



Sleep and rest Policy

Setting's Name:	Morning Star Nursery & Morning Star Educational Centre
Date Last Reviewed:	7 th October 2026
Date of Next Review:	7 TH October 2027

Applies to every nursery branch, Baby Room, Toddler Room and Preschool Room, and to all employees, apprentices, agency staff and volunteers involved in children's care.

Purpose and statutory basis

We provide safe, responsive sleep and rest that meets each child's needs. Staff must follow this policy for every nap, including during settling and outings. A parent's preference or familiar home routine does not override safer sleep requirements.

The principal statutory basis is the EYFS framework for group and school based providers effective 1 September 2026, particularly paragraph 3.86. Keeping Children Safe in Education 2026 is statutory guidance for schools and colleges. It does not automatically apply to a standalone nursery simply because it provides early education. Where school based provision is covered, both frameworks apply. Wider safeguarding principles inform our reporting and staff conduct procedures.

Responsibilities

- The Operations Manager approves the policy, provides resources and checks consistent implementation across branches.
- Each branch manager assesses the sleep area, allocates supervision and cover, checks equipment and maintains staff training and audit records.
- Room leaders confirm individual plans, allocate a named supervising practitioner and check that sleep records are complete.

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- The key person gathers family information, explains safer sleep arrangements and reviews changes with parents.
- Every practitioner checks the child, follows their plan and acts immediately on hazards or concerns. The designated safeguarding lead manages safeguarding concerns through the safeguarding policy.

Safe sleep arrangements

The following age specific requirements reflect EYFS 2026. Morning Star also applies clear sleep spaces, frequent checks and direct staff supervision to children aged two and over as its own nursery standard.

- Children under two are placed on their backs, each in a separate space with a firm, flat waterproof mattress. Babies aged 12 months and under sleep only in a cot, carrycot, Moses basket or travel cot suitable for their size and development.
- For children over 12 months, use a suitable cot, low bed or appropriate floor mattress following a risk assessment. Floor beds, coracles and sleep pods are not used for babies aged 12 months and under.
- Use a securely fitted sheet and lightweight bedding tucked below the shoulders, or a correctly fitted sleep bag used as instructed. With blankets in a cot, place the child's feet at the foot of the cot.
- Keep heads and faces uncovered. Cots contain no pillows, toys, loose or extra bedding, bumpers, wedges or straps. Do not tilt mattresses or use sleep positioners.

Settling and rolling

Tummy or side settling for children under two is not permitted. Staff do not place a child on their front to settle and then turn them over. Tummy time takes place only while awake and supervised.

A baby who can independently roll from back to front and front to back may find their own position after being placed on their back. Record their ability in the individual plan. If they cannot roll both ways and turn onto their front, gently return them to their back. Never restrain their position.

Offer calm reassurance, singing, gentle patting or a familiar adult. Staff remain alert when holding a child and transfer a sleeping child to their approved sleep space. No adult sleeps alongside a child. Sofas, armchairs, beanbags, bouncers and swings are not sleep spaces.

Bedding and comfort items

Morning Star does not use weighted blankets or weighted sleep bags, duvets or swaddling for nursery naps. Use manufacturer guidance for sleep bag size and warmth; do not add blankets over a sleep bag.

Comfort toys or cloths may be considered only for children over 12 months after an individual risk assessment. Remove items with cords, detachable pieces or a risk of covering the face. For Sleep and Rest Policy

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children under two, comfort items remain outside the sleep space. A usual dummy may be offered without a cord or clip; do not force it or repeatedly replace it after it falls out.

Supervision and recorded checks

Morning Star requires a designated, awake practitioner in the sleep room or clearly defined sleep area throughout every child's sleep. Children remain within the practitioner's sight and hearing. For babies under six months, an adult in the same room for every sleep is an explicit EYFS requirement. Our direct supervision rule extends to all ages.

Monitors and cameras may supplement observation but do not replace an adult or physical checks under this policy. Do not leave the sleep area to answer the door, prepare food or use a phone. Arrange a direct handover before taking a break. Sleeping children remain included in staffing ratios, and deployment must cover both sleeping and awake children safely.

Check each child immediately after placing them down, at intervals of no more than 10 minutes throughout sleep, and when they wake. The 10 minute maximum is Morning Star's operational standard; EYFS requires frequent checks but does not prescribe this interval. An individual assessment may require shorter intervals or closer observation. Do not wait for the next scheduled check if anything changes.

How to check

- Go close enough to observe regular breathing and chest movement, normal skin colour, an unobstructed airway and a safe position. A view across the room or on a screen is insufficient.
- Check that the face is visible, bedding is secure and the child is not trapped, distressed or unusually difficult to rouse. Check warmth at the chest or back of the neck when needed.
- Record the actual time, observations, any action and the practitioner's name or initials immediately. Never prefill checks or record a check performed by someone else.
- If a check is missed, check the child immediately, alert the room leader, record the gap honestly and correct the supervision failure. Escalate any safeguarding implications.

Sleep records and handover

Use the nursery's approved sleep record, whether electronic or paper. Record child identity, date, sleep space, sleep start and finish, position placed down, each check, temperature readings, concerns and action. On staff changeover, identify every sleeping child, their plan, the last check and the next check due. The incoming practitioner explicitly accepts responsibility.

Tell parents the child's sleep times and relevant observations that day. Managers review records for gaps and patterns. Store records securely, limit access to authorised staff and retain them under the nursery's records retention schedule. Never photograph children on personal devices.

Environment and equipment

Check and record the sleep area before use each day and after changes. Provide enough safe spaces for the children present; lack of cot capacity must never lead to use of an unsuitable alternative.

- Inspect cot frames, fastenings, mattress fit and bedding. Follow product instructions and age, weight and mobility limits. Use only the approved mattress for travel cots; never add a second mattress. Remove damaged or recalled equipment immediately.
- Position sleep spaces away from blind cords, wires, curtains, heaters and objects children can pull in. Keep evacuation routes clear and allow staff access to every child. Lower cot bases when development requires it.
- Provide ventilation and sufficient light to see breathing and skin colour. Do not drape fabrics over cots. Ensure doors and barriers meet both safeguarding and fire safety arrangements.

Temperature and clothing

Aim for a room temperature of 16 to 20°C for babies aged 12 months and under. Record temperature before sleep and at least hourly while the area is in use, and after a significant environmental change. This recording frequency is Morning Star's standard.

Remove hats and outdoor clothing indoors. Adjust layers and bedding to the room and the child, following sleep bag instructions. Check the chest or back of the neck rather than using cool hands or feet to judge warmth. Do not use hot water bottles or electric blankets.

If the room falls outside the recommended range, assess and record the risk promptly. Adjust ventilation, clothing and bedding safely, increase observation and inform the manager. Relocate to an approved sleep area if necessary; do not continue in conditions assessed as unsafe.

Hygiene and evacuation

Give each child clean, individually allocated bedding. Store it separately, launder at least weekly and immediately when soiled or before use by another child. Clean mattresses and cot contact surfaces between users and following contamination. Follow infection prevention procedures and allow equipment to dry before use.

Include sleeping children in branch evacuation plans and drills. Identify staff, routes and suitable evacuation equipment, including children needing additional help. At an alarm, act immediately and reconcile every child against the register at the assembly point.

Individual needs and partnership with parents

Before attendance, the key person records usual nap times, settling preferences, developmental stage, rolling ability, premature birth or low birthweight, medical needs and relevant professional advice. Review the plan after changes and at room transitions. Plan around signs of tiredness rather than forcing all children to sleep together.

Respect individual, cultural and sensory needs through safe adjustments, such as a familiar practitioner and a calm location. Children who do not sleep can have quiet activities. Do not force sleep, hold a child down, leave them distressed or use sleep as a sanction. Discuss requests to shorten or stop naps with parents; do not keep an exhausted child awake to meet a timetable.

Medical advice and unsafe requests

Do not agree to front or side sleeping, inclined mattresses or other unsafe arrangements at a parent's request. Explain the policy and refer unresolved concerns to the manager.

Where a clinician identifies a medical need for an alternative position or specialist equipment, obtain current written advice from the treating clinician. The manager must assess the proposed arrangement against EYFS, seek clarification where needed and agree a written individual care plan before implementation. Clinical advice is not treated as an automatic exemption from statutory requirements. Staff must not improvise an alternative while advice is being clarified.

The care plan identifies the condition, approved arrangements, supervision, warning signs, emergency response, responsible staff and review date. Ensure all relevant staff are trained and can explain the plan. If a child becomes unwell, reassess their suitability to remain at nursery and follow the illness and medication policies; closer checks do not replace medical assessment.

Sleep during travel and outings

Risk assess trips for sleep, positioning, temperature, staffing and transfer arrangements. Use travel equipment and restraints as instructed and keep the child observed; never leave a child asleep alone in a vehicle. Slings, carriers and car seats are not routine nursery sleep spaces.

On return, transfer babies aged 12 months and under who slept during travel into their approved cot. Transfer any child sleeping in a car seat to their separate sleep space promptly. For children over 12 months asleep in a pram or pushchair, move them to their approved space wherever possible; a pram or pushchair is not their main nursery sleep space. Remove or adjust outdoor layers to prevent overheating. Record the sleep and handover.

Emergency response and safeguarding

If a child is unresponsive, is not breathing normally, has abnormal colour or shows serious breathing difficulty, summon help and call 999 immediately. Begin paediatric first aid or CPR as appropriate to your training and follow the emergency call handler. Never shake the child. Do not delay emergency care to complete records or contact a manager.

Allocate another adult to supervise the other children and another to guide emergency services. Inform the manager and parents as soon as possible without delaying care. For a child who is responsive but appears unwell, provide first aid and obtain appropriate medical advice; escalate deterioration immediately.

Record a factual chronology, the staff present, care given and communications. Preserve relevant records. The manager follows statutory reporting requirements, including notification of a serious accident, illness, injury or death to Ofsted as soon as reasonably practicable and within 14 days, and notification to the relevant local child protection agencies as applicable.

Staff must immediately report unsafe sleep practice, unexplained record gaps, falsified checks or inappropriate handling through the safeguarding and staff concerns procedures. Take action to protect the child first. Where an allegation may meet the harm threshold, follow local authority designated officer procedures. If the concern involves the manager, use the alternative reporting route in the safeguarding policy. Staff may use external safeguarding or whistleblowing routes when necessary.

Training and review

Before undertaking sleep supervision, staff must read this policy and NHS SIDS guidance, receive practical safer sleep instruction and demonstrate safe placement, checks, recording and escalation. Induct agency staff and apprentices and provide supervision appropriate to competence. Ensure required paediatric first aid cover is available throughout provision and on outings.

Managers check practice through observation and a monthly review of sleep records, equipment and individual plans. Record findings, actions, owners and completion dates. Review this policy after an incident or near miss, a concern, new guidance or changes in premises. Share relevant changes with parents and record staff acknowledgement.

Implementation before adoption

Each branch manager must confirm safe cot capacity, staffing and cover, equipment checks, an evacuation plan, access to emergency contacts, individual care plans and a usable sleep recording system. Complete staff briefing and management sign off before this version takes effect.