FALCONHURST SCHOOL
Safer Sleeping in the EYFS
POLICY

'Good for all and harms none'

Safe, supervised and responsive rest for Nursery and Reception children.

Policy owner	Headteacher / EYFS Leader
Applies to	Nursery and Reception
Approved by	Full Governing Body
Effective from	September 2026
Next review	September 2027
Review cycle	Annual, or sooner if guidance changes
Current age range	Nursery from age 3 and Reception; no children under 2

1. Purpose and key conclusion

This policy applies whenever a child in Falconhurst's Early Years Foundation Stage sleeps while in school, whether the child is in Nursery or Reception. It sets out safe positioning, supervision, monitoring, recording, parent contact and emergency action.

Falconhurst's Nursery admits children from the term following their third birthday. The school does not admit babies or any child under two. The additional statutory arrangements for under-twos are therefore not operational requirements for the current provision. The wider requirements that children are put to sleep safely, remain within sight and hearing and are checked frequently apply to all sleeping EYFS children, including Reception children.

2. Statutory framework

This policy has regard to paragraph 3.86 of the EYFS statutory framework for group and school-based providers, effective 1 September 2026; DfE Help for Early Years Providers safer-sleep guidance; NHS advice on sudden infant death syndrome; and relevant safeguarding, medical, first-aid, SEND and health-and-safety procedures.

3. Scope and usual provision

Falconhurst does not provide routine sleep sessions, a baby room or cot-based sleep provision. Nursery and Reception timetables do not ordinarily place children down to sleep. A child aged three, four or five may nevertheless fall asleep unexpectedly because of tiredness, illness, disrupted sleep, medication, SEND, a health condition or an individual need. Staff will respond in a safe, proportionate and child-centred way.

If the school's admission age or provision changes, this policy, risk assessment, equipment and staff training will be reviewed before any child under three is admitted. Provision for an under-two would require the full additional statutory arrangements before admission.

4. Universal requirements for Nursery and Reception

- Every sleeping child must be in a safe position and location.
- Every sleeping child must remain within both sight and hearing of staff.
- Every sleeping child must be checked frequently; Falconhurst records checks at least every 10 minutes, with more frequent checks where need or presentation requires.
- The child's face and airway must remain clear and the head must not be covered.
- The child must not be at risk of falling, entrapment, overheating, obstruction or injury from the environment.
- Normal statutory staffing arrangements continue and the wider group must remain safely supervised.

5. If a Nursery or Reception child falls asleep

Staff will assess the child immediately, including breathing, colour, temperature, position, recent injury or illness and how easily the child can be roused. If the location is safe, supervision can be maintained and the child is breathing normally, staff may allow the child to remain there temporarily. If there is any foreseeable risk, the child will be gently repositioned or moved to a stable, suitable resting place.

The area will be cleared of cords, blind loops, heaters, trailing wires, heavy or unstable objects, excess soft items and anything that could obstruct the face or airway. Evacuation routes will remain clear. Any mat, bedding or equipment used must be clean, suitable and safely positioned.

An EYFS child aged three or over is not subject to the framework's prescribed under-two cot and bedding arrangements. This does not permit a child to sleep unsafely: professional judgement must be based on the individual child, the surface, position, environment, supervision and ability to respond.

6. Monitoring while asleep

A named adult will maintain direct sight and hearing and complete a recorded physical check at least every 10 minutes. Checks will be more frequent if the child is unwell, has a medical condition, has sustained an injury, is unusually drowsy, is difficult to rouse or an individual plan requires it.

Check	What staff confirm
Breathing	Breathing is present, regular and unobstructed; colour appears normal.
Position	The child is stable, cannot fall or become trapped and the face and airway are clear.
Temperature	The child is not too hot or cold and the head is uncovered.
Wellbeing	There is no sign of pain, illness, distress, seizure, deterioration or abnormal drowsiness.
Environment	Sight and hearing are maintained; hazards and evacuation routes remain controlled.

7. Parent and carer contact

If unexpected sleep continues for 10 minutes, staff will normally telephone the parent or carer to discuss the child's presentation, likely cause and whether collection is appropriate. Staff will contact home immediately, without waiting, if the child appears unwell, has sustained an injury, is unusually drowsy or difficult to rouse, or there is any medical or safeguarding concern.

A child will not automatically be woken or sent home solely because they have fallen asleep. Decisions will reflect the child's wellbeing, known needs and parental discussion. Parents are informed of any significant or unusual sleep and any concern.

8. Planned or recurring sleep needs

Any request for planned sleep, or any pattern of a Nursery or Reception child repeatedly falling asleep, will be reviewed with the EYFS Leader and family. The school will consider age, development, health, medication, SEND, usual routine, available space, supervision and professional advice.

Where sleep is planned or recurrent, an individual safer-sleep risk assessment and, where appropriate, an Individual Healthcare Plan will specify the resting space, equipment, positioning, supervision, check frequency, parental arrangements, emergency action and review date.

9. Illness, emergency and safeguarding

Unexpected sleepiness may indicate illness, injury or another concern. If a child is unresponsive, difficult to rouse, breathing abnormally, has a seizure or shows signs of serious illness, staff will call 999, begin appropriate paediatric first aid and contact parents as soon as possible. A safeguarding concern is reported immediately to the DSL.

10. When the child wakes

Staff will respond promptly, reassure the child and allow time to become fully alert before rejoining activities. The child's presentation will be reassessed. Equipment is cleaned as necessary, the sleep period and checks are completed in the log, and parents are informed where appropriate.

11. Under-two requirements not currently in operation

For clarity, the EYFS contains additional rules for children under two. Falconhurst has no children under two in Nursery or Reception, so the school does not currently operate these arrangements. If this changes, children under two must be placed on their backs in their own separate sleep space on a firm, flat surface; babies aged 12 months and under must sleep in a cot; bedding must meet the detailed statutory requirements; extra cot items are prohibited; babies under six months must have an adult in the same room for every sleep; and baby-room and temperature arrangements must be established.

These under-two provisions are recorded here to demonstrate awareness, not to imply that Falconhurst admits or is equipped to admit babies or under-twos.

12. Recording, monitoring and review

A sleep log is completed whenever a Nursery or Reception child sleeps during the school day. The EYFS Leader reviews incidents and recurring patterns. Risk assessment considers visibility, hearing, equipment, temperature, infection control, evacuation, staffing and individual need. Staff receive policy briefing and know how to recognise illness, summon help and carry out relevant paediatric first aid.

The Headteacher and EYFS Leader monitor implementation. The policy is reviewed annually, after any significant incident, before any change to the admitted age range, or sooner if statutory or health guidance changes.

Appendix 1 Safer sleeping log

Record	Details
Child and class	
Date	
Sleep began and ended	
Location and position	
Checks and times	Breathing Position Airway Temperature Wellbeing Environment
Action and parent contact	
Staff name and signature	

Appendix 2 Individual safer sleep plan

Plan element	Agreed arrangement
Child and class	
Reason arrangements are required	
Medical SEND and medication information	

Plan element	Agreed arrangement
Agreed sleep space and equipment	
Position and environmental controls	
Supervision and check frequency	
Parent contact arrangements	
Emergency action	
Professional advice	
Review date and approvals	

Appendix 3 Staff quick reference

Step	Action
1 Assess	Check breathing, colour, responsiveness, illness or injury and whether the location is safe.
2 Make safe	Reposition or move if needed; clear the face, airway and nearby hazards.
3 Supervise	Maintain sight and hearing; record checks at least every 10 minutes, or more often if needed.
4 Contact	Normally call home after 10 minutes; call sooner for any concern.
5 Escalate	If difficult to rouse, unresponsive or breathing abnormally, call 999 and give paediatric first aid.
6 Record	Complete the sleep log; recurrent sleep requires review and an individual plan.

Reference framework

Department for Education, Early Years Foundation Stage statutory framework for group and school-based providers, effective 1 September 2026; Help for Early Years Providers safer-sleep guidance; NHS safer-sleep and sudden infant death syndrome guidance.