

## Introduction

Policies and procedures are essential to help you provide good quality provision that is compliant with the *Statutory Framework for the Early Years Foundation Stage* (EYFS). They do this by explaining to staff and parents about the type of childcare you offer and what actions you take in practice to achieve this. The EYFS requires providers to have written policies and procedures; and to provide staff with training at induction to ensure that they fully understand, and know how to implement, the policies and procedures and to ensure that they are accessible and clearly explained to parents.

There are ten overarching Safeguarding and Welfare Requirements within the EYFS, some of which are broken down into further headings, as follows:

- *Child protection*  
Providers must be alert to any issues for concern in the child's life at home or elsewhere. Providers must have and implement a policy, and procedures, to safeguard children.
- *Suitable People (also covering Disqualification and Staff Taking Medication/Other Substances)*  
Providers must ensure that people looking after children are suitable to fulfil the requirements of their roles.
- *Staff Qualifications, Training, Support and Skills*  
The daily experience of children in early years settings and the overall quality of the provision depends on all practitioners having appropriate qualifications, training, skills and knowledge and a clear understanding of their roles and responsibilities.
- *Key Person*  
Each child must be assigned a key person. Their role is to help ensure that every child's care is tailored to meet their individual needs, to help the child become familiar with the setting, offer a settled relationship for the child and build a relationship with their parents.
- *Staff:Child Ratios (also covering Childminders)*  
Staffing arrangements must meet the needs of children and ensure their safety.
- *Health (also covering Medicines, Food and Drink and Accident or Injury)*  
The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection and take appropriate action if children are ill.
- *Managing Behaviour*  
Providers must have and implement a behaviour management policy, and procedures.
- *Safety and Suitability of Premises, Environment and Equipment (also covering Safety, Smoking, Premises, Risk Assessment and Outings)*

Providers must ensure that their premises, including outdoor spaces, are fit for purpose. Providers must have, and implement a health and safety policy, and procedures, which cover identifying, reporting and dealing with accidents, hazards and faulty equipment.

- *Equal Opportunities*

Providers must have and implement a policy, and procedures, to promote equality of opportunity for children in their care, including support for children with special educational needs or disabilities.

- *Information and Records (also covering Information About the Child, Information for Parents and Carers, Complaints, Information About the Provider and Changes that Must be Notified to Ofsted)*

Providers must maintain records and obtain and share information (with parents and carers, other professionals working with the child, and the police, social services and Ofsted as appropriate) to ensure the safe and efficient management of the setting, and to help ensure the needs of all children are met.

Providers must meet all the statutory requirements of the Early Years Foundation Stage and must take all necessary steps to keep children safe and well. Each of the policies and procedures that providers are required to have in place to do this are provided in this publication and organised under each of the ten Safeguarding and Welfare Requirements of the Early Years Foundation Stage as they appear above. Also included are policies or procedures that the Alliance recommends as good practice.

Providers are required to assess risks to children's safety and review risk assessments regularly; making written risk assessments in relation to specific issues where they determine it will be helpful. Therefore template risk assessments have been included, as in some cases these stand alongside procedures, especially, for example, health and safety procedures.

In this book, the overarching policy statement is set out at the start of each section, followed by the relevant procedure describing how the policy will be fulfilled in a consistent and standardised way. References to relevant legislation or guidance are then included at the end of each policy. All staff and parents should be included in adopting, implementing and reviewing policies so that all adults involved can influence the way the setting is run.

### *Adopting policies*

- Copies of the policies and procedures to be adopted should be made available to all parents and staff.
- A meeting to discuss and adopt the policies and procedures should be held. This will enable everyone *to discuss and fully understand each policy statement and procedure*.

#### *Implementing policies*

- *All new parents and staff should be introduced to the setting's policies and procedures.*
- *It should be explained to parents and staff that the policies are the rules required for running the setting in a way which complies with the requirements of the EYFS and Ofsted registration and must be adhered to.*

#### *Reviewing policies*

- Each policy and procedure should be continually monitored by collecting evidence about the results of its implementation.
- The evidence should be used to make any necessary changes to the policy and procedure and/or the way it is implemented.
- All staff and parents should contribute to the evidence collected and share in decisions about any necessary changes.

The enclosed policies are those required by the Safeguarding and Welfare Requirements and the Learning and Development Requirements of the Early Years Foundation Stage. If you decide to make any adaptations to any policy, you should ensure it still meets the requirements of the relevant regulations.

Some providers may also decide to develop further policies, which are not required by regulations, but which would enable a clear direction for any specific issue pertaining to the setting. For example, some providers may require a policy on sharing premises with another facility. Or in some cases a local authority or a funding body may require a policy or procedure that is not included in this publication. We have enclosed a template to enable providers to compose their own where staff and parents agree something is needed.

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## 1.1 Children's rights and entitlements

### Policy statement

- We promote children's right to be strong, resilient and listened to by creating an environment in our setting that encourages children to develop a positive self-image, which includes their heritage arising from their colour and ethnicity, their languages spoken at home, their religious beliefs, cultural traditions and home background.
- We promote children's right to be strong, resilient and listened to by encouraging children to develop a sense of autonomy and independence.
- We promote children's right to be strong, resilient and listened to by enabling children to have the self- confidence and the vocabulary to resist inappropriate approaches.
- We help children to establish and sustain satisfying relationships within their families, with peers, and with other adults.
- We work with parents to build their understanding of, and commitment to, the principles of safeguarding all our children.

### **What it means to promote children's rights and entitlements to be '*strong, resilient and listened to*'.**

To be strong means to be:

- secure in their foremost attachment relationships, where they are loved and cared for by at least one person who is able to offer consistent, positive and unconditional regard and who can be relied on;
- safe and valued as individuals in their families and in relationships beyond the family, such as day care or school; self-assured and form a positive sense of themselves – including all aspects of their identity and heritage;
- included equally and belong in early years settings and in community life;
- confident in abilities and proud of their achievements;
- progressing optimally in all aspects of their development and learning;
- part of a peer group in which to learn to negotiate, develop social skills and identity as global citizens, respecting the rights of others in a diverse world; and
- able to represent themselves and participate in aspects of service delivery that affects them, as well as aspects of key decisions that affect their lives.

To be resilient means to:

- be sure of their self-worth and dignity;
- be able to be assertive and state their needs effectively;
- be able to overcome difficulties and problems;
- be positive in their outlook on life;
- be able to cope with challenge and change;
- have a sense of justice towards themselves and others;
- develop a sense of responsibility towards themselves and others; and
- be able to represent themselves and others in key decision making processes.

To be listened to means:

- adults who are close to children recognise their need and right to express and communicate their thoughts, feelings and ideas;
- adults who are close to children are able to tune in to their verbal, sign and body language in order to understand and interpret what is being expressed and communicated;
- adults who are close to children are able to respond appropriately and, when required, act upon their understanding of what children express and communicate; and
- adults respect children's rights and facilitate children's participation and representation in imaginative and child centred ways in all aspects of core services.

This policy was adopted at a meeting  
of

*(name of  
provider)*

Held on

*(date)*

Date to be reviewed

*(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director  
or owner)

## **Safeguarding and Welfare Requirement: Child Protection**

Providers must have and implement a policy, and procedures, to safeguard children.

### **1.2 Safeguarding children and child protection**

(Including managing allegations of abuse against a member of staff)

#### **Policy statement**

Our setting will work with children, parents and the community to ensure the rights and safety of children and to give them the very best start in life. Our Safeguarding Policy is based on the three key commitments of the Pre-School Learning Alliance Safeguarding Children Policy. We recognise our moral and statutory responsibility to safeguard and promote the welfare of all the children. We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to. The purpose of this policy is to provide staff, volunteers and committee with the framework they need in order to keep children safe and secure in Busy Bees and to inform parents/carers how we will safeguard their children whilst they are in our care.

#### **Procedures**

We carry out the following procedures to ensure we meet the three key commitments of the Alliance Safeguarding Children Policy both in the Busy Bees setting and in the Forest School setting.

##### *Key commitment 1*

We are committed to building a 'culture of safety' in which children are protected from abuse and harm in all areas of our service delivery.

- Our designated safeguarding lead (DSL) (member of staff) who co-ordinates child, young person and vulnerable adult protection issues is: **Sarah-Jane Middleton (Deputy)**

When Busy Bees is open, but the designated person is not on site, our second designated person is always available for staff to discuss any safeguarding issues with. This person is:

**Debbie Markwick (Team**

**Leader)**

- Our designated officer (a member of the management team) who oversees this work is:

**Jo Gay (Chair)**



- The designated person, deputy and officer will ensure they have relevant links with statutory and voluntary organisations about safeguarding.
- We recognise that staff anxiety around child protection can undermine good practice and so have established clear lines of accountability, training and advice to support the process and individual staff within that process.
- We ensure all staff understand our safeguarding policies and procedures and that parents are made aware of them too.
- Children have the right to feel secure and cannot learn effectively unless they do so.
- All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.
- All staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm in accordance with the guidance.
- We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout to child protection process to safeguard children.
- Whilst Busy Bees will work openly with parents/carers as far as possible, we reserve the right to contact children's social care or the police, without notifying parents/carers if this is in the child's best interests.
- All staff are confident to ask questions in relation to any safeguarding concerns and know not to just take things at face value but can be respectfully sceptical.
- Children have a key person to build a relationship with, and are supported to articulate any worries, concerns or complaints that they may have in an age appropriate way.
- All staff understand our policy on promoting positive behaviour and follow it in relation to children showing aggression towards other children.
- Adequate and appropriate staffing resources are provided to meet the needs of children.
- Applicants for posts within Busy Bees are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.
- Enhanced criminal records and barred lists checks and other suitability checks are carried out for staff and volunteers prior to their post being confirmed, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.
- Where applicants are rejected based on information disclosed, applicants have the right to know and to challenge incorrect information.

- Enhanced criminal records and barred lists checks are carried out on anyone living or working on the premises.
- Volunteers must
  - be aged 17 or over
  - be considered competent and responsible
  - receive robust induction and regular supervisory meetings
  - be familiar with all the settings policies and procedures
  - be fully checked for suitability if they are to have unsupervised access to the children at any time
- Students will not have unsupervised access to the children.
- Information is recorded about staff qualifications, and the identity checks and vetting process that have been completed including:
  - the criminal records disclosure reference number,
  - certificate of good conduct or equivalent where a UK DBS check is not appropriate
  - the date the disclosure was obtained, and
  - details of who obtained it.
- All staff and volunteers are informed that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).
- All staff and volunteers are required to notify the setting if anyone in their household (including family members, lodgers, partners etc) has any relevant convictions, cautions, court orders, reprimands or warnings or have been barred from, or had registration refused or cancelled in relation to any childcare provision or have had orders made in relation to care of their children.
- We notify the Disclosure and Barring Service of any person who is dismissed from our employment or resigns in circumstances that would otherwise have led to dismissal for reasons of a child protection concern.
- Procedures are in place to record the details of visitors to the setting.
- Security steps are taken to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.
- Steps are taken to ensure children are not photographed or filmed on video for any other purpose than to record their development or their participation in

events organised by us. Parents sign a consent form and have access to records holding visual images of their children.

- Any personal information is held securely in line with data protection requirements and guidance from the ICO.
- The DSL in the setting has the responsibility for ensuring that there is an adequate online safety policy in place.
- We keep a written record of all complaints and concerns including details of how they were responded to.
- We ensure that robust risk assessments are completed, that they are seen and signed by all relevant staff and that they are regularly reviewed and updated, in line with our health and safety policy.
- The DSL will support the designated person to undertake their role adequately and offer advice, guidance, supervision and support.
- The designated person will inform the DSL at the first opportunity of every significant safeguarding concern; however, this should not delay any referrals being made to children's social care, LADO, Ofsted or RIDDOR.

### **Staff responsibilities**

All staff have a key role to play in identifying concerns early and in providing help for children. To achieve this they will:

- Access training to Level 3 which is updated every 3 years. They will be expected to update their knowledge annually through eLearning training and have an up-to-date knowledge of safeguarding issues. They are alert to potential indicators and signs of abuse and neglect and must be able to respond immediately. They understand their professional duty to ensure safeguarding and child protection concerns are reported to the local authority children's social care team or the NSPCC. Staff receive updates from safeguarding support groups.
- Understand the principles of early help (as defined in *Working Together to Safeguard Children, 2018*) and can identify those children and families who may need early help and enable them to access it.
- Understand LSCB thresholds of significant harm and understand how to access services for families, including for those families who are below the threshold for significant harm.
- Understand their responsibilities under the General Data Protection Regulations (GDPR) and the circumstances under which they may share information about you and your child with other agencies.
- Understand how to escalate their concerns if they feel either the local authority and/or Busy Bees has not acted adequately to safeguard.

- Understand what Busy Bees expects of them in terms of their behaviour and conduct, and follow our policies and procedures on positive behaviour, online safety (including use of mobile phones and smart watches), whistle blowing and dignity at work.
- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in Busy Bees whom they can approach if they are worried about any problems.
- Plan opportunities within the curriculum for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe.
- Maintain an attitude of 'it could happen here' with regards to safeguarding.
- Record their concerns if they are worried that a child is being abused and report these to the DSL or deputy DSL as soon as is practical that day.
- If a disclosure is an allegation against a member of staff, they will follow the allegations' procedure (Annex 5)
- Follow the procedures set out by the LSCB and take account of guidance issued by the DfE.
- Support children in line with their child protection plan.
- Treat information with confidentiality but never promising to "keep a secret".
- Notify DSL of any child on a child protection plan who has unexplained absence.
- In the context of early help, staff will notify colleagues and/or parents/carers of any concern about their child(ren), and provide them with, or signpost them to, opportunities to change the situation.
- Liaise with other agencies that support children and provide early help.
- Ensure they know who the DSL and deputy DSL are and know how to contact them.

#### **Senior management team responsibilities:**

- Contribute to inter-agency working in line with guidance (Working Together to Safeguard Children 2018)
- Provide a co-ordinated offer of early help when additional needs of children are identified.
- Working with children's social care, support their assessment and planning processes including Busy Bees attendance to conference and core group meetings.

- Carry out tasks delegated by the governing body such as training of staff, safer recruitment, maintaining a single central register.4provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within Busy Bees.
- Treat any information shared by staff or children with respect and follow procedures.
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from Department of Education (DfE), Hampshire Safeguarding Children Board (HSCB) and Hampshire County Council (HCC).

### **Committee responsibilities**

- The Chair, Treasurer and Secretary will attend Level 3 safeguarding training, refresh it annually through eLearning or appropriate courses and renew it every 3 years if applicable
- Ensuring Busy Bees has effective safeguarding policies and procedures including a child protection policy and staff behaviour policy
- HSCB is informed annually about the discharge of duties via the safeguarding audit
- Recruitment, selection and induction follows safer recruitment practice
- Allegations against staff are dealt with by the team leader
- A member of the senior staff is designated as the designated safeguarding lead (DSL) and have this recorded in their job description
- Staff have been trained appropriately and this is updated in line with guidance
- Any safeguarding deficiencies or weaknesses are remedied without delay
- They have identified a nominated designated officer for allegations against the team leader

### **DSL responsibilities in Busy Bees.**

In addition to the role of staff and senior management team the DSL will

- Assist the committee in fulfilling their responsibilities under section 175 or 157 of the Education Act 2002
- Attend initial Level 4 training for the role and refresh this every 2 years, updating annually through eLearning or appropriate courses.
- Ensure every member of staff knows who the DSL is, is aware of the DSL role and has their contact details
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the DSL

- Ensure that staff keep up to date with their training so that they can fulfil their responsibilities
- Ensure any members of staff joining the setting outside of this training schedule receive induction prior to commencement of their duties
- Keep written records of child protection concerns securely and separately from the main pupil file and use these records to assess the likelihood of risk
- Ensure that copies of safeguarding records are transferred accordingly (separate from pupil's files) when a child transfers settings.
- Ensure that where a pupil transfers settings and is on a child protection plan or is a looked after child, the information is passed to the new setting immediately and that the child's social worker is informed.
- Link with the HSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding
- Develop, implement and review procedures in Busy Bees that enable the identification and reporting of all cases, or suspected cases, of abuse

### *Key commitment 2*

We are committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in 'What to do if you're worried a child is being abused' (HMG 2015) and the Care Act 2014.

### *Responding to suspicions of abuse*

- We acknowledge that abuse of children can take different forms – physical, emotional, and sexual, as well as neglect.
- We ensure that all staff have an understanding of the additional vulnerabilities that arise from special educational needs and/or disabilities, inequalities of race, gender, language, religion, sexual orientation or culture, and that these receive full consideration in relation to the child, young person or vulnerable adult protection.
- When children are suffering from physical, sexual or emotional abuse, or experiencing neglect, this may be demonstrated through:
  - significant changes in behaviour;
  - deterioration in their general well-being;
  - their comments which may give cause for concern, or the things they say (direct or indirect disclosure);
  - changes in their appearance, their behaviour, or their play;
  - unexplained bruising, marks or signs of possible abuse or neglect; and

- any reason to suspect neglect or abuse outside the setting.
- We are aware of the 'hidden harm' agenda affecting parental capacity, such as social exclusion, domestic violence, parent's drug or alcohol abuse, mental or physical illness or parent's learning disability.
- We are aware that children's vulnerability is potentially increased when they are privately fostered and when we know that a child is being cared for under a private fostering arrangement, we inform our local authority children's social care team.
- We are prepared to take action if we have concerns about the welfare of a child who fails to arrive at a session when expected. The team leader will take immediate action to contact the child's parents to establish an explanation for their child's absence and be assured that the child is safe and well. If no contact is made with the child's parents and the DSL has reason to believe that the child is at risk of significant harm, the relevant professionals are contacted immediately and LSCB procedures are followed. If the child has current involvement with social care, the social worker is notified on the day of the unexplained absence.
- We are aware of other factors that affect children's vulnerability such as, abuse of children who have special educational needs and/or disabilities, fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, including through internet abuse; and Female Genital Mutilation, Breast Ironing, radicalisation or extremism that may affect, or may have affected, children and young people using our provision.
- In relation to radicalisation and extremism, we follow the Prevent Duty guidance for England and Wales published by the Home Office and LSCB procedures on responding to radicalisation.
- The DSL completes online Channel training, online Prevent training and attends local WRAP training where available to ensure they are familiar with the local protocol and procedures for responding to concerns about radicalisation.
- We are aware of the mandatory duty that applies to teachers, including early years practitioners, and health workers to report cases of Female Genital Mutilation to the police.
- We also make ourselves aware that some children and young people are affected by gang activity, by complex, multiple or organised abuse, through forced marriage or honour based violence or may be victims of child trafficking. While this may be less likely to affect young children in our care, we may become aware of any of these factors affecting older children and young people who we may meet.

- Where we believe that a child in our care or that is known to us may be affected by any of these factors, we follow the procedures below for reporting child protection concerns and follow the LSCB procedures.
- Where such evidence is apparent, the child's key person makes a dated record of the details of the concern and discusses what to do with the member of staff who is acting as the 'designated person'. The information is stored on the child's personal file.
- If a staff member or volunteer is unhappy with the decision made by the DSL in relation to whether to make a safeguarding referral, they must follow escalated procedures.
- We refer concerns to the local authority children's social care team and co-operate fully in any subsequent investigation. NB In some cases this may mean the police or another agency identified by the Local Safeguarding Children Board.
- We take care not to influence the outcome either through the way we speak to children or by asking questions of children.
- We take account of the need to protect young people aged 16-19 as defined by the Children Act 2004. This may include students or school children on work placement, young employees or young parents. Where abuse is suspected we follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account, but the setting may override the young person's refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.
- All staff are also aware that adults can also be vulnerable and know how to refer adults who are in need of community care services.
- We have a whistle blowing policy in place.
- Staff and volunteers know they can contact the organisation Public Concern at Work for advice relating to whistleblowing; if they feel that the organisation has not acted adequately in relation to safeguarding, they can contact the NSPCC whistleblowing helpline.

#### *Recording suspicions of abuse and disclosures*

- Where a child makes comments to a member of staff that give cause for concern (disclosure), or a member of staff observes signs or signals that give cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect; that member of staff:



- listens to the child, offers reassurance and gives assurance that she or he will take action;
- does not question the child;
  1. make an initial record of the information
  2. report it to the DSL immediately
  3. the DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if DSL or deputy DSL are not immediately available (see point 8 below)
- dates and times of observation
- dates and times of any discussions they were involved in
- any injuries
- explanations given by the child/adult
- what action was taken
- any actual words or phrases used by the child.

The records must be signed and dated by the author.

Following a report of concern from a member of staff/volunteer, the DSL must:

1. decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to children's social care.
2. Normally Busy Bees should try to discuss any concerns about a child's welfare with the family and where possible seek their agreement before making a referral to children's social care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. The child's views should also be taken into account.
3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm they must contact children's social care via the Children's Services Professional line on 01329 225379 and make a clear statement of
  - The clear facts
  - Any suspicions or allegations
  - Whether or not there has been any contact with the child's family.

If the DSL feels unsure about whether a referral is necessary, they can phone the CSP to discuss concerns.

4. If there is not a risk of significant harm, then the DSL will either actively monitor the  
situation or consider the early help process
5. The DSL must confirm any referrals in writing to children's social care, within 24 hours,  
including the actions that have been taken. The written referral should be made using  
the inter-agency referral form (IARF) which will provide children's social care with the  
supplementary information  
required about the child and family's circumstances.
6. If a child is in immediate danger and urgent protective action is required, the police  
should be called. The DSL should also notify children's social care of the occurrence  
and what action has been taken.
7. Where there are doubts or reservations about involving the child's family, the DSL  
should clarify with children's social care or the police whether, the parents should be  
told about the referral and, if so, when and by whom. This is important in cases where  
the police may need to conduct a criminal investigation.
8. When a child is in need of *urgent* medical attention and there is suspicion of abuse the  
DSL or deputy DSL should take the child to the A&E unit of the nearest hospital, having  
first notified children's social care. The DSL should seek advice about what action  
children's social care will take and about informing the parents, remembering that  
parents should normally be informed that a child requires urgent hospital attention.

Written records that form an objective record of the observation or disclosure that includes the date and time of the observation or the disclosure; the exact words spoken by the child as far as possible; the name of the person to whom the concern

was reported, the date and time and names of any other person present at the time must be kept

- These records are signed and dated and kept in the child's personal profile, which is kept securely and confidentially.
- The member of staff acting as the 'designated person' is informed of the issue at the earliest opportunity and within one working day.
- Where the Local Safeguarding Children Board (LSCB) stipulates the process for recording and sharing concerns, we include those procedures alongside this procedure and follow the steps set down by the Local Safeguarding Children Board.

#### *Making a referral to the local authority children's social care team*

- The Pre-School Learning Alliance's publication Safeguarding Children contains procedures for making a referral to the local children's social care team, as well as a template form for recording concerns and making a referral. This is based on 'What to do if you're worried a child is being abused (2015).
- We keep a copy of this document alongside the procedures for recording and reporting set down by our Local Safeguarding Children Board, which we follow where local procedures differ from those of the Pre-school Learning Alliance.

#### *Escalation process*

- If we feel that a referral made has not been dealt with properly or that concerns are not being addressed or responded to, we will follow the LSCB escalation process.
- We will ensure that staff are aware of how to escalate concerns.

#### *Informing parents*

- Parents are normally the first point of contact. Concerns are discussed with parents to gain their view of events, unless it is felt that this may put the child at risk or interfere with the course of a police investigation. Advice will be sought from social care if necessary.
- Parents are informed when we make a record of concerns in their child's file and that we also make a note of any discussions we have with them regarding a concern.
- If a suspicion of abuse warrants referral to social care, parents are informed at the same time that the referral will be made, except where the guidance of the

Local Safeguarding Children Board does not allow this, for example, where it is believed that the child may be placed in greater danger.

- This will usually be the case where the parent is the likely abuser. In these cases, the social workers will inform parents.
- If there is a possibility that advising a parent beforehand may place a child at greater risk, or interfere with a police response, the DSL should seek advice from children's social care, about whether or not to advise parents beforehand, and should record and follow the advice given.

#### *Liaison with other agencies*

- We work within the Local Safeguarding Children Board guidelines.
- The current version of 'What to do if you're worried a child is being abused' is available for parents and staff and all staff are familiar with what they need to do if they have concerns.
- We have procedures for contacting the local authority regarding child protection issues, including maintaining a list of names, addresses and telephone numbers of social workers, to ensure that it is easy, in any emergency, for the setting and children's social care to work well together.
- We notify Ofsted of any incident or accident and any changes in our arrangements which may affect the well-being of children or where an allegation of abuse is made against a member of staff (whether the allegations relate to harm or abuse committed on our premises or elsewhere). Notifications to Ofsted are made as soon as is reasonably practicable, but at least within 14 days of the allegations being made.
- Contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) are also kept.

#### *Allegations against staff*

- We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the setting, or anyone working on the premises occupied by the setting, which may include an allegation of abuse.
- We respond to any inappropriate behaviour displayed by members of staff, volunteers or any other person working on the premises, which includes:
  - inappropriate sexual comments;
  - excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or inappropriate sharing of images.
- We follow the guidance of the Local Safeguarding Children Board when responding to any complaint that a member of staff or volunteer within the

setting, or anyone working on the premises occupied by the setting, has abused a child.

- We ensure that all staff and volunteers know how to raise concerns about a member is staff or volunteer within the setting. We respond to any concerns by staff and volunteers who know how to escalate their concerns if they are not satisfied with our response.
- We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting, or anyone working on the premises occupied by the setting, may have taken, or is taking place, by first recording the details of any such alleged incident.
- We refer any such complaint immediately to the Local Authority Designated Officer (LADO) to investigate and/or offer advice:

**The Hampshire LADO's are Barbara Piddington, Fiona Armfield and Mark Blackwell. Tel: 01962 876364, Email: [child.protection@hants.gcsx.gov.uk](mailto:child.protection@hants.gcsx.gov.uk)**

- We also report any such alleged incident to Ofsted, (unless advised by LADO that this is unnecessary due to the incident not meeting the threshold), as well as what measures we have taken. We are aware that it is an offence not to do this.
- We co-operate entirely with any investigation carried out by children's social care in conjunction with the police.
- Where the management team and children's social care agree it is appropriate in the circumstances, the member of staff or volunteer will be suspended for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place, but is to protect the staff, as well as the children and families throughout the process.

### *Disciplinary action*

Where a member of staff or volunteer has been dismissed due to engaging in activities that caused concern for the safeguarding of children or vulnerable adults, we will notify the Disclosure and Barring Service of relevant information, so that individuals who pose a threat to children and vulnerable groups can be identified and barred from working with these groups.

### *Key commitment 3*

We are committed to promoting awareness of child abuse issues throughout our training and learning programmes for adults. We are also committed to empowering young children, through our early childhood curriculum, promoting their rights to be strong, resilient and listened to.

### *Training*

- Training opportunities are sought for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse and neglect and that they are aware of the local authority guidelines for making referrals.
- Designated persons receive training in accordance with that recommended by the Local Safeguarding Children Board, every two years and refresh their knowledge and skills at least annually.
- We ensure that all staff know the procedures for reporting and recording any concerns they may have about the provision.
- We ensure that all staff receive updates on safeguarding via staff meetings, emails, newsletters and online training.
- Any update in national or local guidance will be shared with all staff in briefings and this policy will be updated during the year to reflect any changes brought about by new guidance.

### *Planning*

- The layout of the rooms allows for constant supervision. No child is left alone with staff or volunteers in a one-to-one situation without being within sight and/or hearing of others.

### *Curriculum*

- We introduce key elements of keeping children safe into our programme to promote the personal, social and emotional development of all children, so that they can grow to be strong, resilient and listened to and so that they develop the setting culture of value and respect for individuals, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background.
- We ensure that this is carried out in a way that is developmentally appropriate for the children.
- As a preschool we will educate and encourage children to keep safe through the content of the curriculum and the Busy Bees ethos which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.

### *Confidentiality*

- All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Local Safeguarding Children Board.

### *Support to families*

- We believe in building trusting and supportive relationships with families, staff and volunteers.

- We make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, information sharing, monitoring of the child, and liaising at all times with the local children's social care team.
- We will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
- We follow the Child Protection Plan as set by the child's social care worker in relation to the setting's designated role and tasks in supporting that child and their family, subsequent to any investigation.
- Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child in accordance with the Confidentiality and Client Access to Records procedure and only if appropriate under the guidance of the Local Safeguarding Children Board.

## **Legal framework**

### *Primary legislation*

- Children Act (1989 s47) & (2004)
- Protection of Children Act (1999)
- Data Protection Act (1998)
- The Children Act (Every Child Matters) (2004)
- Safeguarding Vulnerable Groups Act (2006)

### *Secondary legislation*

- Sexual Offences Act (2003)
- Criminal Justice and Court Services Act (2000)
- Equalities Act (2010)
- Data Protection Act (1998) Non Statutory Guidance
- General Data Protection Regulations (GDPR) (2018)
- Childcare (Disqualification) Regulations (2009)
- Children and Families Act (2014)
- Care Act (2014)
- Serious Crime Act (2015)
- Counter-Terrorism and Security Act (2015)
- The Human Rights Act (1998)
- The Adoption and Children Act (2002)

- The Education Act (2002)

### Further guidance

- Working Together to Safeguard Children (2013) (2018)
- What to do if you're Worried a Child is Being Abused (HMG 2006) (2015)
- Revised Prevent Duty Guidance for England and Wales (HMG, 2015)
- Duty to Report FGM (2015)
- EYFS Statutory Framework (2017)
- Framework for the Assessment of Children in Need and their Families (DoH 2000)
- The Common Assessment Framework for Children and Young People: A Guide for Practitioners (CWDC 2010)
- Keeping Children Safe in Education (2018)
- Hidden Harm – Responding to the Needs of Children of Problem Drug Users (ACMD, 2003)
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HMG 2007)
- Information Sharing: Guidance for Practitioners and Managers (HMG 2008) (HMG 2006) (2018)
- Munro Review of Child Protection (2011)
- Inspecting Safeguarding in Early Years, Education and Skills Settings (Ofsted, 2016)
- Disclosure and Barring Service: [www.gov.uk/disclosure-barring-service-check](http://www.gov.uk/disclosure-barring-service-check)

This policy was adopted at a meeting of  
(name of provider)

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Held on  
(date)

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Date to be reviewed  
(date)

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Signed on behalf of the provider

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Name of signatory

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Role of signatory (e.g chair, director or owner)

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**Other useful Pre-school Learning Alliance publications**

- Safeguarding Children (2013)
- Safeguarding through Effective Supervision (2013)
- The New Early Years Employee Handbook (2016)
- People Management in the Early Years (2016)

## 1.3 Looked after children

### Policy statement

Early years settings are committed to providing quality provision based on equality of opportunity for all children and their families. All staff in our provision are committed to doing all they can to enable 'looked after' children in their care to achieve and reach their full potential.

Children become 'looked after' if they have either been taken into care by the local authority, or have been accommodated by the local authority (a voluntary care arrangement). Most looked after children will be living in foster homes, but a smaller number may be in a children's home, living with a relative or even placed back home with their natural parent(s).

We recognise that children who are being looked after have often experienced traumatic situations; physical, emotional or sexual abuse or neglect. However, we also recognise that not all looked after children have experienced abuse and that there are a range of reasons for children to be taken in to the care of the local authority. Whatever the reason, a child's separation from their home and family signifies a disruption in their lives that has an impact on their emotional well-being. Most local authorities do not place children under five with foster carers who work outside the home; however, there are instances when this does occur or where the child has been placed with another family member who works. The Alliance maintains that it not appropriate for a looked after child who is under two years to be placed in a day care setting in addition to a foster placement.

We place emphasis on promoting children's right to be strong, resilient and listened to. Our policy and practice guidelines for looked after children are based on two important concepts, attachment and resilience. The basis of this is to promote secure attachments in children's lives, as the foundation for resilience. These aspects of well-being underpin the child's responsiveness to learning and enable the development of positive dispositions for learning. For young children to get the most out of educational opportunities they need to be settled enough with their carer to be able to cope with further separation, a new environment and new expectations made upon them.

### *Principles*

- The term 'looked after child' denotes a child's current legal status; this term is never used to categorise a child as standing out from others. We do not refer to such a child using acronyms such as LAC.

- We do not normally offer placements for babies and children under two years who are in care; we offer instead other services to enable a child to play and engage with other children while their carer stays with them.
- We offer places for funded two, three and four-year-olds who are in care to ensure they receive their entitlement to early education. We expect that a child will have been with a foster carer for a minimum of one month and that they will have formed a secure attachment to the carer. We expect that the placement in the setting will last a minimum of six weeks.
- We will always offer 'stay and play' provision for a child who is two to five years old who is still settling with their foster carer, or who is only temporarily being looked after.
- Where a child who normally attends our setting is taken into care and is cared for by a local foster carer, we will continue to offer the placement for the child.

## **Procedures**

- The designated person for looked after children is the designated child protection co-ordinator.
- Every child is allocated a key person before they start and this is no different for a looked after child. The designated person ensures the key person has the information, support and training necessary to meet the looked after child's needs.
- The designated person and the key person liaise with agencies, professionals and practitioners involved with the child and his or her family and ensure that appropriate information is gained and shared.
- The setting recognises the role of the local authority children's social care department as the child's 'corporate parent' and the key agency in determining what takes place with the child. Nothing changes, especially with regard to the birth parent's or foster carer's role in relation to the setting, without prior discussion and agreement with the child's social worker.
- At the start of a placement there is a professionals meeting to determine the objectives of the placement and draw up a care plan that incorporates the child's learning needs. This plan is reviewed after two weeks, six weeks and three months. Thereafter at three to six monthly intervals.
- The care plan needs to consider issues for the child such as:
  - their emotional needs and how they are to be met;
  - how any emotional issues and problems that affect behaviour are to be managed;
  - their sense of self, culture, language(s) and identity – and how this is to be supported;
  - their need for sociability and friendship;
  - their interests and abilities and possible learning journey pathway; and

- how any special needs will be supported.
- In addition the care plan will also consider:
  - how information will be shared with the foster carer and local authority (as the 'corporate parent') as well as what information is shared with whom and how it will be recorded and stored;
  - what contact the child has with his/her birth parent(s) and what arrangements will be in place for supervised contact. If this is to be at the setting, when, where and what form the contact will take will be discussed and agreed;
  - what written reporting is required;
  - wherever possible, and where the plan is for the child's return home, the birth parent(s) should be involved in planning; and
  - with the social worker's agreement, and as part of the plan, the birth parent(s) should be involved in the setting's activities that include parents, such as outings and fun-days etc alongside the foster carer.
- The settling-in process for the child is agreed. It should be the same as for any other child, with the foster carer taking the place of the parent, unless otherwise agreed. It is even more important that the 'proximity' stage is followed until it is visible that the child has formed a sufficient relationship with his or her key person for them to act as a 'secure base' to allow the gradual separation from the foster carer. This process may take longer in some cases, so time needs to be allowed for it to take place without causing further distress or anxiety to the child.
- In the first two weeks after settling-in, the child's well-being is the focus of observation, their sociability and their ability to manage their feelings with or without support.
- Further observations about communication, interests and abilities will be noted to form a picture of the whole child in relation to the Early Years Foundation Stage prime and specific areas of learning and development.
- Concerns about the child will be noted in the child's file and discussed with the foster carer.
- If the concerns are about the foster carer's treatment of the child, or if abuse is suspected, these are recorded in the child's file and reported to the child's social care worker according to the setting's safeguarding children procedure.
- Regular contact should be maintained with the social worker through planned meetings that will include the foster carer.
- The transition to school will be handled sensitively. The designated person and/or the child's key person will liaise with the school, passing on relevant information and documentation with the agreement of the looked after child's birth parents.

## **Further guidance**

- Guidance on the Education of Children and Young People in Public Care (DfEE 2000)
- Who Does What: How Social Workers and Carers can Support the Education of Looked After Children (DfES 2005)
- Supporting Looked After Learners - A Practical Guide for School Governors (DfES 2006)

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)

## 1.4 Uncollected child

### Policy statement

In the event that a child is not collected by an authorised adult at the end of a session/day, we put into practice agreed procedures. These ensure the child is cared for safely by an experienced and qualified practitioner who is known to the child. The child will receive a high standard of care in order to cause as little distress as possible.

We inform parents/carers of our procedures so that, if they are unavoidably delayed, they will be reassured that their children will be properly cared for.

### Procedures

- Parents of children starting at the setting are asked to provide the following specific information, which is recorded on our Contacts Form:
  - Home address and telephone number - if the parents do not have a telephone, an alternative number must be given, perhaps a neighbour or close relative.
  - Place of work, address and telephone number (if applicable).
  - Mobile telephone number (if applicable).
  - Names, addresses, telephone numbers and signatures of adults who are authorised by the parents to collect their child from the setting, for example a childminder or grandparent.
  - Who has parental responsibility for the child.
  - Information about any person who does not have legal access to the child.
  - On occasions when parents are aware that they will not be at home or in their usual place of work, they inform us in writing of how they can be contacted.
- On occasions when parents, or the persons normally authorised to collect the child, are not able to collect the child, they provide us with written details of the name, address and telephone number of the person who will be collecting their child. We agree with parents how to verify the identity of the person who is to collect their child.
- Parents are informed that if they are not able to collect the child as planned, they must inform us so that we can begin to take back-up measures. We provide parents with our contact telephone number.
- We inform parents that we apply our child protection procedures in the event that their children are not collected by an authorised adult within one hour after the setting has closed and the staff can no longer supervise the child on our premises.

- If a child is not collected at the end of the session/day, we follow the procedures below:
  - The child's file is checked for any information about changes to the normal collection routines.
  - If no information is available, parents/carers are contacted at home or at work.
  - If this is unsuccessful, the adults who are authorised by the parents to collect their child from the setting - and whose telephone numbers are recorded on the Contacts Form - are contacted.
  - All reasonable attempts are made to contact the parents or nominated carers.
  - The child does not leave the premises with anyone other than those named on the Contacts Form or in their file.
  - If no-one collects the child after the setting has closed and there is no-one who can be contacted to collect the child, we apply the procedures for uncollected children.
  - We contact our local authority children's social care team:

**0845 6035620**

*(name and phone  
number)*

For full day care, this will be the out of hours duty officer:

**0845 6004555**

*(name and phone  
number)*

- The child stays at the setting in the care of two fully-vetted workers until the child is safely collected either by the parents or by a social care worker.
- Social care will aim to find the parent or relative. If they are unable to do so, the child will become looked after by the local authority.
- Under no circumstances will staff go to look for the parent, nor do they take the child home with them. A full written report of the incident is recorded in the child's file.
- Depending on circumstances, we reserve the right to charge parents for the additional hours worked by our staff.
- Ofsted may be informed:

**0300 1231231**

*(telephone  
number)*

- Our local Early Years Alliance office/Development Worker may also be informed.

**02076 972500**

*(name and phone  
number)*

This policy was adopted at a meeting  
of

*(name of  
provider)*

Held on

*(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider \_\_\_\_\_

Name of signatory \_\_\_\_\_

Role of signatory (e.g. chair, director  
or owner) \_\_\_\_\_

**Other useful Early Years Alliance publications**

- Safeguarding Children (2010)



## 1.5 Missing child

### Policy statement

Children's safety is our highest priority, both on and off the premises. Every attempt is made, through carrying out the outings procedure and the exit/entrance procedure, to ensure the security of children is maintained at all times. In the unlikely event of a child going missing, our missing child procedure is followed.

### Procedures

#### *Child going missing on the premises*

- As soon as it is noticed that a child is missing, the key person/staff alerts the setting leader.
- The setting leader calls the police and reports the child as missing and then calls the parent. The setting leader will carry out a thorough search of the building and garden.
- The register is checked to make sure no other child has also gone astray.
- Doors and gates are checked to see if there has been a breach of security whereby a child could wander out.
- The setting leader talks to the staff to find out when and where the child was last seen and records this.
- The setting leader contacts the chair, director or owner and reports the incident. The chair, director or owner comes to the setting immediately to carry out an investigation, with the management team where appropriate.

#### *Child going missing on an outing*

This describes what to do when staff have taken a small group on an outing, leaving the setting leader and/or other staff back in the setting. If the setting leader has accompanied children on the outing, the procedures are adjusted accordingly.

What to do when a child goes missing from a whole setting outing may be a little different, as parents usually attend and are responsible for their own child.

- As soon as it is noticed that a child is missing, staff on the outing ask children to stand with their designated carer and carry out a headcount to ensure that no other child has gone astray. One staff member searches the immediate vicinity, but does not search beyond that.

- The setting leader or manager is contacted immediately (if not on the outing) and the incident is recorded.
- The setting leader contacts the police and reports the child as missing.
- The setting leader contacts the parent, who makes their way to the setting.
- Staff take the remaining children back to the setting.
- In an indoor venue, the staff contact the venue's security who will handle the search and contact the police if the child is not found.
- The setting leader contacts the chair, director or owner and reports the incident. The chair, director or owner comes to the setting immediately to carry out an investigation, with the management committee, (where appropriate).
- The setting leader or member of staff may be advised by the police to stay at the venue until they arrive.

What we do if a child goes missing during a Forest School session

- Staff will blow their whistle to alert the other staff
- All the other children will be escorted to the log circle and counted
- The register will be taken to check who is missing
- Staff will call out the child's name, pausing to listen for a reply
- One member of staff will stay with the group of children keeping the situation calm while the others explore the woods working out from the centre towards the perimeter, along the perimeter, checking the gates then the neighbouring garden
- If the child cannot be found after 5 minutes, all staff will escort the other children back to Busy Bees and the above procedures will be put in place.

### *The investigation*

- Staff keep calm and do not let the other children become anxious or worried.
- The setting leader together with a representative of the management team, speaks with the parent(s).
- The chair, director or owner, carry out a full investigation taking written statements from all the staff in the room or who were on the outing.
- The key person/staff member writes an incident report detailing:
  - The date and time of the report.
  - What staff/children were in the group/outing and the name of the staff designated responsible for the missing child.
  - When the child was last seen in the group/outing.
  - What has taken place in the group or outing since the child went missing.
  - The time it is estimated that the child went missing.
- A conclusion is drawn as to how the breach of security happened.

- If the incident warrants a police investigation, all staff co-operate fully. In this case, the police will handle all aspects of the investigation, including interviewing staff. Children's social care may be involved if it seems likely that there is a child protection issue to address.
- The incident is reported under RIDDOR arrangements (see the Reporting of Accidents and Incidents policy); the local authority Health and Safety Officer may want to investigate and will decide if there is a case for prosecution.
- In the event of disciplinary action needing to be taken, Ofsted is informed.
- The insurance provider is informed.

### *Managing people*

- Missing child incidents are very worrying for all concerned. Part of managing the incident is to try to keep everyone as calm as possible.
- The staff will feel worried about the child, especially the key person or the designated carer responsible for the safety of that child for the outing. They may blame themselves and their feelings of anxiety and distress will rise as the length of time the child is missing increases.
- Staff may be the understandable target of parental anger and they may be afraid. Setting leaders need to ensure that staff under investigation are not only fairly treated but receive support while feeling vulnerable.
- The parents will feel angry, and fraught. They may want to blame staff and may single out one staff member over others; they may direct their anger at the setting leader. When dealing with a distraught and angry parent, there should always be two members of staff, one of whom is the setting leader and the other should be the chairperson of the management committee or representative, or the proprietor. No matter how understandable the parent's anger may be, aggression or threats against staff are not tolerated, and the police should be called.
- The other children are also sensitive to what is going on around them. They too may be worried. The remaining staff caring for them need to be focused on their needs and must not discuss the incident in front of them. They should answer children's questions honestly but also reassure them.
- In accordance with the severity of the final outcome, staff may need counselling and support. If a child is not found, or is injured, or worse, this will be a very difficult time. The chairperson or proprietor will use their discretion to decide what action to take.
- Staff must not discuss any missing child incident with the press without taking advice.

This policy was adopted at a meeting of \_\_\_\_\_

(name of  
provider)

Held on \_\_\_\_\_ (date)

Date to be reviewed \_\_\_\_\_ (date)

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)

## 1.6 Online safety (including use of mobile phones and cameras)

### Policy statement

We take steps to ensure that there are effective procedures in place to protect children, young people, and vulnerable adults from the unacceptable use of Information Communication Technology (ICT) equipment or exposure to inappropriate materials in the setting.

### Procedures

Our designated person responsible for co-ordinating action taken to protect children is:

**Sarah-Jane Middleton (Deputy) and in her absence Debbie Markwick (Team Leader)**

#### *Information communication Technology (ICT) equipment*

- Only ICT equipment belonging to the setting is used by staff and children.
- The designated person is responsible for ensuring all ICT equipment is safe and fit for purpose.
- All computers have virus protection.
- The designated person ensures that safety settings are set to ensure that inappropriate material cannot be accessed.

#### *Internet access*

- Children do not normally have access to the internet and never have unsupervised access.
- If staff access the internet with children for the purposes of promoting their learning, written permission is gained from parents.
- The designated person has overall responsibility for ensuring that children and young people are safeguarded and risk assessments in relation to online safety are completed.
- Children are taught the following stay safe principles in an age appropriate way prior to using the internet:
  1. only go online with a grown up
  2. be kind online
  3. keep information about me safely
  4. only press buttons on the internet to things I understand
  5. tell a grown up if something makes me unhappy on the internet
- Designated persons will also seek to build children's resilience in relation to issues they may face in the online world, and will address issues such as staying safe, having appropriate friendships, asking for help if unsure about something, not

keeping secrets as part of a social and emotional development in age appropriate ways.

- If a second hand computer is purchased or donated to the setting, the designated person will ensure that no inappropriate material is stored on it before children use it by having a trusted expert look at it.
- All computers for use by the children are in a clearly visible area.
- Children are not allowed to access social networking sites.
- Staff report any suspicious or offensive material, including material which may incite racism, bullying or discrimination to the Internet Watch Foundation at [www.iwf.org.uk](http://www.iwf.org.uk)
- Suspicions that an adult is attempting to make inappropriate contact with a child online is reported to the National Crime Agency's Child Exploitation and Online Protection Centre at [www.ceop.police.uk](http://www.ceop.police.uk)
- The designated person ensures staff have access to age appropriate resources to enable them to assist children to use the internet safely.
- If staff become aware that a child is the victim of cyber-bullying, they discuss this with the child's parents and refer them to sources of help such as the NSPCC on 0800 800 5000 or [www.nspcc.org.uk](http://www.nspcc.org.uk) or Childline on 0800 1111 or [www.childline.org.uk](http://www.childline.org.uk)

#### *Email*

- Children are not permitted to use email in the setting. Parents and staff are not normally permitted to use setting equipment to access personal emails.
- Staff do not access personal or work email whilst supervising children.
- Staff send personal information by encrypted email and share information securely at all times.

#### *Mobile phones – children*

- If a child is found to have a mobile phone or other ICT device with them to the setting, it is removed and placed with the staff mobile phones on the window sill in the kitchen until the child's parent/carer collects them at the end of the session.

#### *Mobile phones – staff and visitors*

- At the beginning of everyone's shift, personal mobile phones are stored in a safe place in the kitchen. Staff do not access their phones without first making the team leader aware. The team leader's mobile phone is sometimes used as the work phone for parents to use as an alternative contact to the hall phone or work mobile.
- In an emergency, personal mobile phones may be used with permission from the team leader or deputy in the leader's absence.
- Members of staff ensure that the telephone numbers of the setting are known to immediate family and other people who need to contact them in an emergency.

- If members of staff take their own mobile phones on outings, for use in the case of an emergency, they must not make or receive personal calls as this will distract them.
- Members of staff will not use their personal mobile phones for taking photographs of children on outings.
- Parents and visitors are requested not to use their mobile phones whilst on the premises. There is an exception if a visitor's company or organisation operates a lone working policy that requires contact with their office periodically throughout the day. Visitors will be advised of a quiet space where they can use their mobile phone, where there are no children present. Phones to be placed in the safe place in the kitchen whenever possible.
- These rules also apply when visiting or supporting staff in other settings.
- During the Forest School sessions, the Team Leader and Deputy will each have their own mobile phones with them as well as the work mobile. The team leader's phone is an alternative contact number for parents/carers to use from the one belonging to the village hall. The team leader's phone and deputy's phone are on different networks which will provide us with a wider chance of receiving a signal.
- Childminders and parents/carers who attend Forest School sessions may take photographs only of the children in their care as long as the team leader has been made aware. Childminders will have their own written permission forms from parents and will also fill in one of our consent forms prior to a child attending Forest School sessions ensuring parents permission is granted for photographs.

### *Cameras and videos*

- Members of staff and volunteers must not bring their own cameras or video recorders into the setting.
- Photographs and recordings of children are only taken for valid reasons, i.e. to record their learning and development, or for displays within the setting, with written permission received from parents (on contact form). Such use is monitored by the team leader.
- Photographs or recordings of children are only taken on equipment belonging to the setting.
- Where parents request permission to photograph or record their own children at special events, permission will first be gained from all parents for their children to be included. Parents are advised that they do not have a right to photograph anyone else's child or to upload photos of anyone else's children.
- If photographs and recordings of children are used for publicity purposes, parental consent must be given and safeguarding risks minimised, for example ensuring children aren't named by other family members on our Facebook page.

### *Social media*

- Staff and volunteers are advised to manage their personal security settings to ensure that their information is only available to people they choose to share information with.
- Staff and volunteers should not accept service users, children and parents as friends due to it being a breach of expected professional conduct. The only exception to this is as a way of safeguarding vulnerable children and their families as a way of monitoring safeguarding issues. In those cases, the DSL may accept a friend request from vulnerable families. Once the children and their families are no longer attending Busy Bees, then staff may accept friend requests from the parents/carers.
- If staff and volunteers name the organisation or workplace in any social media they do so in a way that is not detrimental to the setting or its service users.
- Staff and volunteers observe confidentiality and refrain from discussing any issues relating to work.
- Staff and volunteers should not share information they would not want children, parents or colleagues to view.
- Staff and volunteers should report any concerns or breaches to the designated person in the setting.
- Staff and volunteers avoid personal communication, including on social networking sites, with the children and parents with whom they act in a professional capacity. If a practitioner and family are friendly prior to the child coming to the setting, this information is shared with the team leader prior to the child attending and a risk assessment and agreement in relation to boundaries is agreed.

#### *Electronic learning journals for recording children's progress*

- Managers seek permission from the senior management team (committee chair) prior to using any online learning journal. Details on how the learning journal is managed to ensure children are safeguarded are discussed.
- Staff adhere to the guidance provided with the system at all times.

#### *Use and/or distribution of inappropriate images*

- Staff and volunteers are aware that it is an offence to distribute indecent images. In the event of a concern that a colleague or other person is behaving inappropriately, the Safeguarding Children and Child Protection policy, in relation to allegations against staff and/or responding to suspicions of abuse, is followed.
- Staff are aware that grooming children and young people on line is an offence in its own right and concerns about a colleague's or other's behaviour are reported as above.

#### *Cleaning of IT equipment*

- In line with government guidance all shared IT equipment must be wiped clean after each use to help prevent the spread of infectious diseases (Ref Covid-19).



## Further guidance

- NSPCC and CEOP *Keeping Children Safe Online* training: [www.nspcc.org.uk/what-you-can-do/get-expert-training/keeping-children-safe-online-course/](http://www.nspcc.org.uk/what-you-can-do/get-expert-training/keeping-children-safe-online-course/)

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)

## 2.1 Employment

(Including suitability, contingency plans, training and development)

### Policy statement

We meet the Safeguarding and Welfare Requirements of the Early Years Foundation Stage, ensuring that our staff are appropriately qualified, and we carry out checks for criminal and other records through the Disclosure and Barring Service in accordance with statutory requirements.

### Procedures

#### *Vetting and staff selection*

- We work towards offering equality of opportunity by using non-discriminatory procedures for staff recruitment and selection.
- All staff have job descriptions, which set out their staff roles and responsibilities.
- We welcome applications from all sections of the community. Applicants will be considered on the basis of their suitability for the post, regardless of disability, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, sex, age, marriage or civil partnership. Applicants will not be placed at a disadvantage by our imposing conditions or requirements that are not justifiable.
- We use Ofsted guidance on obtaining references and enhanced criminal record checks through the Disclosure and Barring Service for staff and volunteers who will have unsupervised access to children. This is in accordance with requirements under the Safeguarding Vulnerable Groups Act (2006) for the vetting and barring scheme.
- We keep all records relating to employment of staff and volunteers, in particular those demonstrating that checks have been done, including the date and number of the enhanced DBS check.
- Staff are expected to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children – whether received before, or at any time during, their employment with us.
- Forest School sessions are led by a qualified Forest School Leader

#### *Disqualification*

- Where we become aware of any relevant information which may lead to the disqualification of an employee, we will take appropriate action to ensure the safety of

children. In the event of disqualification, that person's employment with us will be terminated.

#### *Changes to staff*

- We inform Ofsted of any changes in the person responsible for our setting.

#### *Training and staff development*

- Our setting leader and deputy hold the CACHE Level 3 Diploma for the Children and Young People's Workforce or an equivalent qualification and a minimum of half of our staff hold the CACHE Level 2 Certificate for the Children and Young People's Workforce or an equivalent or higher qualification.
- We provide regular in-service training to all staff - whether paid staff or volunteers - through the Pre-school Learning Alliance and external agencies.
- Our setting budget allocates resources to training.
- We provide staff induction training in the first week of employment. This induction includes our Health and Safety Policy and Safeguarding Children and Child Protection Policy. Other policies and procedures will be introduced within an induction plan.
- We support the work of our staff by holding regular supervision meetings and appraisals.
- We are committed to recruiting, appointing and employing staff in accordance with all relevant legislation and best practice.
- Our setting leader is qualified as a Forest School Leader

#### *Staff taking medication/other substances*

- If a member of staff is taking medication which may affect their ability to care for children, we ensure that they seek further medical advice. Staff will only work directly with the children if medical advice confirms that the medication is unlikely to impair their ability to look after children properly.
- Staff medication on the premises will be stored securely and kept out of reach of the children at all times.
- If we have reason to believe that a member of staff is under the influence of alcohol or any other substance that may affect their ability to care for children, they will not be allowed to work directly with the children and further action will be taken.

#### *Managing staff absences and contingency plans for emergencies*

- In term time only settings, our staff take their holiday breaks when the setting is closed. Where staff may need to take time off for any reason other than sick leave or training, this is agreed with the manager with sufficient notice.

- In all year round settings, managers organise staff annual leave so that ratios are not compromised. Where staff are unwell and take sick leave in accordance with their contract of employment, we organise cover to ensure ratios are maintained.
- Sick leave is monitored and action is taken where necessary, in accordance with the contract of employment.
- We have contingency plans to cover staff absences, as follows:

**Bank staff to be contacted.**

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)

#### **Other useful Pre-school Learning Alliance publications**

- Employee Handbook (2012)
- Recruiting and Managing Employees (2011)

## **2.2 Student placements**

### **Policy statement**

Our setting recognises that qualifications and training make an important contribution to the quality of the care and education provided by early years settings. As part of our commitment to quality, we offer placements to students undertaking early years qualifications and training. We also offer placements for school pupils on work experience.

We aim to provide for students on placement with us, experiences that contribute to the successful completion of their studies and that provide examples of quality practice in early years care and education.

### **Procedures**

- We require students on qualification courses to meet the 'suitable people' requirements of Ofsted and have DBS checks carried out before they start.
- We require students in our setting to have a sufficient understanding and use of English to contribute to the well-being of children in our care.
- We require schools placing students under the age of 17 years with the setting to vouch for their good character.
- We supervise students under the age of 17 years at all times and do not allow them to have unsupervised access to children.
- Students undertaking qualification courses who are placed in our setting on a short term basis are not counted in our staffing ratios.
- Trainee staff employed by the setting and students over the age of 17 may be included in the ratios if they are deemed competent and responsible.
- We take out employers' liability insurance and public liability insurance, which covers both trainees and voluntary helpers.
- We require students to keep to our Confidentiality and Client Access to Records Policy.
- We co-operate with students' tutors in order to help students to fulfil the requirements of their course of study.
- We provide students, at the first session of their placement, with a short induction on how our setting is managed, how our sessions are organised and our policies and procedures.
- We communicate a positive message to students about the value of qualifications and training.

- We make the needs of the children paramount by not admitting students in numbers that hinder the essential work of the setting.
- We ensure that trainees and students placed with us are engaged in bona fide early years training, which provides the necessary background understanding of children's development and activities.
- We require students to wear appropriate clothing for all sessions, including Forest #school sessions if applicable. This information will be given to them as part of their induction.

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider \_\_\_\_\_

Name of signatory \_\_\_\_\_

Role of signatory (e.g. chair, director or owner) \_\_\_\_\_

## 3.1 Induction of staff, volunteers and managers

### Policy statement

We provide an induction for all staff, volunteers and managers in order to fully brief them about the setting, the families we serve, our policies and procedures, curriculum and daily practice.

### Procedures

- We have a written induction plan for all new staff, which includes the following:
  - Introductions to all staff and volunteers, including management committee members where appropriate.
  - Familiarising with the building, health and safety, and fire and evacuation procedures.
  - Ensuring our policies and procedures have been read and are carried out.
  - Introduction to parents, especially parents of allocated key children where appropriate.
  - Familiarising them with confidential information where applicable in relation to any key children.
  - Details of the tasks and daily routines to be completed.
- The induction period lasts at least two weeks. The manager inducts new staff and volunteers. The chairperson or senior manager inducts new managers.
- During the induction period, the individual must demonstrate understanding of and compliance with policies, procedures, tasks and routines.
- Successful completion of the induction forms part of the probationary period.

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Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)

### Other useful Pre-school Learning Alliance publications

- Employee Handbook (2012)
- Recruiting and Managing Employees (2011)



## 3.2 First aid

### Policy statement

In our setting, staff are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least one member of staff with a current first aid certificate is on the premises, or on an outing at any one time. The first aid qualification includes first aid training for infants and young children. We aim to ensure that first aid training is local authority approved and is relevant to staff caring for young children.

### Procedures

#### *The first aid kit*

Our first aid kit is accessible at all times, complies with the Health and Safety (First Aid) Regulations 1981 and contains adequate and appropriate supplies as stated in the first aid kit.

- The first aid box is easily accessible to adults and is kept out of the reach of children.
- No un-prescribed medication is given to children, parents or staff.
- At the time of each child's admission to the setting, parents' written permission for obtaining emergency medical advice or treatment is sought. Parents sign and date their written approval.
- Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.

### Legal framework

- Health and Safety (First Aid) Regulations (1981)

### Further guidance

- First Aid at Work: Your questions answered (HSE Revised 2009)
- Basic Advice on First Aid at Work (HSE Revised 2008)
- Guidance on First Aid for Schools (DfEE)

This policy was adopted at a meeting of

(name of  
provider)

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Held on	<hr/>	(date)
Date to be reviewed	<hr/>	(date)
Signed on behalf of the provider	<hr/>	
Name of signatory	<hr/>	
Role of signatory (e.g. chair, director or owner)	<hr/>	

**Other useful Pre-school Learning Alliance publications**

- Medication Record (2010)

## **4.1 The role of the key person and settling-in**

### **Policy statement**

We believe that children settle best when they have a key person to relate to, who knows them and their parents well, and who can meet their individual needs. Research shows that a key person approach benefits the child, the parents, the staff and the setting by providing secure relationships in which children thrive, parents have confidence, staff are committed and the setting is a happy and dedicated place to attend or work in.

We want children to feel safe, stimulated and happy in the setting and to feel secure and comfortable with staff. We also want parents to have confidence in both their children's well-being and their role as active partners with the setting.

We aim to make the setting a welcoming place where children settle quickly and easily because consideration has been given to the individual needs and circumstances of children and their families.

The key person role is set out in the Safeguarding and Welfare Requirements of the Early Years Foundation Stage. Each setting must assign a key person for each child.

The procedures set out a model for developing a key person approach that promotes effective and positive relationships for children who are in settings.

### **Procedures**

- We allocate a key person before the child starts.
- In some settings where a home visit is carried out before the child starts, this is done by the manager and the key person.
- The key person is responsible for the induction of the family and for settling the child into our setting. The key person offers unconditional regard for the child and is non-judgemental.
- The key person works with the parents to plan and deliver a personalised plan for the child's well-being, care and learning.
- The key person acts as the key contact for the parents and has links with other carers involved with the child, such as a childminder, and co-ordinates the sharing of appropriate information about the child's development with those carers.

- The key person is responsible for developmental records and for sharing information on a regular basis with the child's parents to keep those records up-to-date, reflecting the full picture of the child in our setting and at home.
- The key person encourages positive relationships between children in her/his key group, spending time with them as a group each day.
- We provide a back-up key person so the child and the parents have a key contact in the absence of the child's key person.
- We promote the role of the key person as the child's primary carer in our setting, and as the basis for establishing relationships with other staff and children.

### *Settling-in*

- Before a child starts to attend the setting, we use a variety of ways to provide his/her parents with information. These include written information (including our prospectus and policies), displays about activities available within the setting, information days and evenings and individual meetings with parents.
- During the half-term before a child is enrolled, we provide opportunities for the child and his/her parents to visit the setting.
- We allocate a key person to each child and his/her family before she/he starts to attend; the key person welcomes and looks after the child and his/her parents at the child's first session and during the settling-in process.
- We may offer a home visit by the person who will be the child's key person, to ensure all relevant information about the child can be made known.
- We use pre-start visits and the first session at which a child attends to explain and complete, with his/her parents, the child's registration records.
- When a child starts to attend, we explain the process of settling-in with his/her parents and jointly decide on the best way to help the child to settle into the setting.
- We have an expectation that the parent, carer or close relative, will stay for most of the session during the first week, gradually taking time away from their child, increasing this as and when the child is able to cope.
- Younger children will take longer to settle in, as will children who have not previously spent time away from home. Children who have had a period of absence may also need their parent to be on hand to re-settle them.
- We judge a child to be settled when they have formed a relationship with their key person; for example, the child looks for the key person when he/she arrives, goes to them for comfort, and seems pleased to be with them. The child is also familiar with where things are and is pleased to see other children and participate in activities.
- When parents leave, we ask them to say goodbye to their child and explain that they will be coming back, and when.

- We recognise that some children will settle more readily than others, but that some children who appear to settle rapidly are not ready to be left. We expect that the parent will honour the commitment to stay for at least the first week, or possibly longer, until their child can stay happily without them.
- We do not believe that leaving a child to cry will help them to settle any quicker. We believe that a child's distress will prevent them from learning and gaining the best from the setting.
- We reserve the right not to accept a child into the setting without a parent or carer if the child finds it distressing to be left. This is especially the case with very young children.
- Within the first four to six weeks of starting, we discuss and work with the child's parents to begin to create their child's record of achievement.

#### *The progress check at age two*

- The key person carries out the progress check at age two in accordance with any local procedures that are in place and referring to the guidance A Know How Guide: The EYFS progress check at age two.
- The progress check aims to review the child's development and ensures that parents have a clear picture of their child's development.
- Within the progress check, the key person will note areas where the child is progressing well and identify areas where progress is less than expected.
- The progress check will describe the actions that will be taken by the setting to address any developmental concerns (including working with other professionals where appropriate) as agreed with the parent(s).
- The key person will plan activities to meet the child's needs within the setting and will support parents to understand the child's needs in order to enhance their development at home.

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)

#### **Other useful Pre-school Learning Alliance publications**

- Play is What I Do (2010)
- Statutory Framework for the Early Years Foundation Stage (2012) With supporting documentation

## 5.1 Staffing

### Policy statement

We provide a staffing ratio in line with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage to ensure that children have sufficient individual attention and to guarantee care and education of a high quality. Our staff are appropriately qualified and we carry out checks for criminal and other records through the Disclosure and Barring Service in accordance with statutory requirements.

### Procedures

To meet this aim we use the following ratios of adult to children:

- Children aged two years: 1 adult : 4 children:
  - at least one member of staff holds a full and relevant level 3 qualification; and
  - at least half of all other staff hold a full and relevant level 2 qualification.
- Children aged three years and over: 1 adult : 8 children:
  - at least one member of staff holds a full and relevant level 3 qualification; and
  - at least half of all other staff hold a full and relevant level 2 qualification.
- We follow the Early Years Foundation Stage Safeguarding and Welfare Requirements where a Qualified Teacher, Early Years Professional or other suitable level 6 qualified person is working directly with children aged three and over between the hours of 8am and 4pm as follows:
  - there is at least one member of staff for every 13 children; and
  - at least one other member of staff holds a full and relevant level 3 qualification.
- A minimum of two staff/adults are on duty at any one time.
- Each child is assigned a key person to help the child become familiar with the setting from the outset and to ensure that each child has a named member of staff with whom to form a relationship. The key person plans with parents for the child's well-being and development in the setting. The key person meets regularly with the family for discussion and consultation on their child's progress and offers support in guiding their development at home.
- We hold regular staff meetings to undertake curriculum planning and to discuss children's progress, their achievements and any difficulties that may arise from time to time.
- We have a higher adult/child ratio when attending Forest School with a ratio of 1 adult : 3 children

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)

### **Other useful Pre-school Learning Alliance publications**

- Employee Handbook (2012)
- Recruiting and Managing Employees (2011)



## 6.1 Administering medicines

### Policy statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

These procedures are written in line with guidance in *Managing Medicines in Schools and Early Years Settings*; the manager is responsible for ensuring all staff understand and follow these procedures.

The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager is responsible for the overseeing of administering medication.

### Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition.

Non-prescription medication such as pain relief or fever (ie Calpol) and teething gel, may be administered but only with prior written consent of the parent/carer and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of unprescribed medication is recorded in the same way as any other medication. During a pandemic such as Coronavirus no unprescribed medication will be accepted from the child's home or administered by staff as this may obscure possible symptoms (Ref: Covid-19).

- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - the full name of child and date of birth;
  - the name of medication and strength;
  - who prescribed it;
  - the dosage to be given in the setting;
  - how the medication should be stored and its expiry date;
  - any possible side effects that may be expected; and
  - the signature of the parent, their printed name and the date.

*Insert details here of who receives the child's medication and asks the parent to complete a consent form.*

*State how staff will be aware of this.*

**The child's key person if possible will take responsibility of this as stated in their induction process.**

- The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:
  - name of the child;
  - name and strength of the medication;
  - name of the doctor that prescribed it
  - date and time of the dose;
  - dose given and method;
  - signature of the person administering the medication and a witness who verifies that the medication has been given correctly
  - parent's signature.
- We use a Medication Administration Record book for recording the administration of medicine.
- If the administration of the prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional.

- If rectal diazepam is given, another member of staff must be present and co-signs the record book.
- No child may self-administer. Where children are capable of understanding when they need medication, eg asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- We monitor the medication record book to look at the frequency of medication given in the setting. E.g a high incidence of antibiotics being prescribed for several children at similar times may indicate a need for better infection control.

#### *Storage of medicines*

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

*Insert details here of how and where medicines are stored in your setting. State how staff are informed of this.*

**Medicines will be placed into the medicine box prior to being locked away and medicines which need refrigeration will be placed in the fridge. Both of these are initially in the kitchen.**

#### *Children who have long term medical conditions and who may require ongoing medication*

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the team leader alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.

- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

### *Managing medicines on trips and outings*

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff/childminder/assistant who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles.
- This procedure is read alongside the outings procedure.

### **Legal framework**

- The Human Medicines Regulations (2012)

### **Further guidance**

- Managing Medicines in Schools and Early Years Settings (DfES 2005)
- Medication Administration Record (2015)
- Daily Register and Outings Record (2015)

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider \_\_\_\_\_

Name of signatory \_\_\_\_\_

Role of signatory (e.g. chair, director or owner) \_\_\_\_\_

## 6.2 Managing children who are sick, infectious, or with allergies

(Including reporting notifiable diseases)

### Policy statement

We provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic substance.

### Procedures for children who are sick or infectious

- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager calls the parents and asks them to collect the child, or send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water, but kept away from draughts.
- The child's temperature is taken using a forehead thermometer, kept in the first aid box.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; the setting can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from [www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1194947358374](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374) and includes common childhood illnesses such as measles.
  - During a Pandemic, if any child or adult is showing symptoms of the illness they will be taken to a safe area, preferably outside weather permitting or alternatively into the designated isolation area (small kitchen). 1 member of staff (wearing PPE) will stay with the child until they are collected by their parent or another known carer. The manager will contact the child's parent requesting immediate collection. The child will not be permitted to return to the setting until they have had the relevant test done. If the test is positive the child must self-isolate for 10 days and all household members must self-isolate for 14 days. If a positive result is given the parents must

immediately contact the setting so that the 'track and trace' procedure can be put in place. If the child tests negative, they can return once their symptoms have gone. Nobody else in setting needs to self-isolate if the test is negative, however it would be mindful to keep a close check for any symptoms. All parents/carers will be kept informed at all times (Ref Covid-19).

- <https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures/coronavirus-covid-19-early-years-and-childcare-closures#infection-prevention-and-control> (Ref Covid-19)

### **System of controls**

Prevention:

- 1) minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend settings
- 2) clean hands thoroughly more often than usual
- 3) ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- 4) introduce enhanced cleaning, including cleaning frequently touched surfaces often using standard products, such as detergents and bleach
- 5) minimise contact between groups where possible
- 6) where necessary, wear appropriate personal protective equipment (PPE)

Numbers 1 to 4 must be in place in all settings, all the time.

Number 5 must be properly considered, and settings must put in place measures that suit their particular circumstances.

Number 6 applies in all specific circumstances.

Response to any infection:

- 7) engage with the NHS Test and Trace process
- 8) manage confirmed cases of coronavirus (COVID-19) amongst the setting community
- 9) contain any outbreak by following local health protection team advice
- 10) notify Ofsted

Numbers 7 to 10 must be followed in every case where they are relevant.

### *Track and Trace*

A Covid-19 test kit can be sourced via the NHS website <https://www.gov.uk/get-coronavirus-test> (Ref Covid-19)

### *Reporting of 'notifiable diseases'*

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to the Health Protection Agency.
- When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.

### *HIV/AIDS/Hepatitis procedure*

- HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.
- Single-use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is double bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution or cleaning crystals and mops; any cloths used are bagged and disposed of.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
- Children do not share tooth brushes, which are also soaked weekly in sterilising solution.

### *Nits and head lice*

- Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

### *Procedures for children with allergies*

- When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the Registration Form.
- If a child has an allergy, a risk assessment form is completed to detail the following:
  - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
  - The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
  - Control measures - such as how the child can be prevented from contact with the allergen.
  - Review.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Parents train staff in how to administer special medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within the setting.



- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

#### *Insurance requirements for children with allergies and disabilities*

- The insurance will automatically include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from your insurance provider must be obtained to extend the insurance.

**At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in *Managing Medicines in Schools and Early Years Settings* (DfES 2005).**

#### *Oral medication*

Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to your insurance provider.

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The setting must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The setting must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.

#### *Life saving medication and invasive treatments*

Adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

- The provider must have:
  - a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
  - written consent from the parent or guardian allowing staff to administer medication; and
  - proof of training in the administration of such medication by the child's GP, a district nurse, children's' nurse specialist or a community paediatric nurse.
- Copies of all three documents relating to these children must first be sent to the Pre-

school Learning Alliance Insurance Department for appraisal (if you have another provider, please check their procedures with them). Written confirmation that the insurance has been extended will be issued by return.

Key person for special needs children - children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

- Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person must have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.
- Copies of all letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal (if you have another provider, please check their procedures with them). Written confirmation that the insurance has been extended will be issued by return.

If you are unsure about any aspect, contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email [membership@pre-school.org.uk](mailto:membership@pre-school.org.uk).

### Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)

### Other useful Pre-school Learning Alliance publications

- Good Practice in Early Years Infection Control (2009)

## 6.3 Recording and reporting of accidents and incidents

(Including the procedure for reporting accidents and incidents to the HSE under RIDDOR requirements)

### Policy statement

We follow the guidelines of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioural incidents between children are not regarded as incidents and there are separate procedures for this.

### Procedures

*Our accident book:*

- is kept in a safe and secure place;
- is accessible to staff and volunteers, who all know how to complete it; and
- is reviewed at least half termly to identify any potential or actual hazards.

*Reporting accidents and incidents*

Ofsted is notified as soon as possible, but at least within 14 days, of any instances which involve:

- food poisoning affecting two or more children looked after on our premises;
- a serious accident or injury to, or serious illness of, a child in our care and the action we take in response; and
- the death of a child in our care.

Local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, while in our care and we act on any advice given by those agencies.

Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health Department.

We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). We report to the Health and Safety Executive:

- any work-related accident leading to an injury to a child or adult, for which they are taken to hospital;
- any work-related injury to a member of staff, which results in them being unable to work for seven consecutive days;

- when a member of staff suffers from a reportable work-related disease or illness;
- any death, of a child or adult, that occurs in connection with activities relating to our work; and
- any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done; such as a gas leak.

Information for reporting incidents to the Health and Safety Executive is provided in the Pre-school Learning Alliance's Accident Record publication. Any dangerous occurrence is recorded in our incident book (see below).

#### *Our incident book*

- We have ready access to telephone numbers for emergency services, including the local police. Where we are responsible for the premises we have contact numbers for the gas and electricity emergency services, and a carpenter and plumber. Where we rent premises we ensure we have access to the person responsible and that there is a shared procedure for dealing with emergencies.
- We keep an incident book for recording major incidents, including those that are reportable to the Health and Safety Executive as above.
- These incidents include:
  - a break in, burglary, or theft of personal or the setting's property;
  - an intruder gaining unauthorised access to the premises;
  - a fire, flood, gas leak or electrical failure;
  - an attack on member of staff or parent on the premises or nearby;
  - any racist incident involving staff or family on the setting's premises;
  - a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on the premises;
  - the death of a child or adult, and
  - a terrorist attack, or threat of one.
- In the incident book we record the date and time of the incident, nature of the event, who was affected, what was done about it or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also recorded.
- In the unlikely event of a terrorist attack, we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. Our standard Fire Safety and Emergency Evacuation Policy will be followed and staff will take charge of their key children. The incident is recorded when the threat is averted.
- In the unlikely event of a child dying on the premises, for example, through cot death in the case of a baby, the emergency services are called, and the advice of these services are followed.

- The incident book is not for recording issues of concern involving a child. This is recorded in the child's own file.

### **Legal framework**

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (As Amended)

### **Further guidance**

- RIDDOR Guidance and Reporting Form: [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor)

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)

### **Other useful Pre-school Learning Alliance publications**

- Accident Record (2010)
- Reportable Incident Record (2012)

## **6.4 Nappy changing**

### **Policy statement**

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

We provide nappy changing facilities and exercise good hygiene practices in order to accommodate children who are not yet toilet trained.

We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

### **Procedures**

- Children from two years should normally wear pull ups, or other types of trainer pants, as soon as they are comfortable with this and their parents agree.
- Key persons undertake changing children in their key groups; back up key persons change them if the key person is absent.
- Changing areas are warm with safe areas to lay children. The disabled toilet is used with the door left open. The changing mat is placed on the floor well within the toilet area.
- Each child has their own bag to hand with their nappies or pull ups and changing wipes.
- Gloves and aprons are put on by staff before changing starts and the areas are prepared. Paper towel is put down on the changing mat freshly for each child.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- In addition, key persons ensure that nappy changing is relaxed and a time to promote independence in young children.
- Children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- Children are encouraged to wash their hands, and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Anti-bacterial hand wash liquid or soap should not be used for young children; young skin is quite delicate and anti-bacterial products kill off certain good bacteria that children need to develop their own natural resistance to infection.

- Key persons are gentle when changing; they avoid pulling faces and making negative comments about 'nappy contents'.
- Key persons do not make inappropriate comments about children's genitals when changing their nappies.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- Nappies and pull ups are disposed of hygienically. Any soil (faeces) in nappies or pull ups is flushed down the toilet and the nappy or pull up is double bagged and sent home. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and double bagged for the parent to take home.
- We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect and will be a disciplinary matter.
- Any nappy changes are logged in the diary.
- During Forest School sessions, a pop-up tent is provided for nappy changing. This provides shelter from the weather and some privacy from others. The tent is erected within view of other members of staff.

This policy was adopted at a meeting of

*(name of  
provider)*

Held on

*(date)*

Date to be reviewed

*(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)

## 6.5 Food and drink

### Policy statement

Our provision regards snack and meal times as an important part of our day. Eating represents a social time for children and adults and helps children to learn about healthy eating. We promote healthy eating using resources and materials from the Pre-school Learning Alliance. At snack and meal times, we aim to provide nutritious food, which meets the children's individual dietary needs.

### Procedures

We follow these procedures to promote healthy eating in our setting.

- Before a child starts to attend the setting, we ask their parents about their dietary needs and preferences, including any allergies. (See the Managing Children who are Sick, Infectious or with Allergies Policy.)
- We record information about each child's dietary needs in the Contacts Form and parents sign the form to signify that it is correct.
- We regularly consult with parents to ensure that our records of their children's dietary needs – including any allergies - are up-to-date. Parents sign the up-dated record to signify that it is correct.
- We display current information about individual children's dietary needs so that all staff and volunteers are fully informed about them.
- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences, as well as their parents' wishes.
- Staff do not use a child's diet or allergy as a label for the child, or make a child feel singled out because of her/his diet or allergy.
- We organise meal and snack times so that they are social occasions in which children and staff participate.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.
- We have fresh drinking water constantly available for the children. We inform the children about how to obtain the water and that they can ask for water at any time during the day.
- We inform parents who provide food for their children about the storage facilities available in the setting.



- We give parents who provide food for their children information about suitable containers for food.
- In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.
- For young children who drink milk, we provide semi-skimmed milk from the age of two years

### *Packed lunches*

Where we cannot provide cooked meals and children are required to bring packed lunches, we:

- ensure perishable contents of packed lunches are refrigerated or contain an ice pack to keep food cool;
- inform parents of our policy on healthy eating;
- inform parents of whether we have facilities to microwave cooked food brought from home;
- encourage parents to provide sandwiches with a healthy filling, fruit, and milk based deserts, such as yoghurt or crème fraîche, where we can only provide cold food from home. We discourage sweet drinks and can provide children with water or milk;
- discourage packed lunch contents that consist largely of crisps, processed foods, sweet drinks and sweet products such as cakes or biscuits. We reserve the right to return this food to the parent as a last resort;
- provide children bringing packed lunches with plates, cups and cutlery; and
- ensure staff sit with children to eat their lunch so that the mealtime is a social occasion.

### **Legal framework**

- Regulation (EC) 852/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs.

### **Further guidance**

- Safer Food, Better Business (Food Standards Agency 2011)

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider \_\_\_\_\_

Name of signatory

Role of signatory (e.g. chair, director or  
owner)

**Other useful Pre-school Learning Alliance publications**

- Nutritional Guidance for the Under Fives (Ed. 2010)
- The Early Years Essential Cookbook (2009)
- Healthy and Active Lifestyles for the Early Years (2012)

## 6.6 Food hygiene

(Including the procedure for reporting food poisoning)

### Policy statement

We provide and/or serve food for children on the following basis (delete which does not apply):

- Snacks.
- Packed lunches.

We maintain the highest possible food hygiene standards with regard to the purchase, storage, preparation and serving of food.

### Procedures

- The person in charge and the person responsible for food preparation understands the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to their business. This is set out in Safer Food, Better Business (Food Standards Agency 2011). The basis for this is risk assessment of the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
- All staff follow the guidelines of Safer Food, Better Business.
- All staff involved in the preparation and handling of food have received training in food hygiene.
- The person responsible for food preparation and serving carries out daily opening and closing checks on the kitchen to ensure standards are met consistently. (See Safer Food, Better Business.)
- We use reliable suppliers for the food we purchase.
- Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.
- Packed lunches are stored in the cool kitchen; un-refrigerated food is served to children within 4 hours of preparation at home.
- Food preparation areas are cleaned before use as well as after use.
- There are separate facilities for hand-washing and for washing up.
- All surfaces are clean and non-porous.
- All utensils, crockery etc are clean and stored appropriately.
- Waste food is sent home.

- Cleaning materials and other dangerous materials are stored out of children's reach.
- Children do not have unsupervised access to the kitchen.
- When children take part in cooking activities, they:
  - are supervised at all times;
  - understand the importance of hand washing and simple hygiene rules;
  - are kept away from hot surfaces and hot water; and
  - do not have unsupervised access to electrical equipment, such as blenders etc.

#### *Reporting of food poisoning*

- Food poisoning can occur for a number of reasons; not all cases of sickness or diarrhoea are as a result of food poisoning and not all cases of sickness or diarrhoea are reportable.
- Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within the setting, the manager will contact the Environmental Health Department to report the outbreak and will comply with any investigation.
- Any confirmed cases of food poisoning affecting two or more children looked after on the premises are notified to Ofsted as soon as reasonably practicable, and always within 14 days of the incident.

#### **Legal framework**

- Regulation (EC) 852/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs

#### **Further guidance**

- Safer Food Better Business (Food Standards Agency 2011)

This policy was adopted at a meeting of	_____	name of setting
Held on	_____	(date)
Date to be reviewed	_____	(date)
Signed on behalf of the management committee	_____	
Name of signatory	_____	
Role of signatory (e.g. chair/owner)	_____	

## 6.7 Individual Health Plan

This form must be used alongside the individual child's registration form which contains emergency parental contact and other personal details.

Date completed: \_\_\_\_\_ Review date:

\_\_\_\_\_

Child's details:

Full name: \_\_\_\_\_ Date of  
birth: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Medical condition/diagnosis

\_\_\_\_\_

Medical needs and symptoms:

\_\_\_\_\_

Daily care requirements:

\_\_\_\_\_

Medication details (inc.expiry date/disposal)

\_\_\_\_\_

Storage of medication:

\_\_\_\_\_

Procedure for administering medication:

\_\_\_\_\_

Names of staff trained to carry out health plan procedures and administer  
medication:

\_\_\_\_\_  
\_\_\_\_\_

Other information:

Date risk assessment completed:

\_\_\_\_\_

Risk assessment details:

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Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:

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Child's main carer(s)

1. Name: \_\_\_\_\_ Relationship to child:

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Contact number(s):

---

2. Name: \_\_\_\_\_ Relationship to child:

---

Contact number(s):

---

General Practitioner's details:

Name: \_\_\_\_\_ Contact number:

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Address:

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Clinic of Hospital details (if app):

Name: \_\_\_\_\_ Contact number:

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Address:

\_\_\_\_\_

Declaration

I have read the information in this health plan and have found it to be accurate. I agree for the recorded procedures to be carried out:

Name of parent: \_\_\_\_\_ Date:

\_\_\_\_\_

Signature: \_\_\_\_\_

Name of key person: \_\_\_\_\_ Date:

\_\_\_\_\_

Signature: \_\_\_\_\_

Name of manager: \_\_\_\_\_ Date:

\_\_\_\_\_

Signature: \_\_\_\_\_

For children requiring life saving or invasive medication and/or care, for example, rectal diazepam, adrenaline injectors, Epipens, Anapens, JextPens, maintaining breathing apparatus, changing colostomy or feeding tubes, you must receive approval from the child's GP/consultant, as follows: I have read the information in this Individual Health Plan and have found it to be accurate.

Name of GP/consultant: \_\_\_\_\_ Date:

\_\_\_\_\_

Signature: \_\_\_\_\_

To be reviewed at least every six months, or as and when needed.

Copied to parents and child's personal file (with registration form)

## 7.1 Achieving positive behaviour

### Policy statement

We believe that children flourish best, when their personal, social and emotional needs are understood, supported and met and where there are clear, fair and developmentally appropriate expectations for their behaviour.

As children develop, they learn about boundaries, the difference between right and wrong, and to consider the views and feelings and needs and rights of others and the impact that their behaviour has on people, places and objects. The development of these skills requires adult guidance to help encourage and model appropriate behaviours and to offer intervention and support when children struggle with conflict and emotional situations. In these types of situations key staff can help identify and address triggers for the behaviour and help children reflect, regulate and manage their actions.

### Procedures

In order to manage childrens behaviour in an appropriate way we will:

- Attend relevant training to help understand and guide appropriate models of behaviour;
- Implement the settings behaviour procedures including the stepped approach;
- Have the necessary skills to support other staff with behaviour issues and to assess expert advise, if necessary;
- Regularly discuss our rules and expectations with the children including any new ones introduced (Ref Covid-19)
- Ensure all staff complete the positive behaviour programme on Educare (<http://pre-school.educare.co.uk/Login.aspx>)
- Our named behaviour Co-ordinator is:

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**Debbie Markwick (team leader)**

### Stepped Approach

#### Step 1

- We will ensure that EYFS Guidance relating to behaviour management is incorporated into relevant policy and procedures;
- We will be knowledgeable with, and apply the settings procedure on promoting positive behaviour;



- We will undertake an annual audit of the provision to ensure the environment and practices supports healthy social and emotional development. During and after a pandemic the well-being of children and staff is of paramount importance particularly if we have had to close for any duration. Staff will monitor the children's behaviour for signs of any changes which might need support. (Ref Covid-19). Findings from the audit are considered by management and relevant adjustments applied;
- We will ensure that all staff are supported to address issues relating to behaviour including applying initial and focussed intervention approaches (see below);

## **Step 2**

- We address unwanted behaviours using the agreed and consistently applied initial intervention approach. If the unwanted behaviour does not re-occur or cause concern then normal monitoring will resume.
- Behaviour's that result in concern for the child and/or others will be discussed between the keyperson, the behaviour co-ordinator and special educational needs co-ordinator (SENCo) and/or the manager. During the meeting, the keyperson will use their knowledge and assessments of the child to share any known influencing factors (new baby, additional needs, illness etc) in order to place the behaviour into context. Appropriate adjustments to practice will be agreed and if successful normal monitoring resumed.
- If the behaviour continues to re-occur and remain a concern then the keyperson should liaise with parents to discuss possible reasons for the behaviour and to agree next steps. If a cause for the behaviour is not known or only occurs whilst in the setting then the SENCo will suggest using a focused intervention approach to identify a trigger for the behaviour.
- If a trigger is identified then the SENCo and keyperson will meet with the parents to plan support for the child through developing an action plan. If relevant, recommended actions for dealing with the behaviour at home should be agreed with the parents and incorporated into the plan. Other members of the staff team should be informed of the agreed actions in the action plan and help implement the actions. The plan should be monitored and reviewed regularly by the keyperson and SENCo until improvement is noticed.

## **Step 3**

- If, despite applying the initial intervention and focussed intervention approaches, the behaviour continues to occur and/or is of significant concern, then the behaviour co-ordinator (BeCo) and SENCo will invite the parents to a meeting to discuss external referral and next steps for supporting the child in the setting.
- It may also be agreed that the Early Help process should begin and that specialist help be sought for the child if deemed necessary – this support may address either

developmental or welfare needs. (See supporting children with SEN policy 9.2). if the child's behaviour is part of a range of welfare concerns that also include a concern that the child may be suffering or likely to suffer significant harm, follow the safeguarding children and child protection policy (1.2).

- Advice provided by external agencies should be incorporated into the child's action plan and regular multi-disciplinary meetings held to review the child's progress.

#### Initial intervention approach

- We use an initial problem solving intervention for all situations in which a child or children are distressed in conflict. All staff use this intervention consistently.
- This type of approach involves an adult approaching the situation calmly, stopping any hurtful actions, acknowledging the feelings of those involved, gathering information, restating the issues to help children reflect, regain control of the situation and resolve the situations themselves.
- High Scope's Conflict Resolution process provides this type of approach but equally any other similar method would be suitable. Periodically the effectiveness of the approach will be checked.

#### Focussed intervention approach

- The reasons for some types of behaviour are not always apparent, despite the knowledge and input from key staff and parents.
- Where we have considered all possible reasons, then a focussed intervention approach should be applied.
- This approach allows the keyperson and BeCo to observe, reflect, and identify causes and functions of unwanted behaviour in a wider context of other known influences on the child.
- We follow the ABC method which uses key observations to identify (a) an event or activity (Antecedent) that occurred immediately before a particular behaviour, (b) what behaviour was observed and recorded at the time of the incident, and (c) what the consequences were following the behaviour. Once analysed, the focused intervention should help determine the cause (eg ownership of a toy or fear of a situation) and function of the behaviour (to obtain the toy or avoid a situation), and suitable support will be applied.

## Strategies for children who engage in inconsiderate behaviour

- We require all staff, volunteers and students to use positive strategies for handling any inconsiderate behaviour, by helping children to find solutions in ways which are appropriate for the children's ages and stages of development. Such solutions might include, for example, acknowledgment of feelings, explanation as to what was not acceptable, and supporting children to gain control of their feelings, so that they can learn a more appropriate response.
- We ensure that there are enough popular toys and resources and sufficient activities available so that children are meaningfully occupied without the need for unnecessary conflict for sharing and waiting for turns.
- We acknowledge considerate behaviour such as kindness and willingness to share.
- We support each child in developing self-esteem, confidence and feelings of competence.
- We support each child in developing a sense of belonging within the group, so that they feel valued and welcome.
- We avoid creating situations in which children receive adult attention only in return for inconsiderate behaviour.
- When children behave in inconsiderate ways, we help them to understand the outcomes of their actions and support them in learning how to cope more appropriately.
- We never send children out of the room by themselves, nor do we use a naughty chair or a time out strategy that excludes children from the group.
- We never use physical or corporal punishment, such as smacking or shaking. Children are never threatened with these.
- We do not use techniques intended to single out and humiliate individual children.
- We use physical restraint, such as holding, only to prevent physical injury to children or adults and/or serious damage to property.
- Details of such an event (what happened, what action was taken and by whom, and the name of witnesses) are brought to the attention of our setting leader and are recorded.
- The child's parent(s) is/are informed on the same day.
- In cases of serious misbehaviour, such as racial or other abuse, we make clear immediately the unacceptability of the behaviour and attitudes, by means of explanations rather than personal blame.
- We do not shout or raise our voices in a threatening way to respond to children's inconsiderate behaviour.

## Rough and tumble play and fantasy aggression

Young children often engage in play that has aggressive themes, such as super hero and weapon play. Some children appear pre-occupied with these themes, but their behaviour is not necessarily a precursor to hurtful behaviour or bullying; although it may be inconsiderate at times and may need addressing using strategies as above.

- We recognise that teasing and rough and tumble play are normal for young children and acceptable within limits. We regard these kinds of play as pro-social and not as problematic or aggressive.
- We will develop strategies to contain play that are agreed with the children, and understood by them, with acceptable behavioural boundaries to ensure children are not hurt.
- We recognise that fantasy play also contains many violently dramatic strategies, eg blowing up and shooting and that themes often refer to goodies and baddies and as such offer opportunities for us to explore concepts of right and wrong.
- We are able to tune in to the content of the play, perhaps to suggest alternative strategies for heroes and heroines, making the most of teachable moments to encourage empathy and lateral thinking to explore alternative scenarios and strategies for conflict resolution.

#### Use of rewards and sanctions

- All children need consistent messages, clear boundaries and guidance to intrinsically manage their behaviour through self reflection and control.
- Rewards such as excessive praise and stickers may provide an immediate change in the behaviour but will not teach children how to act when a prize is not being given or provide a child with the skills to manage situations and their emotions. Instead, a child is taught how to be compliant and respond to meet adults own expectations in order obtain a reward (or for fear of a sanction). If used then the type of rewards and their functions must be carefully considered before applying.
- Children should never be labelled, criticised, humiliated, punished, shouted or isolated by removing them from the group and left alone in time out or in a naughty chair. However, if necessary children can be accompanied and removed from the group in order to calm down and if appropriate help to reflect on what's happened.

#### Use of physical intervention

- The term physical intervention is used to describe any forceful, physical contact by an adult to a child such as grabbing, pulling, dragging, or any form of restraint of a child such as holding down. Where a child is upset or angry, staff will speak to them

calmly, encouraging them to vent their frustration in other ways by diverting the child's attention.

- Staff should not use physical intervention – or the threat of physical intervention, to manage a child's behaviour unless it is necessary to use reasonable force in order to prevent children from injuring themselves or others or damage property (EYFS).
- If reasonable force has been used for any of the reasons shown above, parents are to be informed on the same day that it occurs. The intervention will be recorded as soon as possible in the incident book and states clearly when and how parents were informed.
- Corporal (physical) punishment of any kind should never be used or threatened which could adversely affect a child's wellbeing.

### **Further guidance**

- Special Educational Needs and Disability Code of Practice (DFE 2014)

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider \_\_\_\_\_

Name of signatory \_\_\_\_\_

Role of signatory (e.g. chair, director or owner) \_\_\_\_\_

### **Other useful Pre-school Learning Alliance publications**

- Reflecting on Behaviour (2010)
- The Social Child (2007)

## 8.1 Health and safety general standards

### Policy statement

We believe that the health and safety of children is of paramount importance. We make our setting a safe and healthy place for children, parents, staff and volunteers.

- We aim to make children, parents, staff and volunteers aware of health and safety issues and to minimise the hazards and risks to enable the children to thrive in a healthy and safe environment.
- Our member of staff responsible for health and safety is

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**Debbie Markwick (team leader)**

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- She is competent to carry out these responsibilities
- She has undertaken health and safety training and regularly updates her knowledge and understanding.
- We display the necessary health and safety policy in

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**The kitchen**

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### Insurance cover

We have public liability insurance and employers liability insurance. The employer's liability insurance is displayed on our notice board in the foyer. A copy of the village hall's public liability insurance is on

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**The hall board**

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### Procedures

#### Awareness raising

- Our induction training for staff and volunteers includes a clear explanation of health and safety issues, so that all adults are able to adhere to our policy and procedures as they understand their shared responsibility for health and safety. The induction training covers matters of employee wellbeing, including safe lifting and the storage of potentially dangerous substances.
- We keep records of these induction training sessions and new staff and volunteers are asked to sign the records to confirm they have taken part.
- We explain health and safety issues to the parents of new children, so that they understand the part played by these issues in the daily life of the setting.
- As necessary, health and safety training is included in the annual training plans of staff, and health and safety is discussed regularly at our staff meetings.
- We operate a no smoking policy

- We make children aware of health and safety issues through discussions, planned activities and routines

#### Windows

- Low level windows are made from materials that prevent accidental breakage or we ensure they are made safe
- We ensure that windows are protected from accidental breakage or vandalism from people outside the building
- We ensure that any blind cords are secured safely and do not pose a strangulation risk for young children.

#### Doors

- We take precaution to prevent childrens fingers from being trapped in doors

#### Floors and walkways

- All our floor surfaces are checked daily to ensure they are clean and not uneven, wet or damaged. Any wet spills are mopped up immediately.
- Walkways are left clear and uncluttered.

#### Electrical equipment

- We ensure that all electrical equipment conforms to all safety requirements and is checked regularly.
- Our electrical cupboard is not accessible to the children
- Fires, heaters, electric sockets, wires and leads are properly guarded and we teach the children not to touch them.
- There are sufficient sockets in our setting to prevent overloading
- We switch electrical devices off from the plug after use
- We ensure the children understand the rules when using hot water.
- Lighting and ventilation is adequate in all areas of our setting, including storage areas

#### Storage

- All our resources and materials, which are used by the children, are stored safely
- All our equipment and resources are stored or stacked safely to prevent them accidentally falling or collapsing

#### Outdoor area

- Our outdoor area is securely fenced. All gates and fences are child proof and safe.

- Our outdoor area is checked for safety and cleared of rubbish, animal droppings and any other unsafe items before it is used.
- Adults and children are alerted to the dangers of poisonous plants, herbicides and pesticides.
- Our water areas are supervised at all times.
- Our outdoor sandpit is covered when not in use and is cleaned regularly
- We check that children are suitably attired for the weather conditions and type of outdoor activities; ensuring that sun cream is applied and hats are worn during the summer months.
- We supervise outdoor activities at all times; and particularly children on climbing equipment.

### Hygiene

- We seek information from the Public Health England to ensure that we keep up-to-date with the latest recommendations.
- Our daily routines encourage the children to learn about personal hygiene
- We have a daily cleaning routine for the setting which includes the kitchen, toilets, main hall and nappy changing areas. Children do not have unsupervised access to the kitchen.
- We have a schedule for cleaning resources and equipment, dressing up clothes and furnishings.
- The toilet area has a high standard of hygiene, including hand washing and drying facilities.
- We implement good hygiene practices by:
  - Cleaning tables between activities:
  - Cleaning and checking toilets regularly;
  - Wearing protective clothing such as disposable gloves where appropriate;
  - Providing sets of clean clothes;
  - Providing tissues and wipes.

### Activities, resources and repairs

- Before purchase or loan, we check equipment and resources to ensure they are safe for the ages and stages of the children currently attending the setting
- We keep a full inventory of all items in the setting for audit and insurance purposes
- The layout of our play equipment allows adults and children to move safely and freely between activities.
- All our equipment is regularly checked for cleanliness and safety and any dangerous items are repaired or discarded
- All our materials, including paints and glue, are non toxic



- We ensure that sand is clean and suitable for childrens play
- Physical play is constantly supervised.
- We teach children to handle and store tools safely
- We check children who are sleeping regularly
- Children learn about health, safety and personal hygiene through the activities we provide and the routines we follow.

#### Jewellery and accessories

- Our staff do not wear jewellery or fashion accessories such as high heels that may pose a danger to themselves or children
- Parents must ensure that any jewellery worn by children poses no danger particularly earrings which may get pulled, bracelets which can get caught when climbing or necklaces that may pose a risk of strangulation

#### Safety of adults

- We ensure that adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment
- We provide safe equipment for adults to use when they need to reach up to store equipment.
- We ensure that all warning signs are clear and in appropriate languages
- We ensure that adults do not remain in the building on their own
- We record the sickness of staff and their involvement in accidents. The records are reviewed termly to identify any issues that need to be addressed.

#### Control of substances hazardous to health

- Our staff implement the current guidelines of the Control of Substances Hazardous to Health Regulations (COSHH)
- We keep a record of all substances that may be hazardous to health such as cleaning chemicals, or gardening chemicals, if used, and where they are stored.
- Hazardous substances are stored safely away from the children
- We carry out a risk assessment for all chemicals used in the setting. This states what the risks are and what to do if they have contact with eyes or skin or are ingested.
- We keep all cleaning chemicals in their original containers
- We keep the chemicals used in the setting to the minimum in order to ensure health and hygiene is maintained. We do not use:
  - Bleach
  - Antibacterial soap/hand wash, unless specifically advised during an infection outbreak such as Pandemic flu; or

- Antibacterial cleaning agents, except in the toilets, nappy changing area and food preparation areas.
- Antibacterial sprays are not used when children are near by
- Environmental factors are taken into account when purchasing, using and disposing of chemicals
- All members of staff are vigilant and use chemicals safely
- Members of staff use protective gloves when using cleaning chemicals

### Legal framework

- Health and Safety at Work Act (1974)
- Management of Health and Safety at Work Regulations (1999)
- Electricity at Work Regulations (1989)
- Control of Substances Hazardous to Health Regulations (COSHH) (2002)
- Manual Handling Operations Regulations (1992 (As amended 2004))
- Health and Safety (Display Screen Equipment) Regulations (1992)

### Further Guidance

- Health and Safety Law: What you Need To Know (HSE Revised 2009)
- Health and Safety Regulation: A Short Guide (HSE 2003)
- Electrical Safety and You: A Brief Guide (HSE 2012)
- Working with Substances Hazardous to Health: What you Need to Know About COSHH (HSE Revised 2009)
- Getting to Grips With Manual Handling: Frequently Asked Questions: A Short Guide (HSE 2011)

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)

## 8.2 Maintaining children's safety and security on premises

### Policy statement

We maintain the highest possible security of our premises to ensure that each child is safely cared for during their time with us.

### Procedures

#### *Children's personal safety*

- We ensure all employed staff have been checked for criminal records via an enhanced disclosure through the Disclosure and Barring Service.
- Adults do not normally supervise children on their own.
- All children are supervised by adults at all times.
- Whenever children are on the premises at least two adults are present.
- We carry out risk assessments to ensure children are not made vulnerable within any part of our premises, nor by any activity.

#### *Security*

- Systems are in place for the safe arrival and departure of children.
- The times of the children's arrivals and departures are recorded.
- The arrival and departure times of adults - volunteers and visitors - are recorded.
- Our systems prevent unauthorised access to our premises.
- Our systems prevent children from leaving our premises unnoticed.
- The personal possessions of staff and volunteers are securely stored during sessions.

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider \_\_\_\_\_

Name of signatory \_\_\_\_\_

Role of signatory (e.g. chair, director or owner) \_\_\_\_\_

### Other useful Pre-school Learning Alliance publications

- Managing Risk (2009)

## 8.3 Supervision of children on outings and visits

### Policy statement

Children benefit from being taken out of the setting to go on visits or trips to local parks, or other suitable venues, for activities which enhance their learning experiences. Some settings do not have direct access to outdoor provision on their premises and will need to take children out daily. Staff in our setting ensure that there are procedures to keep children safe on outings; all staff and volunteers are aware of and follow the procedures as laid out below.

### Procedures

- Parents sign a general consent on registration for their children to be taken out as a part of the daily activities of the setting.
- This general consent details the venues used for daily activities.
- There is a risk assessment for each venue carried out, which is reviewed regularly.
- Parents are always asked to sign specific consent forms before major outings.
- A risk assessment is carried out before an outing takes place.
- All venue risk assessments are made available for parents to see.
- Our adult to child ratio is high, normally one adult to two children, depending on their age, sensibility and the type of venue, as well as how it is to be reached.
- Named children are assigned to individual staff to ensure that each child is well supervised, that no child goes astray and that there is no unauthorised access to children.
- Outings are recorded in an outings record book kept in the setting, stating:
  - The date and time of the outing.
  - The venue and mode of transport used.
  - The names of the staff members assigned to each of the children.
  - The time of return.
- Staff take a mobile phone on outings, as well as supplies of tissues, wipes, spare clothing and nappies, medicines required for individual children, a mini first aid kit, snacks and water. The amount of equipment will vary and be consistent with the venue and the number of children, as well as how long they will be out for.
- Staff take a list of children with them with contact numbers of parents/carers, as well as an accident book and a copy of our Missing Child Policy.
- Records are kept of the vehicles used to transport children, with named drivers and appropriate insurance cover.

- An appropriate number of adults including staff accompany children on outings and remain behind with the rest of the children.

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider \_\_\_\_\_

Name of signatory \_\_\_\_\_

Role of signatory (e.g. chair, director or owner) \_\_\_\_\_

### **Other useful Pre-school Learning Alliance publications**

- Daily Register and Outings Record (2012)
- Managing Risk (2009)

## 8.4 Risk assessment

### Policy statement

Our setting believes that the health and safety of children is of paramount importance. We make our setting a safe and healthy place for children, parents, staff and volunteers by assessing and minimising the hazards and risks to enable the children to thrive in a healthy and safe environment.

This policy is based on the Pre-school Learning Alliance risk assessment processes, which follow five steps as follows:

- Identification of a risk: Where is it and what is it?
- Who is at risk: Childcare staff, children, parents, cooks, cleaners etc?
- Assessment as to whether the level of a risk is high, medium, low. This takes into account both the likelihood of it happening, as well as the possible impact if it did.
- Control measures to reduce/eliminate risk: What will you need to do, or ensure others will do, in order to reduce that risk?
- Monitoring and review: How do you know if what you have said is working, or is thorough enough? If it is not working, it will need to be amended, or maybe there is a better solution.

### Procedures

- Our risk assessment process covers adults and children and includes:
  - determining where it is helpful to make some written risk assessments in relation to specific issues, to inform staff practice, and to demonstrate how we are managing risks if asked by parents and/or carers and inspectors;
  - checking for and noting hazards and risks indoors and outside, in relation to our premises and activities;
  - assessing the level of risk and who might be affected;
  - deciding which areas need attention; and
  - developing an action plan that specifies the action required, the time-scales for action, the person responsible for the action and any funding required.
- Where more than five staff and volunteers are employed, the risk assessment is written and is reviewed regularly.
- We maintain lists of health and safety issues, which are checked daily before the session begins, as well as those that are checked on a weekly and termly basis when a full risk assessment is carried out.

## Legal framework

- Management of Health and Safety at Work Regulations (1999)

## Further guidance

- Five Steps to Risk Assessment (HSE 2011)

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)

## Other useful Pre-school Learning Alliance publications

- Managing Risk (2009)

## 8.5 Fire safety and emergency evacuation

### Policy statement

We ensure our premises present no risk of fire by ensuring the highest possible standard of fire precautions. The person in charge and staff are familiar with the current legal requirements. Where necessary we seek the advice of a competent person, such as our Fire Officer, or Fire Safety Consultant.

### Procedures

- The basis of fire safety is risk assessment, carried out by a 'competent person'.
- The manager has received training in fire safety sufficient to be competent to carry out the risk assessment; this will be written where there are more than five staff and will follow the Government guidance Fire Safety Risk Assessment - Educational Premises (HMG 2006).
- Where we rent premises, we will ensure that we have a copy of the fire safety risk assessment that applies to the building and that we contribute to regular reviews.
- Fire doors are clearly marked, never obstructed and easily opened from the inside.
- Smoke detectors/alarms and fire fighting appliances conform to BS EN standards, are fitted in appropriate high risk areas of the building and are checked as specified by the manufacturer.
- Our emergency evacuation procedures are approved by the Fire Safety Officer and are:
  - clearly displayed in the premises;
  - explained to new members of staff, volunteers and parents; and
  - practised regularly, at least once every six weeks.
- Records are kept of fire drills and of the servicing of fire safety equipment.

### *Emergency evacuation procedure*

Every setting is different and the evacuation procedure will be suitable for each setting. It must cover procedures for practice drills including:

- How children are familiar with the sound of the fire alarm.
- How the children, staff and parents know where the fire exits are.
- How children are led from the building to the assembly point.
- How children will be accounted for and who by.
- How long it takes to get the children out safely.
- Who calls the emergency services, and when, in the event of a real fire.
- How parents are contacted.



*The fire drill record book must contain:*

- The date and time of the drill.
- How long it took.
- Whether there were any problems that delayed evacuation.
- Any further action taken to improve the drill procedure.

### **Legal framework**

- Regulatory Reform (Fire Safety) Order 2005

### **Further guidance**

- Fire Safety Risk Assessment - Educational Premises (HMG 2006)

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider \_\_\_\_\_

Name of signatory \_\_\_\_\_

Role of signatory (e.g. chair, director or owner) \_\_\_\_\_

## 8.6 Animals in the setting

### Policy statement

Children learn about the natural world, its animals and other living creatures, as part of the Learning and Development Requirements of the Early Years Foundation Stage. This may include contact with animals, or other living creatures, either in the setting or on visits. We aim to ensure that this is in accordance with sensible hygiene and safety controls.

### Procedures

#### *Animals in the setting as pets*

- We take account of the views of parents and children when selecting an animal or creature to keep as a pet in the setting.
- We carry out a risk assessment with a knowledgeable person accounting for any hygiene or safety risks posed by the animal or creature.
- We provide suitable housing for the animal or creature and ensure this is cleaned out regularly and is kept safely.
- We ensure the correct food is offered, at the right times.
- We make arrangements for weekend and holiday care for the animal or creature.
- We register with the local vet and take out appropriate pet care health insurance.
- We make sure all vaccinations and other regular health measures, such as de-worming, are up-to-date and recorded.
- Children are taught correct handling and care of the animal or creature and are supervised.
- Children wash their hands after handling the animal or creature and do not have contact with animal soil or soiled bedding.
- Staff wear disposable gloves when cleaning housing or handling soiled bedding.
- If animals or creatures are brought in by visitors to show the children, they are the responsibility of their owner.
- The owner carries out a risk assessment, detailing how the animal or creature is to be handled and how any safety or hygiene issues will be addressed.

#### *Visits to farms*

- Before a visit to a farm, a risk assessment is carried out - this may take account of safety factors listed in the farm's own risk assessment, which should be viewed.
- The outings procedure is followed.
- Children wash their hands after contact with animals.

- Outdoor footwear worn to visit farms is cleaned of mud and debris and should not be worn indoors.

### **Legal framework**

- The Management of Health and Safety at Work Regulations (1999)

### **Further guidance**

- Health and Safety Regulation...A Short Guide (HSE 2003)

This policy was adopted at a meeting of \_\_\_\_\_ (name of provider)

Held on \_\_\_\_\_ (date)

Date to be reviewed \_\_\_\_\_ (date)

Signed on behalf of the management committee

Name of signatory \_\_\_\_\_

Role of signatory (e.g. chair/owner) \_\_\_\_\_

**General Safeguarding and Welfare Requirement: Safety and Suitability of Premises, Environment and Equipment**

Providers must have a no-smoking policy, and must prevent smoking in a room, or outside play area, when children are present or about to be present

## 8.7 No-smoking

### Policy statement

We comply with health and safety regulations and the Safeguarding and Welfare Requirements of the Early Years Foundation Stage in making our setting a no-smoking environment - both indoors and outdoors.

### Procedures

- All staff, parents and volunteers are made aware of our No-smoking Policy.
- We display no-smoking signs.
- The No-smoking Policy is stated in our information for parents.
- We actively encourage no-smoking and can provide information for parents and staff about where to get help to stop smoking if they are seeking this information.
- Staff who smoke do not do so during working hours, unless on a break and off the premises.
- Staff who smoke during their break make every effort to reduce the effect of the odour and lingering effects of passive smoking for children and colleagues.

### Legal framework

- The Smoke-free (Premises and Enforcement) Regulations (2006)
- The Smoke-free (Signs) Regulations (2012)

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)

### **Safety and suitability of premises, environment and equipment:**

Safety Providers must take reasonable steps to ensure the safety of children, staff and others on the premises

## **8.8 Staff personal safety including home visits**

### **Policy statement**

This setting believes that the health and safety of all staff is of paramount importance and that all staff have the right to work in a safe environment. We support safe working both on and off the premises, acknowledging the needs and diversity of children and their family.

### **Procedures**

#### *General*

- All staff in the building early in the morning, or late in the evening, ensure doors and windows are locked.
- Where possible, at least the first two members of staff to arrive in the building arrive together, and the last two members of staff in the building leave together.
- Visitors are generally only allowed access with prior appointments and only admitted once their identity has been verified.
- Minimal petty cash is kept on the premises.
- When taking cash to the bank, members of staff are aware of personal safety. Managers carry out a risk assessment and develop an agreed procedure appropriate to the setting, staff and location.
- Members of staff make a note in the diary of meetings they are attending, who they are meeting and when they are expected back.
- Managers have good liaison with local police and ask for advice on safe practice where there are issues or concerns.

When our numbers of children are low, we operate our sessions with two members of staff, keeping within the appropriate adult:child ratios. There may be circumstances where a member of staff is unavoidably alone on site (for example, if the other member of staff is delayed or taken ill.)

In these circumstances the following procedure is followed:

- All windows and doors are locked.
- No heavy lifting is carried out.
- No duties or activities that would normally be carried out by two or more people are attempted.
- The Management Committee Chair is contacted, and they will arrange for someone to be on site as soon as possible. If contact cannot be made, then either the Team Leader or Deputy Team Leader are contacted to arrange for someone to be on site.

Management Committee Chair – Jo Gay Mobile: 07875 675885

Team Leader – Debbie Markwick Mobile 078151 66687, home 01962 732055

Deputy Team Leader – Sarah-Jane Middleton Mobile 07775 646581

- Other staff will try their hardest to make themselves available in these circumstances.
- Busy Bees works with 345 Preschool and Meon Springs Montessori to provide bank staff for each other. Each setting has their own induction in place for bank staff from other settings. Staff who are happy to be a part of this scheme have been involved with the induction process and visited each setting, so they are already familiar with its layout, fire exits, risk assessments, policies and procedures.
- A list of availability of members of this team of bank staff has been compiled with each setting receiving a copy. All participants have agreed that they are happy to provide their name and best contact number along with the days and times they **may** be available to cover.
- At any time, a member of this consortium can ask for their details to be taken off the list.
- Each setting is responsible for keeping their details up to date and informing the other settings of any changes.
- The list is reviewed regularly.

### **Home visits**

Where staff members conduct home visits, this is done at the team leader's discretion and the following health and safety considerations apply:

- Prior to a home visit the key person and team leader undertake a risk assessment that is specific to the visit being undertaken.
- Members of staff normally do home visits in pairs – usually the team leader/deputy with the key person.
- Each home visit is recorded in the diary with the name and address of the family being visited, prior to the visit taking place.
- Visits are done out of preschool hours. Family members of the staff visiting will be made aware of the visit, where it is, what time and what time they should be home.
- If there is any reason for staff to feel concerned about entering premises, they do not do so, for example, if a parent appears drunk.
- Members of staff carry a mobile phone when going out on a home visit.
- If staff do not return from the home visit at the designated time, the contact person attempts to phone them and continues to do so until they make contact.
- If no contact is made after a reasonable amount of time has passed, the contact person rings the police.

### **Dealing with agitated parents in the setting**

- If a parent appears to be angry, mentally agitated or possibly hostile, two members of staff will lead the parent away from the children to a less open area but will not shut the door behind them.
- If the person is standing, staff will remain standing.

- Members of staff will try to empathise and ensure that the language they use can be easily understood.
- Staff will speak in low, even tones, below the voice level of the parent.
- Members of staff will make it clear that they want to listen and seek solutions.
- If the person makes threats and continues to be angry, members of staff make it clear that they will be unable to discuss the issue until the person stops shouting or being abusive, while avoiding potentially inflammatory expressions such as 'calm down' or 'be reasonable'.
- If threats or abuse continue, members of staff will explain that the police will be called and emphasise the inappropriateness of such behaviour in front of children.
- After the event, details are recorded in the child's personal file together with any decisions made with the parents to rectify the situation and any correspondence regarding the incident.

This policy was adopted at a meeting of \_\_\_\_\_ (name of provider)

Held on \_\_\_\_\_ (date)

Date to be reviewed \_\_\_\_\_ (date)

Signed on behalf of the provider

\_\_\_\_\_  
Name of signatory

\_\_\_\_\_  
Role of signatory (e.g. chair/owner)

## **9.1 Valuing diversity and promoting equality**

### **Policy statement**

We will ensure that our service is fully inclusive in meeting the needs of all children. We recognise that children and their families come from diverse backgrounds. All families have needs and values that arise from their social and economic, ethnic and cultural or religious backgrounds. Children grow up in diverse family structures that include two parent and one parent families; some children have two parents of the same sex. Some children have close links with extended families of grandparents, aunts, uncles and cousins; while others may be more removed from close kin, or may live with other relatives or foster carers.

Some children have needs that arise from disability or impairment, or may have parents that are affected by disability or impairment. Some children come from families who experience social exclusion or severe hardship; some have to face discrimination and prejudice because of their ethnicity, the languages they speak, their religious or belief background, their gender or their impairment.

We understand that these factors affect the well-being of children and can impact on their learning and attainment. Our setting is committed to anti-discriminatory practice to promote equality of opportunity and valuing diversity for all children and families. We aim to:

- provide a secure and accessible environment in which all of our children can flourish and in which all contributions are considered and valued;
- include and value the contribution of all families to our understanding of equality and diversity;
- provide positive non-stereotyping information about gender roles, diverse family structures, diverse ethnic and cultural groups and disabled people;
- improve our knowledge and understanding of issues of anti-discriminatory practice, promoting equality and valuing diversity;
- challenge and eliminate discriminatory actions;
- make inclusion a thread that runs through all of the activities of the setting; and
- foster good relations between all communities.

### **Procedures**

#### *Admissions*

Our setting is open to all members of the community.



- We advertise our service widely.
- We reflect the diversity of our society in our publicity and promotional materials.
- We provide information in clear, concise language, whether in spoken or written form.
- We provide information in as many languages as possible.
- We base our Admissions Policy on a fair system.
- We ensure that all parents are made aware of our Valuing Diversity and Promoting Equality Policy.
- We do not discriminate against a child or their family, or prevent entry to our setting, on the basis of a protected characteristic as defined by the Equalities Act (2010). These are:
  - disability;
  - race;
  - gender reassignment;
  - religion or belief;
  - sex;
  - sexual orientation;
  - age;
  - pregnancy and maternity; and
  - marriage and civil partnership.
- We do not discriminate against a child with a disability or refuse a child entry to our setting for reasons relating to disability.
- We ensure, wherever possible, that we have a balanced intake of boys and girls in the setting.
- We develop an action plan to ensure that people with impairments can participate successfully in the services offered by the setting and in the curriculum offered.
- We take action against any discriminatory behaviour by staff or parents whether by:
  - direct discrimination – someone is treated less favourably because of a protected characteristic e.g. preventing families of some racial groups from using the service;
  - indirect discrimination - someone is affected unfavourably by a general policy e.g. children must only speak English in the setting;
  - association – discriminating against someone who is associated with a person with a protected characteristic e.g. behaving unfavourably to someone who is married to a person from a different cultural background; or
  - perception – discrimination on the basis that it is thought someone has a protected characteristic e.g. making assumptions about someone's sexual orientation because of their mannerisms or how they speak.
- Displaying of openly discriminatory and possibly offensive materials, name calling, or threatening behaviour are unacceptable on, or around, the premises and will be dealt with immediately and discreetly by asking the adult to stop using the unacceptable behaviour and inviting them to read and to act in accordance with the relevant policy

statement and procedure. Failure to comply may lead to the adult being excluded from the premises.

### *Employment*

- Posts are advertised and all applicants are judged against explicit and fair criteria.
- Applicants are welcome from all backgrounds and posts are open to all.
- We may use the exemption clauses in relevant legislation to enable the service to best meet the needs of the community.
- The applicant who best meets the criteria is offered the post, subject to references and checks by the Criminal Records Bureau. This ensures fairness in the selection process.
- All job descriptions include a commitment to promoting equality and recognising and respecting diversity as part of their specifications.
- We monitor our application process to ensure that it is fair and accessible.

### *Training*

- We seek out training opportunities for staff and volunteers to enable them to develop anti-discriminatory and inclusive practices, which enable all children to flourish.
- We ensure that staff are confident and fully trained in administering relevant medicines and performing invasive care procedures when these are required.
- We review our practices to ensure that we are fully implementing our policy for Valuing Diversity and Promoting Equality.

### *Curriculum*

The curriculum offered in the setting encourages children to develop positive attitudes about themselves as well as to people who are different from themselves. It encourages children to empathise with others and to begin to develop the skills of critical thinking.

Our environment is as accessible as possible for all visitors and service users. If access to the settings is found to treat disabled children or adults less favourably, then we make reasonable adjustments to accommodate the needs of disabled children and adults. We do this by:

- making children feel valued and good about themselves and others;
- ensuring that children have equality of access to learning;
- undertaking an access audit to establish if the setting is accessible to all children;
- making adjustments to the environment and resources to accommodate a wide range of learning, physical and sensory impairments;
- making appropriate provision within the curriculum to ensure each child receives the widest possible opportunity to develop their skills and abilities, e.g. recognising the different learning styles of girls and boys;

- positively reflecting the widest possible range of communities in the choice of resources;
- avoiding stereotypes or derogatory images in the selection of books or other visual materials;
- celebrating a wide range of festivals;
- creating an environment of mutual respect and tolerance;
- differentiating the curriculum to meet children's special educational needs;
- helping children to understand that discriminatory behaviour and remarks are hurtful and unacceptable;
- ensuring that the curriculum offered is inclusive of children with special educational needs and children with disabilities;
- ensuring that children learning English as an additional language have full access to the curriculum and are supported in their learning; and
- ensuring that children speaking languages other than English are supported in the maintenance and development of their home languages.

#### *Valuing diversity in families*

- We welcome the diversity of family lifestyles and work with all families.
- We encourage children to contribute stories of their everyday life to the setting.
- We encourage mothers, fathers and other carers to take part in the life of the setting and to contribute fully.
- For families who speak languages in addition to English, we will develop means to ensure their full inclusion.
- We offer a flexible payment system for families of differing means and offer information regarding sources of financial support.
- We take positive action to encourage disadvantaged and under-represented groups to use the setting.

#### *Food*

- We work in partnership with parents to ensure that dietary requirements of children that arise from their medical, religious or cultural needs are met.
- We help children to learn about a range of food, and of cultural approaches to mealtimes and eating, and to respect the differences among them.

#### *Meetings*

- Meetings are arranged to ensure that all families who wish to may be involved in the running of the setting.
- We positively encourage fathers to be involved in the setting, especially those fathers who do not live with the child.

- Information about meetings is communicated in a variety of ways - written, verbal and in translation – to ensure that all mothers and fathers have information about, and access to, the meetings.

### *Forest School*

- Wherever possible, the Forest School site will be made accessible for all users including those who require  
  
extra equipment such as wheelchairs, walking frames, sticks etc.
- A higher adult/child ratio of 1:1 will be provided for Forest School sessions for any child who needs extra  
  
support to access the woods for their own safety and the safety of others.
- Every child will be given the opportunity to access each Forest School activity in whatever form is acceptable for their individual needs and abilities, with support from others.
- We will provide appropriate clothing, if children don't have their own, to enable all the children to access  
  
Forest School activities.
- Staff, parents and carers will be given the opportunity to learn new skills within the Forest School sessions.

### *Monitoring and reviewing*

- So that our policies and procedures remain effective, we monitor and review them annually to ensure our strategies meets the overall aims to promote equality, inclusion and to value diversity.
- We provide a complaints procedure and a complaints summary record for parents to see.

### **Legal framework**

The Equality Act (2010)

Children Act (1989) & (2004)

Special Educational Needs and Disability Act (2001)

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)

**Other useful Pre-school Learning Alliance publications**

- Guide to the Equality Act and Good Practice (2011)
- All Together Now (2009)
- Where's Dad? (2009)

## 9.2 Supporting children with special educational needs

### Policy statement

We provide an environment in which all children, including those with special educational needs (SEN), are supported to reach their full potential.

- We have regard for the special educational needs code of practice (2014)
- We ensure our provision is inclusive to all children with special educational needs
- We support parents and children with special educational needs
- We identify the specific needs of children with special educational needs and meet those needs through a range of SEN strategies
- We work in partnership with parents and other agencies in meeting individual childrens needs
- We monitor and revue our policy, practice and provision and, if necessary, make adjustments

### Procedures

- We designate a member of staff to be the special educational needs coordinator (SENCo) and give his/her name to parents. Our SENCo is

**Sarah- Jane Middleton**

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- We ensure that the provision for children with special educational needs is the responsibility of all members of the setting
- We ensure that our inclusive admissions practice ensures quality of access and opportunity
- We use the graduated response system for identifying, assessing and responding to childrens special educational needs
- We work closely with the parents of children with special educational needs to create and maintain a positive partnership
- We ensure that parents are informed at all stages of the assessment, planning, provision and review of their children's education
- We provide parents with information on sources of independent advice and support.
- We liaise with other professionals involved with children with special educational needs and their families, including in connection with transfer arrangements to other settings and schools
- We provide a broad, balanced and differentiated curriculum for all children with special educational needs

- We use a system of planning, implementing, monitoring, evaluating and reviewing action plans for children with special educational needs.
- We ensure that children with special educational needs are appropriately involved in the graduated approach, taking into account their levels of ability
- We have systems in place for supporting children based on a continuous cycle of 'assess, plan, do and review' which is applied in increasing detail and frequency to ensure that children progress
- We have systems in place for working with other agencies such as the 'Early Help Assessment'
- We use a system for keeping records of the 'assess, plan, do and review' for children with special educational needs
- We provide resources (human and financial) to implement our supporting children with special educational needs policy
- We ensure that all our staff are aware of our supporting children with special educational needs policy and the procedures for identifying, assessing and making provision for children with SEN. We provide in-service training for parents, practitioners and volunteers.
- We raise awareness of any specialism the setting has to offer, eg Makaton trained staff
- We ensure the effectiveness of our special educational needs provision by collecting information from a range of sources eg action plan reviews, staff and management meetings, parental and external agencies reviews, inspections and complaints. This information is collated, evaluated and reviewed annually.
- We provide a complaints procedure

### **Further guidance**

- SEND Code of Practice for the Early Years (Preschool Learning Alliance 2014)
- Issues in Earlier Intervention: Identifying and Supporting Children with Additional Needs (DCSF 2010)
- Early Years Foundation Stage Statutory Framework (DFE 2014)
- The Team Around the Family (TAF) and the Lead Professional: A Guide for Managers (CWDC 2009)
- Working Together to Safeguard Children (DFE 2013)
- Special Educational Needs and Disability Code of Practice (DFE and DOH 2014)

This policy was adopted at a meeting of \_\_\_\_\_ *(name of provider)*

Held on \_\_\_\_\_ *(date)*

Date to be reviewed \_\_\_\_\_ *(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)

### **Other useful Pre-school Learning Alliance publications**

- The Role of the Early Years Special Educational Needs Co-ordinator (SENCo) 2<sup>nd</sup> Edition 2013)



