assess the child promptly, apply monitoring and recording requirements, seek first aid or collection where appropriate, and agree a plan if the need recurs.