



## **Sleep and Rest Time**

At Hanslope Pre-school we recognise that sleep and rest times are key times in the day for being close and promoting security and are an important part of a child's unique and individual care. Younger children will need to sleep but older children do not usually need to. No child is made to sleep. Our sleep and rest procedures at Hanslope Pre-school comply with the EYFS and the latest available safety guidance.

### **Partnership with families**

As part of a child's settling in we will ask about their usual sleep and rest preferences and routines. As far as possible we will follow their usual routine, however, children's routines may change once they are in the setting, and we will respond flexibly. Children's sleep and rest preferences are recorded, and parents/carers are informed of any significant changes to a child's sleep routine.

If a child is not ready to sleep, they are never forced to. If we feel a child is ready to sleep or it is their usual sleep time, we will settle a child to sleep and soothe them, if after 15 minutes they are not sleeping they will be encouraged to rest or go and play as appropriate. Under no circumstances is a child ever physically restrained whilst trying to settle them to sleep. We allow children to sleep for a cycle appropriate to their age and stage as this promotes their development and well-being needs.

Parents/carers may provide a suitable sleeping bag for their child if preferred, providing there is no risk of it causing a child's temperature to rise. Sleeping bags must be of an appropriate size for the child and must not be used with any other bedding. We can only use sleeping bags that meet European safety standards. This will be shown on the label as BS EN 16781:2018.

### **Staff training**

All staff at Hanslope Pre-school complete a comprehensive induction which includes safer sleep training. All staff are required to read Lullaby Trust Guidance on Safer Sleep and the NHS advice on Sudden Infant Death Syndrome.

### **Children asleep on arrival at the setting**

If a child arrives at the setting asleep, they are sensitively woken whilst the parent/carers are still present. Outdoor clothes are removed, and the child is settled on a flat, clean sleeping mat (age dependent), if they are still sleepy, but otherwise well.

If a child does not show signs of going back to sleep after being woken, they are welcomed and settled into the session at their own pace.

### **The sleep environment**

The Practice Manager ensures a risk assessment is completed for the sleep area to ensure that it is safe and meets the requirements set out in the EYFS and British Safety Standards. This is reviewed each time a change to the environment is made and at least annually. A daily check of this environment takes place before any children arrive.

An emergency plan is displayed, showing what action to take if a child stops breathing whilst asleep. There is a room thermometer in the sleep area that is checked when settling a child to sleep and the temperature recorded.

The sleeping environment must be:

- Clean and uncluttered.
- There must be no shelves or objects above where the child is sleeping.
- The room temperature should be between 16–20C monitored by a thermometer in the sleep area. This must be recorded on the sleep checklist when children go to sleep
- The room should be well ventilated.
- Children aged over 12 months must be placed down on their back in their own separate sleep space on a clear, flat, firm surface such as a cot, bed or suitable mattress on the floor.
- Children must sleep head to toe to reduce the spread of infection.
- Every child has their own clean bedding, consisting of a fitted bottom sheet and cotton cellular blanket

- Every child has a place where their clothes and comforter are stored. This is labelled with a photo so they can identify their basket (if used).
- Pillows, and duvets, are not used

### **Supervision of sleeping children**

A sleeping or resting child is always within sight and hearing of staff.

A ten-minute timer is used to remind staff to check sleeping children and carry out an active check on their well-being.

Each active sleeping check is recorded with the time, and date of the check and is signed by the staff member making the check.

### **An 'active' sleeping check on a child involves:**

Placing a hand on the child's chest or near their mouth to check they are breathing.

Visual check: do they look different to usual? Check the colour of their lips and if you gently press their fingernail does blood rush back? For children with dark skin does their palm look yellow?

Temperature check: ensure the child is not too hot or too cold. This must be done by putting your hand on the skin on their chest or at the back of their neck.

Check that sheets or blankets are not wrapped around the child or covering their face.

### **Children aged over 12 months**

Children sleep on rest mats and have their own individual bedding.

Children have a suitable place or basket to store clothes, shoes and a special toy, book or comforter for sleep. This is labelled with a photo so they can identify their basket (if used).

Nappies are changed and heavier clothing removed.

Hair accessories that may come loose or detached are removed before sleep/rest time.

Children are settled by their key person and comforted to sleep. Key persons may gently stroke or pat children.

If children fall asleep in-situ it will be necessary to move or wake them to make sure they are comfortable, they are not left to sleep in a buggy and are transitioned to their sleeping mat. Sleeping children are regularly checked at least every ten minutes and are within sight and/or hearing of staff. Hats and extra clothing are removed as soon as they are indoors or enter a vehicle.

### **Young children**

Young children sleep on rest mats and have their own personalised bedding.

Young children each have a place to put their clothes and shoes in, and in which they keep any special toy, book, or comforter that they need for sleep.

Nappies are changed and heavier clothing is removed.

Hair accessories with parts that may come lose or detached and pose a choking hazard are removed before sleep/rest time.

A separate area of the room is made as quiet as possible, perhaps with some soft music playing and curtains drawn.

Young children are settled by their key person. They are soothed to sleep. Key persons may stroke or very gently pat children.

Sleeping children are always supervised within sight and hearing of staff.

### **Further guidance**

[Safer sleep – help for early years providers](#)

[Safer Sleep for Babies](#) (Lullaby Trust) [www.lullabytrust.org.uk/safer-sleep-advice](http://www.lullabytrust.org.uk/safer-sleep-advice)

NHS safer sleeping information <https://www.nhs.uk/best-start-in-life/baby/baby-basics/newborn-and-baby-sleeping-advice-for-parents/safe-sleep-advice-for-babies/>

Sudden infant death syndrome (SIDS) NHS guidance

<https://www.nhs.uk/baby/caring-for-a-newborn/sudden-infant-death-syndrome-sids/>

Ofsted staff deployment guidance

[Safer Sleep Awareness: A guide for Childminders, Foster Carers, Nannies and Nursery Settings \(The Lullaby Trust\)](#)

Signed on behalf of Hanslope Pre-school

A handwritten signature in black ink, appearing to read 'Emma Courtney', written in a cursive style.

Emma Courtney  
Committee Chairperson  
06.05.2026