Connected Futures Partnership

Authoring our story.

Dorothy Gardner Nursery School
Mary Paterson Nursery School
Tachbrook Nursery School
Essendine Primary School
Hallfield Primary School
Oxford Gardens Primary School
Queen's Park Primary School
Queen's Park Family Hub
Bayswater Children's Centre

Safer Sleeping and Rest Policy

Contribution | Challenge | Inclusivity | Aspiration

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Approved by	Executive Headteacher
Approval date	October 2026
Applies to	CFP primary schools, maintained nursery schools, family hub and children's centre
Policy lead	Executive Headteacher / Heads of School
Review due	September 2027

This policy applies across CFP settings with age-appropriate and setting-specific arrangements. It becomes operational on approval and completion of the relevant local implementation arrangements. Staff must also follow the current statutory framework and the child's individual plan.

1. Purpose and commitments

Connected Futures Partnership (CFP) is committed to ensuring that children who need to rest or sleep are supported safely, respectfully and in a way that reflects their age, development, health and individual care arrangements. This policy is federation-wide for maintained nursery schools, EYFS classes, primary schools, specialist provisions, family hubs and children's centre activities. Setting-specific implementation is required wherever children may sleep or fall asleep.

All adults must recognise that safe sleep is an active duty of care, not simply providing a quiet space. Staff will maintain a safe sleep environment, appropriate continuous supervision, frequent checks, prompt action on concerns and communication with parents. This policy sits alongside safeguarding, first aid, medical plans, fire and evacuation arrangements and local risk assessments.

2. Framework, age groups and application

The EYFS statutory framework for group and school-based providers, effective 1 September 2026, sets explicit safer sleep requirements at paragraph 3.86 for children under two. DfE safer sleep guidance provides further explanation, including children asleep while travelling. Under the EYFS, "must" is mandatory and "should" requires proper consideration.

CFP uses a consistent safety approach for children aged two and over who require a rest or sleep space, including children with SEND, illness or individual care plans. Requirements set by CFP for older children are federation policy expectations rather than automatic EYFS statutory duties. An older primary pupil unexpectedly falling asleep must be assessed for illness and safeguarding concerns; sleeping in class or an unsupervised quiet room is not an assumed routine arrangement.

3. Responsibilities and daily organisation

Governing Board and executive leadership

- Approve and review the policy, seek assurance on site arrangements and training, and ensure adequate premises, equipment and staffing.

Heads of School and setting leads

- Authorise designated sleep spaces, maintain current risk assessments and emergency plans, appoint a sleep lead and deputy and ensure staff and supply adults know the procedures.

Room lead or nominated sleep lead

- Agree each child's sleep care plan with parents; maintain accurate sleep/rest registers and required recording; position staff to maintain sight and hearing, even during breaks and handovers; inspect cots and rest equipment.

All adults working with children

- Follow the agreed arrangements; monitor sleeping children; keep their faces and breathing unobstructed; respond at once to any concern; never assume another adult is supervising without an explicit handover. If unsure, ask.

4. Individual sleep arrangements and parent partnership

- Before a baby or child uses a sleep area, record their routine, developmental needs, prescribed medicines or health plans, allergies, comfort needs, collection times and any known risks; agree the plan with parents/carers and review when needs change.
- Parents' routine preferences should be respected where safe, but must never override the EYFS safer sleep requirements or professional medical advice. Any exceptional clinical requirement is agreed with appropriate health professionals and recorded with a leadership-approved individual risk assessment.
- Provide inclusive support and reasonable adjustments for SEND and sensory or communication needs, without allowing disability-related assumptions to justify unsafe sleeping positions or supervision.

5. Mandatory safer sleep arrangements for children under two

- Place each child down on their back in their own separate sleep space on a clear, firm and flat surface. Babies aged 12 months and under must be placed to sleep only in a cot: this includes an appropriate cot, carrycot, Moses basket or travel cot used in accordance with product instructions.
- For children aged 13–23 months an appropriate cot, bed or suitable firm flat mattress on the floor may be used, following the individual risk assessment and manufacturer's instructions. Do not use infant floor sleep pods or coracles as a substitute for a cot for babies aged 12 months and under.
- Sleep spaces should contain only a firm, flat, waterproof mattress and appropriate lightweight bedding tucked in securely below the shoulders, or a correctly sized sleep bag used to instructions. If blankets are used, place the child feet-to-foot at the bottom of the cot and tuck in the blankets.
- Cots must not contain pillows, toys, loose bedding, cot bumpers, wedges, straps or other added objects. Keep the child's head uncovered. Avoid excess layers and overheating. DfE recommends a room temperature of 16–20°C for babies; assess temperature and the child's comfort in real conditions.
- An adult must remain in the same room as a baby under six months for every sleep. Sleeping children must remain within staff sight and hearing and must be checked frequently. A monitor may supplement direct observation as DfE guidance permits, but does not replace staff accountability.
- Put babies down on their backs. Where a baby can roll independently from front to back and back to front, staff should still place the baby down on their back and follow current clinical and DfE advice.

6. Two- and three-year-olds and older children

- Where a child aged two or three routinely sleeps at the setting, use an approved, clearly identified, clean and developmentally appropriate rest space, keeping within sight and hearing of staff under CFP policy. Choose a firm flat sleep surface, maintain head and breathing clearance and frequently check positioning, comfort and temperature.
- Rooms used for rest must remain safely supervised when a child is awake and others are sleeping, with sufficient staffing for toileting, changing, medical support and group activity. Do not isolate a child for sleeping as a behaviour-management measure.
- For Reception and older primary pupils, sleeping is not ordinarily a planned school-day provision. If a pupil falls asleep, assess possible illness, overheating, medication effects, fatigue or other concerns; tell the designated leader and parent/carer as appropriate; ensure continuous appropriate supervision and document the response and next steps.

7. Sleep environment, hygiene and equipment

- Inspect cots, mattresses, beds and coverings before use; follow manufacturer instructions, relevant product standards and safety alerts. Remove damaged items immediately and keep maintenance and cleaning records.

- Use suitable space, lighting, ventilation and temperature; keep hazards, blinds, cables, cords, plastic bags and hot surfaces away from sleeping children. Do not place sleep equipment near unsecured furniture, radiators or direct heat sources.
- Use individual bedding, clean appropriately between children, store hygienically and prevent cross-infection. Where bed linen or bedding is provided, check that it is suitable for the child's age and sleep space.
- Keep the designated sleep area included in evacuation, lockdown, door-access and emergency medication arrangements; identify the adult and deputy responsible for each sleeping child.

8. Direct supervision, observations and handovers

- Staff must know which children are asleep, where they are, the time they settled, the adult responsible and the latest observation. Observe breathing, position, temperature/comfort and unusual signs; checking must be frequent and recorded according to the local risk-assessed system.
- The EYFS requires frequent checks, but does not prescribe a single universal minute-by-minute interval in paragraph 3.86. Each setting must agree and write down its checking interval and enhanced checks for children with greater needs, while maintaining continuous sight and hearing as required.
- Direct staff cover must be maintained throughout sleep, including lunches, staff breaks, handovers, room transitions and outings. A sleeping child must not be left alone because staff believe the child will not wake.
- On handover the outgoing adult identifies each sleeping child and any care concern and the incoming adult explicitly accepts responsibility; records are updated. Escalate any shortage of safe supervision immediately to the Head of School or duty leader.

9. Falling asleep unexpectedly: buggies, car seats and travel

- Buggies, pushchairs, car seats, sofas, beanbags, dining chairs and soft furnishings must not be used as routine sleeping spaces. A reclined pushchair is not an approved substitute for a cot for babies aged 12 months and under.
- If a child falls asleep in a buggy or car seat, an adult must stay with and observe the child, ensure the airway and position are safe, address overheating and transfer them to an appropriate separate sleep space as soon as practicable and safe. Babies aged 12 months and under must be moved into a cot on return to the setting.
- For children over 12 months asleep during travel, aim to transfer to an appropriate separate, firm flat sleep space upon return. Do not delay an assessment of illness, breathing or unresponsiveness simply because the child appears to be sleeping.
- If the setting cannot arrange a suitable sleep space or direct supervision, seek the duty leader's immediate decision about safe care and parent/carer contact; do not leave the child in an unsuitable position or improvise a new sleep arrangement.

10. Illness, emergency and safeguarding response

- Immediately assess any child with abnormal breathing, colour, temperature, unusual limpness, poor responsiveness, distress or suspected injury. Call for emergency assistance, deliver appropriate trained first aid and call 999 where indicated. Continue supervision of other children.
- If a child is unresponsive or not breathing normally, follow the emergency response and paediatric resuscitation guidance from trained first-aiders and emergency services. Never delay urgent action to obtain management or parental permission.
- Record timings, observations, first aid, adult actions, parent/carer communication and handover. Follow EYFS accident and injury recording and relevant Ofsted, local authority, safeguarding and health-service notification requirements where applicable.
- A concern about unexplained persistent sleepiness, neglect, environmental conditions or unsafe adult practice must be shared with the DSL following normal safeguarding procedures; staff must not make assumptions or conduct their own investigation.

11. Training, assurance and review

- All early-years staff and adults allocated to a sleep area must receive briefing and scenario-based training on sleep positioning, under-six-month same-room cover, sight-and-hearing supervision, cot suitability, buggy/car-seat sleep, handovers, breathing concerns and emergency response.
- Heads of School will monitor sleep area walk-throughs, equipment and room suitability, the sleep register, staffing rotas, completed checks and knowledge of procedures, including supply and new staff.
- Policy and local implementation must be reviewed at least annually, after relevant incidents, new medical advice, equipment or cohort changes, or change to statutory guidance. Changes must be shared promptly with staff and parents when necessary.

Appendix A. Safer sleep immediate staff response

BEFORE: Check the child's sleep plan, age, bed/cot and equipment, the sleep area, named supervising adult and backup.

DURING: Position safely; maintain sight and hearing; check frequently; record concerns and ensure explicit adult handover.

BUGGY OR CAR SEAT: Stay with the child, ensure safe breathing/position and transfer to the correct sleep space. Under-12-month babies must be in a cot on return.

EMERGENCY: Act immediately for abnormal breathing, colour or responsiveness; seek trained first aid and call 999 where indicated.

IF UNSURE: ASK the room lead or designated senior leader — never improvise a sleeping arrangement.

Appendix B. Example sleep observation and handover record

Information to record	Details
Setting / room / date	_____
Child and age / individual plan reviewed	_____
Sleep space / equipment check	_____
Sleep start time / position	_____
Observation time; breathing, position, temperature; staff initials	_____
Next observation time and person responsible	_____
Handover: outgoing / incoming adult / time	_____
Wake time, concerns, actions and parent information	_____

Appendix C. Local sleep arrangements — complete per setting

Requirement	Local detail / sign-off
Approved sleeping area(s) and ages served	_____
Baby-room lead, deputies, and break cover	_____
Cots and other approved equipment; checks	_____
Approved recording system and checking frequency	_____
Sight and hearing supervision plan; under-six-month cover	_____

Buggy and travel sleep transfer arrangements	_____
Emergency evacuation of sleeping children	_____
Relevant training and first-aid coverage	_____
Adopted by, signature and date	_____

Appendix D. Guidance and reference sources

Department for Education, EYFS statutory framework for group and school-based providers (effective 1 September 2026), particularly paragraphs 3.86–3.87, 3.78–3.79 and 3.93: https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2

Department for Education, Help for early years providers – Safer sleep (updated 17 August 2026): https://help-for-early-years-providers.education.gov.uk/health-and-wellbeing/safer-sleep

NHS – Reduce the risk of sudden infant death syndrome (SIDS): https://www.nhs.uk/baby/caring-for-a-newborn/sudden-infant-death-syndrome-sids/

This federation policy must also be read with CFP safeguarding and child protection, first aid and medicines, individual health and SEND plans, risk assessments, and local evacuation and lockdown procedures.

Appendix E. Implementation and leadership assurance checklist

Complete before adopting this policy in each provision where children sleep or may fall asleep. Keep this record with the current local sleep arrangements and individual plans.

- The approved sleep areas and equipment meet the needs of each age group; infant cots and mattresses have been checked.
- Children under two have their own separate safe sleep space; under-six-month same-room adult cover is timetabled.
- Staff can maintain sight and hearing of children during sleep, with frequent checks and an explicit handover system.
- Checking frequency is locally risk assessed, approved and recorded without suggesting that one interval is prescribed nationally.
- Buggy and car-seat incidents, unexpected sleeping and illness-related sleepiness have clear immediate next steps.
- Sleep spaces are included in evacuation plans, lockdown procedures and staff training.
- Any SEND, sensory or medical adaptations are written, authorised and reviewed with relevant professionals.
- Staff induction, checks and leadership observations are documented and any concerns have follow-up actions.

Setting / lead / date	_____
Checked by / role	_____
Outstanding action(s) and deadlines	_____
Final adoption approval and date	_____