

# NEW LIFE

Pre-School and Nursery



## Policies and Procedures

## **Policies and Procedures for the EYFS 2021 (Updated September 2022)**

All policies and procedures have been reviewed, resulting in the following changes.

Throughout, in line with our [#WeAreEducators](#) campaign, to highlight the unique importance of the early years, the term practitioner is replaced with educator, and childcare is replaced with childcare and early education, or suitable alternative.

### **Policies and Procedures for the EYFS 2024**

All policies and procedures have been reviewed to ensure they meet the requirements of the revised Early Years Foundation Stage. They remain suitable for group and school-based providers and childminders.

There are 2 new frameworks as follows:

- EYFS statutory framework for childminders
- EYFS statutory framework for group and school-based providers

### **The changes to the EYFS can be viewed here:**

[early-years-foundation-stage-framework--summary-of-changes-for-group-and-school-based-providers-applies-from-4-january-2024](#)

## **Contents**

0	Introduction
0	Policy and procedures implementation and review policy
0.0	Implementation and review procedure
0.1	Health and safety policy
01.01	Risk assessment
01.02	Group rooms, stair ways and corridors
01.03	Kitchen
01.04	Children's bathrooms/changing areas
01.05	Baby preparations
01.06	Short trips, outings, and excursions
01.07	Outdoors
01.08	Staff cloakrooms
01.09	Maintenance and repairs
01.10	Laundry area
01.11	Staff personal safety
01.12	Threats and abuse towards staff and volunteers
01.13	Entrances and approach to the building
01.14	Control of Substances Hazardous to Health (COSHH)
01.15	Manual handling
01.16	Festival (and other) decorations
01.17	Jewellery and hair accessories
01.18	Animals and pets
01.19	Face painting and mehndi
01.20	Notifiable incident, non-child protection
01.21	Terrorist threat/attack and lock-down
01.22	Closed circuit television (CCTV)

- 0.2 Fire safety policy
  - 02.01 Fire safety
- 0.3 Food safety and nutrition policy
  - 03.01 Food preparation, storage, and purchase
  - 03.02 Food for play and cooking experiences
  - 03.03 Milk and baby food preparation and storage
  - 03.04 Menu planning and nutrition
  - 03.05 Meeting dietary requirements
  - 03.06 Breast feeding
- 0.4 Health policy
  - 04.01 Accidents and emergency treatment
  - 04.02 Administration of medicine
  - 04.03 Life-saving medication and invasive treatments
  - 04.04 Allergies and food intolerance
  - 04.05 Poorly children
    - 04.05a Managing a suspected case of coronavirus
    - 04.05b Infection control
  - 04.06 Oral health
- 0.5 Promoting inclusion, equality, and valuing diversity policy
  - 05.01 Promoting inclusion, equality, and valuing diversity
- 0.6 Safeguarding children, young people, and vulnerable adults' policy
  - 06.01 Responding to safeguarding or child protection concerns
  - 06.02 Low level concerns and allegations of serious harm or abuse against staff, volunteers, or agency staff
  - 06.03 Visitor or intruder on the premises
  - 06.04 Uncollected child
  - 06.05 Missing child

- 06.06 Incapacitated parent
- 06.07 Death of a child on-site
- 06.08 Looked after children
- 06.09 E-safety
- 6.10 Key person supervision
- 0.7 Record keeping policy
  - 07.01 Children's records and data protection
    - 07.01a Privacy notice
  - 07.02 Confidentiality, recording and sharing information
  - 07.03 Client access to records
  - 07.04 Transfer of records
- 0.8 Staff, volunteers, and students' policy
  - 08.01 Staff deployment
  - 08.02 Deployment of volunteers and parent helpers
  - 08.03 Student placement
- 0.9 Early years practice policy
  - 09.01 Waiting list and admissions
    - 09.01a About our childcare and early education
    - 09.01b Childcare and early education registration form
    - 09.01c Childcare and early education terms and conditions
  - 09.02 Absence
  - 09.03 Prime times – The role of the key person
  - 09.04 Prime times – Settling in and transitions
  - 09.05 Establishing children's starting points
  - 09.06 Prime times – Arrivals and departures
  - 09.07 Prime times – Baby and toddler mealtimes
  - 09.08 Prime times – Snack-times and mealtimes (older children)

- 09.09 Prime times – Intimate care and nappy changing
- 09.10 Prime times – Sleep and rest time
- 09.11 Managing separation anxiety in children under 2 years old
- 09.12 Promoting positive behaviour
- 09.13 Identification, assessment, and support for children with SEND
- 09.14 Prime times – Transition to school
- 09.15 Progress check at age two
- 10 Working in partnership with parents and other agencies policy
  - 10.01 Working in partnership with parents and other agencies
  - 10.02 Complaints procedure for parents and service users

## **Introduction**

Early years providers must meet all the statutory requirements of the Early Years Foundation Stage and take all necessary steps to keep children safe and well, including by maintaining records, policies, and procedures.

As working documents policies and procedures govern all aspects of the setting's operations and are vital for consistency and quality assurance across the provision. They are required to be in writing, except for childminders who must be able to explain their policies and procedures to parents, carers, and others and ensure that any assistants follow them; therefore, it may be beneficial to have them in written form.

Policies describe the approach of operating as an organisation and incorporate current legislation and registration requirements. Procedures detail the methods by which the policies are implemented. Some may need adjustment following risk assessment carried out in the setting.

Staff, agency workers, volunteers, and students need to fully understand and know how to implement the policies and procedures, which must also be accessible to parents, so that everyone knows what actions they need to take in practice to achieve them.

Each of the policies and procedures that providers are required to have in place are provided in this publication, as well as some recommended by the Alliance as good practice.

### **Adopting, implementing, and reviewing policies**

- Copies of the policies and procedures to be adopted should be made available to all parents and staff; giving everyone the opportunity to discuss and fully understand each policy and procedure.
- It should be explained to parents, employees, and volunteers that the policies contain 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.
- All staff and volunteers should be aware of the content of the policies and procedures, and their role and responsibility in implementing them.
- Each policy and procedure should be continually monitored by collecting evidence about the results of their implementation. The evidence should be used to make any

necessary changes to the policies and procedures and/or the way they are implemented.

- All staff and parents should contribute to the evidence collected and share in decisions about any necessary changes.
- Named/designated safeguarding lead persons in each setting have a delegated responsibility to make sure that relevant procedures are known by all members of staff and are adhered to, bringing any cause for concern to the setting manager/deputy's attention.

If any adaptations are needed to any policy or procedure, it must be ensured that it still meets the requirements of the relevant regulations. Some providers may 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.

Risk assessment is vital to implementation of many procedures. The setting manager (Lisa Brown) and deputy manager (Rachel Parker) ensure that risk assessments are detailed and are carried out at least once a year – more if the need arises and will amend or add to the procedures as required. Risk assessment procedures are detailed in procedures 01.01 Risk assessment and 02.01 Fire safety.

### **Children's rights and entitlements statement**

This statement underpins the policies and procedures—in particular, to 06 Safeguarding Children, Young People and Vulnerable Adults procedures. It is important that all staff uphold and work with the principles and ethos within this statement.

We support the 54 Articles contained within the UN Convention on the Rights of the Child (1989). We recognise that these articles apply to children globally and draw attention to the disparity between and within countries and across regions of the world in the way that children receive and enjoy basic rights. We support organisations and statutory agencies to promote recognition and achievement of children's rights to ensure a better experience for all children.

The Early Years Alliance's 'four key commitments' are broad statements against which policies and procedures across the organisation will be drawn to provide a consistent



and coherent strategy for safeguarding children young people and vulnerable adults in all services provided.

1. The Alliance is committed to empowering children, young people, and vulnerable adults, promoting their right to be **‘strong, resilient, actively listened to, and heard.’**
2. The Alliance upholds a culture of safety in which children, young people and vulnerable adults are protected from abuse and harm in all areas of its curriculum and service delivery.
3. The Alliance is committed to preventing harm and responding promptly and appropriately to all incidents or concerns of abuse that may occur. Working with statutory agencies to achieve the best possible outcomes for every child.
4. The Alliance is dedicated to increasing safeguarding confidence, knowledge and good practice throughout its training and learning programmes for adults, advocating support and representation for those in greatest need.

#### **What it means to promote children’s rights and entitlements:**

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 can 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.
- *to be part of a peer group* in which to learn to negotiate, develop social skills and identity as a global citizen, respecting the rights of others in a diverse world.
- *to participate and be able to represent themselves* 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 self and others.
- to develop a *sense of responsibility* towards self and others.
- to be able to *represent* themselves and others in key decision-making processes.

To be **listened to and heard** 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 can *tune in* to their verbal, sign, and body language to understand and interpret what is being expressed and communicated.
- adults who are close to children can *respond appropriately and, when required, act upon their understanding* of what children express and communicate.
- adults *respect children's rights and facilitate children's participation and representation* in imaginative and child centred ways in all aspects of core services.

## **0 Policy and procedures implementation and review policy**

Alongside associated procedures in 0.0 Implementation and review, this policy was adopted by *New Life Pre-School and Nursery* in *January 2024*.

### **Aim**

We have one set of policies and procedures which are consistent across our childcare and early education provision and in line with the current EYFS requirements.

### **Objectives**

We adhere to and implement operational policies and procedures by:

- ensuring that all members of staff are aware of their role and responsibility in policy and procedure implementation.
- ensuring that members of staff are aware of the content of the policies and procedures through:
  - induction
  - line management and staff meetings and training events
  - contributing feedback to procedure review
  - use of relevant publications
- Staff are aware of their duty to adhere to the operational policies and procedures and how they contribute to a consistent approach throughout the organisation.

### **Legal references**

Childcare Act (2006)

Education Act (2011)

## 0 Policies and procedures implementation and review

### **0.0 Implementation and review procedure**

We have one set of policies and procedures which are consistent across our provision and in line with the current EYFS requirements.

- Policies and procedures are written and reviewed annually.
- Changes are only made to the policies and procedures by the nominated person/chairperson (Luke Crompton) in liaison with the setting manager/deputy where risk assessment or other reasons indicate that this is required.
- Policies and procedures are risk assessed and reviewed following any incident that is reportable under RIDDOR.
- Disciplinary action may be taken where individuals have disregarded policies and procedures.

#### **Familiarisation and implementation**

- It is the responsibility of every member of staff, agency worker, volunteer, and student within the setting to adhere to and always implement the policies and procedures.
- The setting manager/deputy offers advice and support to staff regarding procedure implementation.
- An overview of policies and procedures is included in induction for individual members of staff, with specific emphasis given to safeguarding procedures.
- Members of staff must sign to say that they are aware of and will adhere to the current policies and procedures.
- Members of staff understand that they must refer to the procedures as they support all aspects of their work within the setting.
- Staff meetings and in-house training events are used as opportunities to focus on procedures as required, and to discuss their implementation.
- Where there is an outbreak of a communicable disease or infection, the relevant procedure is photocopied and displayed for parents' reference during the outbreak.
- Other procedures may be displayed where a situation arises, for example to highlight health and safety concerns such as closing the gate.

- Following implementation of a procedure, such as emergency evacuation or other health and safety procedures, the setting manager/deputy will conduct a review as follows:
  - did all members of staff follow the procedure?
  - is further training required on any aspect of implementation?
  - did the procedure fit the circumstance; does it need adapting or changing?

### **Parents**

- Parents know how to access a full set of policies and procedures.
- Parent communications (e.g., newsletters, social media pages, parental consultations) are used as opportunities to explain and discuss the implementation of the policies and procedures.

## 01 Health and safety policy

Alongside associated procedures in 01.01 to 01.22 Health and safety, this policy was adopted by *New Life Pre-School and Nursery* in *January 2024*.

**Designated Health and Safety Officers:** (Lisa Brown) and (Rachel Parker)

### Aim

Our provision is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. We meet all statutory requirements for health and safety and fulfil the criteria for meeting the Early Years Foundation Stage Safeguarding and Welfare Requirements.

### Objectives

- We recognise that we have a corporate responsibility and duty of care towards those who work in and receive a service from our provision. Individual staff and service users also have responsibility for ensuring their own safety as well as that of others. Adherence to policies and procedures and risk assessment is the key means through which this is achieved.
- Insurance is in place (including public liability) and an up-to-date certificate is always displayed.
- Risk assessment is carried out to ensure the safety of children, staff, parents, and visitors. Legislation requires all those individuals in the given workplace to be responsible for the health and safety of premises, equipment and working practices.
- Smoking and vaping are not allowed on the premises, both indoors and outdoors. If children use any public space that has been used for smoking, members of staff ensure that there is adequate ventilation to clear the atmosphere. Staff do not smoke or vape in their work clothes and are requested not to smoke within at least one hour of working with children. The use of electronic cigarettes is not allowed on the premises.
- Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If staff are taking medication that they believe may impair them, they seek further medical advice and only work directly with children if that advice is that the medication is unlikely to impair their ability to look after children. The setting manager/deputy must be informed.

- Alcohol must not be bought onto the premises for consumption.
- A risk assessment is carried out for each area and the procedure is modified according to needs identified for the specific environment.
- Risk assessments are monitored and reviewed by those responsible for health and safety.

### **Legal references**

Health and Safety at Work etc Act 1974

Health and Safety (Consultation with Employees) Regulations 1996

Management of Health and Safety at Work Regulations (1999)

Regulatory Reform (Fire Safety) Order 2005)

Electricity at Work Regulations (1989)

Regulation (EC) No 852/2004 of the European Parliament and of the Council on the hygiene of foodstuffs

Manual Handling Operations Regulations (1992) (Amended 2002)

Medicines Act (1968)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (Amendment) Regulations 2012

Control of Substances Hazardous to Health (COSHH) Regulations 2004

Health and Safety (First Aid) Regulations 1981

Childcare Act 2006

### **Further guidance**

[Dynamic Risk Management in the Early Years](#) (Alliance Publication)

Health and Safety Executive [www.hse.gov.uk/risk](http://www.hse.gov.uk/risk)

Food Standards Agency [www.food.gov.uk](http://www.food.gov.uk)

Ministry of Housing, Communities & Local Government [www.communities.gov.uk](http://www.communities.gov.uk)

## 01 Health and safety procedures

### 01.01 Risk assessment

Risk assessments are carried out to ensure the safety of children, staff, parents, and visitors. Legislation requires all individuals in the workplace to be responsible for the health and safety of premises, equipment and working practices. We have a ‘corporate responsibility’ towards a ‘duty of care’ for those who work in and receive a service from our provision. Individuals also have responsibility for ensuring their own and others safety.

- 01.1a Risk assessments are completed for each area of work, and the areas of the building that are identified in these procedures.
- 01.1b Risk assessments are completed to ensure inclusion and the health and safety of all visitors, staff, and children. The relevant procedure is modified if required to match the assessment.

Risk assessment means: *Taking note of aspects of your workplace and activities that could cause harm, either to yourself or to others, and deciding what needs to be done to prevent that harm, making sure this is adhered to and is updated when necessary.*

The law does not require that all risk be eliminated, but that ‘reasonable precaution’ is taken. This is particularly important when balancing the need for children to be able to take appropriate risks through physically challenging play. Children need the opportunity to work out what is not safe and what they should do when faced with a risk.

#### Daily safety sweeps and checks indoors and outdoors

- Safety sweeps are conducted when setting up for the day prior to children arriving or closing in the evening. Sometimes a safety sweep will identify a risk that requires a formal risk assessment on form. For example, if a window latch is becoming stiff and an educator must stand on a chair to reach it to ensure it has closed properly.

#### Health and safety risk assessments

Health and safety risk assessments inform procedures. Staff and parents should be involved in reviewing risk assessments and procedures, as they are the ones with first-hand knowledge as to whether the control measures are effective and they can give an informed view to help update procedures accordingly.



The setting manager/deputy undertakes training and ensures staff have adequate training in health and safety matters. The setting managers also ensure that checks/work to premises are carried out and records are kept.

- Gas safety by a Gas Safe registered gas/heating engineer.
- Electricity safety by a qualified electrician. (PAT testing)
- Fire precautions to check that all fire-fighting equipment and alarms are in working order.
- Deep clean is carried out in kitchen.

The setting manager/deputy ensures that staff members carry out risk assessments that include relevant aspects of fire safety, food safety, in each of the following areas of the premises:

- Entrance and exits.
- Outdoor areas.
- Passageways, stairways and connecting areas.
- Group rooms.
- Sleep areas.
- Main kitchen.
- Staff room.
- Rooms used by others or for other purposes.

The setting manager/deputy ensures staff members carry out risk assessment for off-site activities, such as children's outings including:

- Forest School.

The setting manager/deputy ensures staff members carry out risk assessment for work practice including:

- changing babies, and the intimate care of young children and older children.
- arrivals and departures.
- preparation of milk and other food/drink for babies.
- children with allergies and special dietary needs or preferences.

- serving food.
- cooking activities with children.
- supervising outdoor play and indoor/outdoor climbing equipment.
- settling babies/young children to sleep.
- assessment, use and storage of equipment for disabled children.
- visitors to the setting who are bringing equipment or animals as part of children's learning experiences, for example fire engines.
- following any incidents involving threats against staff or volunteers.
- following any accident or incident involving staff or children.

The setting manager/deputy liaises with Crime Prevention Officers as appropriate to ensure security arrangements for premises and personnel are appropriate.

## 0.1 Health and safety procedures

### **01.02 Group rooms, stair ways and corridors**

- Significant changes such as structural alterations or extensions are reported to Ofsted. A risk assessment is done to ensure the security of the building during building work.
- Door handles are placed high or alternative safety measures are in place.
- Chairs are stacked safely and not too high.
- There are no trailing wires; all radiators are guarded.
- Windows are opened regularly to ensure flow of air.
- Floors are properly dried after mopping up spills.
- Staff and visitors remove outdoor shoes in baby areas.
- Children do not have unsupervised access to stairways and corridors.
- Floor covering on stairways and corridors is checked for signs of wear and tear.
- Children are led walking upstairs in small groups and hold the rail.
- Staff hold the hand of toddlers and children who require assistance.
- Materials and equipment are not generally stored in corridors, but where this is the case, it does not block clear access or way out.
- Walkways and stairs are uncluttered and adequately lit.
- Stairways and corridors are checked to ensure that safety and security is maintained, especially in areas that are not often used, or where there is access to outdoors.
- Socket safety inserts are not used as there is no safety reason to do so, modern plug sockets are designed to remove risk of electrocution if something is poked into them. Socket covers (that cover the whole socket and switch) may be used, please note these are different to socket inserts.
- The use of blinds with cords is avoided. Any blinds fitted with cords are always secured by cleats. There are no dangling cords.

## 0.1 Health and safety procedures

### **01.03 Kitchen**

#### **General safety**

- Doors to the kitchen are always kept closed.
- Shutters to hatches are kept closed when cooking is taking place.
- Children do not have unsupervised access to the kitchen.
- Children are not taken to the kitchen when meal preparation is taking place.
- Staff do not normally take tea breaks in the kitchen unless there is no alternative, in which case, tea-breaks are not taken in the kitchen when food is being prepared.
- Wet spills are mopped immediately.
- Mechanical ventilation is used when cooking.
- A clearly marked and appropriately stocked First Aid box is kept in the kitchen.

#### **Cleanliness and hygiene**

Staff follow the recommended cleaning schedules in Safer Food Better Business (SFBB).

- Floors are washed down at least daily.
- All work surfaces are washed regularly with anti-bacterial agent (D10 spray).
- Inside of cupboards are cleaned monthly.
- Cupboard doors and handles are cleaned regularly.
- Fridge and freezer doors are wiped down regularly.
- Ovens/cooker tops are wiped down daily after use; ovens are fully cleaned monthly.
- If dishwashers break down, washing up done by hand is carried out in double sinks, where available, one to wash, one to rinse.
- Where possible all crockery and cutlery are air dried.
- Plates and cups are only put away when fully dry.
- Tea towels, if used, are used once. They are laundered daily.
- Any cleaning cloths used for surfaces are washed and replaced daily.
- There is a mop, bucket, broom, dustpan, and brush set aside for kitchen use only.

- Any repairs needed are recorded and reported to the manager/deputy.
- Chip pans are not used.

### **Further guidance**

Safer Food Better Business: Food safety management procedures and food hygiene regulations for small business: [www.food.gov.uk/business-guidance/safer-food-better-business](http://www.food.gov.uk/business-guidance/safer-food-better-business)

## 0.1 Health and safety procedures

### **01.04 Children's bathrooms/changing areas**

- Children are provided with baskets (or other storage) for spare clothing and nappies/pants.
- Older babies/toddlers have low changing surfaces they can climb on to, or floor surface is used. Staff should not have to lift heavy toddlers on to waist high units.
- Changing mats are cleaned and disinfected in baby change areas.
- Disposable nappies/trainers are cleared of solid waste and placed in nappy disposal units.
- Staff use single use gloves and washable/wipe down aprons to change children and wash hands when leaving changing areas. Gloves and aprons are always worn.
- Staff never turn their backs on or leave a child unattended whilst on a changing mat.
- Changing areas or stands are provided for older (disabled) children, if required.
- Changing mats are disinfected after each change.
- Anti-bacterial spray is not used where residue may have direct contact with skin.
- Anti-bacterial sprays used in nappy changing areas are not left within the reach of children.
- Natural or mechanical ventilation is used; chemical air fresheners are not used.
- All other surfaces are disinfected daily.

#### **Children's toilets and wash basins**

- Children's toilets are cleaned twice daily using a disinfectant cleaning agent (D10 spray) for the bowls (inside and out), seat and lid, and whenever visibly soiled.
- Toilet flush handles are disinfected daily.
- Toilets not in use are checked to ensure the U-bend does not dry out and are flushed every week. Taps not in use are run for several minutes every two to three days to prevent infections such as Legionella.
- Doors and handles are washed weekly.
- Children's hand basins are cleaned twice daily and whenever visibly soiled, (inside and out) using disinfectant cleaning agent (D10 spray). Separate cloths are used to

clean basins etc. and are not interchanged with those used for cleaning toilets. Colour coded cloths are used.

- Mirrors and tiled splash backs are washed daily.
- Paper towels are provided.
- Bins are provided for disposal of paper towels and are emptied daily.
- All bins are lined with plastic bags.
- Staff who clean toilets wear disposable gloves.
- Staff changing children wear gloves and aprons as appropriate.
- Wet or soiled clothing is sluiced, rinsed, and put in a plastic bag for parents to collect.
- Floors in children's toilets are washed daily.
- Spills of body fluids are cleared and mopped using disinfectant.
- Mops are rinsed and wrung after use and stored upright, not stored head down in buckets.
- Mops used to clean toilets or body fluids from other areas are designated for that purpose only and kept separate from mops used for other areas. Colour coding helps keep them separate.
- Used water is discarded down the sluice or butler sink.
- Butler sinks and sluices are cleaned and disinfected at the end of each day.

## 0.1 Health and safety procedures

### **01.05 Baby preparations**

- Members of staff wash their hands on entering the kitchen.
- Only food preparation equipment is to be kept in the kitchen.
- All surfaces/play equipment are cleaned daily using sterilising/antibacterial solution, including contact points, such as cupboard doors and handles.
- Inside cupboards are cleaned with antibacterial spray weekly.
- Fridges are cleaned daily and weekly using the same method as for cupboards.
- Plastic spoons used for measuring and mixing feed are washed and sterilised.
- All bottles/dummies, feeding spoons and bowls for babies less than one year old are washed using detergent and hot water and are steam sterilised after use.
- The manufacturer's instructions are followed when using steam sterilisers/cold water sterilisers.
- Ice should always be available in the freezer tray. Plastic pots are provided for cooling 'cold gel' teething soothers in freezer or fridge compartments.
- Medication stored in the milk kitchen fridge is named and kept on a separate shelf and in a secure box.
- Each bottle-fed baby has a plastic box for storage of named spare bottles with teats and tops as well as personal dummies.
- Baby milk formula and weaning food is kept in named containers for each baby. These are dated upon opening also.
- Milk or weaning feeds provided by parents are labelled and refrigerated immediately.
- Each baby has a feeding schedule which is documented in a communication diary for all staff to have reference to. This highlights any allergies or foods not to be given.
- Baby feeds are prepared by key persons/secondary key persons who have been briefed about the baby's dietary needs. Any other staff including students or agency staff would not be asked to prepare a feed.



## 0.1 Health and safety procedures

### **01.06 Short trips, outings, and excursions**

#### **Planning and preparation**

- Outings have a purpose with specific learning and development outcomes.
- If staff are 'borrowed' from another area to maintain ratios on an outing they are fully briefed about the children they are accompanying.
- The excursion does not go ahead if concerns are raised about its viability at any point.
- Parents are informed of an outing and staff check that consent forms on children's registration forms were signed.
- A minimum of two staff accompanies children on outings. There is a ratio of 1:2 for babies in buggies, some disabled children, and children up to 3 years. Older children have a ratio of 1:4, depending on the risk assessment.
- Children are specifically allocated to each member of staff/volunteer; they are responsible for supervising their designated children for the duration of the excursion.
- Parents on outings are responsible for their own children only.
- Parents who have undergone vetting as volunteers may be included in the ratio.
- A mobile phone belonging to the setting, and small first aid kit is taken out.
- Staff make sure they have water, plastic cups, spare nappies/change of clothes and wet wipes for the children going out appropriate to the length of time they are out for.
- Sun cream is applied as needed and children are clothed appropriately.
- Children wear 'high viz' vests on an outing/excursion.
- Staff have emergency contacts, medication and equipment needed for children.

#### **Risk assessment**

- Risk assessment is completed prior to the outing and signed off by the setting manager/deputy and all staff taking part. Existing risk assessments are reviewed/amended as required.

- Children with specific needs have a separate risk assessment if necessary.

### **Outing venue (larger outings)**

- Venues used regularly are 'risk assessed' and an initial pre-visit is made to look at the health and safety aspects. If pre-visits cannot be made, risk assessment is achieved by calling the venue and asking for their risk assessment.

### **Transport**

- If coach hire is required for an outing, only reputable companies are used.
- The setting manager /deputy ensures that seat belts are provided on the coach and that booster seats and child safety seats are used as appropriate to the age of the children.
- The maximum seating capacity of the coach or minibus is not exceeded.
- Contracted drivers are not counted in ratios.
- Public transport should always be ratio of 1-2 (unless agreed with the setting manager).

### **Where transport is provided by the setting**

- Records are kept including insurance details and a list of named drivers.
- Drivers using their own transport should have adequate insurance cover.

### **Forest School (not on site)**

- A separate risk assessment is conducted, and Forest School standard procedures are followed.
- The sessions always have a level 3 trained Forest School educator.

### **Animal/insect visits**

Staff are aware of the risks posed by infections such as E. coli being contracted from animals. They are also aware of toxic substances used on farms that could be hazardous to health. Staff are vigilant of the natural dangers presented by a farm or zoo visit and conduct a risk assessment prior to the visit.

- The venue is contacted in advance of the visit to ensure no recent outbreaks of E. coli or other infections. If there has been an outbreak the visit will be reviewed and may be postponed.

- Hands are washed and dried thoroughly after touching an animal.
- Nothing is consumed whilst the interaction of animals is taking place. Food is eaten away from animals, after thoroughly washing hands.
- Children are prevented from putting their faces against animals or hands in their own mouths.
- If animal droppings are touched, hands are washed and dried immediately.
- Shoes are cleaned and hands washed thoroughly as soon as possible on departure.
- Staff or volunteers who are or may be pregnant, should avoid contact with pregnant ewes and may want to consult their own GP before the visit.

For further guidance, refer to the insurance provider.

### **Larger outings checklist**

There is an identified lead person for the outing.

- The outing has an educational purpose and has been agreed with the setting manager/deputy.
- Risk assessments completed/updated and shared with every staff, student/volunteer accompanying the children.
- Staff understand the potential risks when they are out with children and take all reasonable measures to remove minimise risks.
- Bouncy castles and similar attractions are not accessed by children on an excursion.
- The designated lead educator is the last to leave the venue, or transport being used.
- The designated lead conducts a 'safety sweep' before during and after the outing.

### **Further guidance**

[Daily Register and Outings Record](#) (Alliance Publication)

[Good Practice in Early Years Infection Control](#) (Alliance Publication)

[Introducing Forest School in the Early Years](#) (Alliance Publication)

[Not on my Watch!](#) (Alliance Publication)

## 0.1 Health and safety procedures

### **01.07 Outdoors**

- All gates and fences are childproof, safe, and secure.
- Areas are checked daily to make sure animal droppings, litter, glass etc. is removed. Staff wear disposable gloves to do this.
- Bushes or overhanging trees are checked to ensure they do not bear poisonous berries.
- Stinging nettles and brambles are removed if they pose a risk to younger children.
- Safety mats are provided under climbing equipment, even when on grass.
- Wooden equipment is maintained safely, put away daily and not used if broken.
- Wooden equipment is sanded and varnished as required.
- Broken climbing equipment or outdoor toys are removed and reported to the setting manager/deputy.
- Children are always supervised within ratios outside.
- Children are suitably attired for the weather conditions and type of outdoor experiences.
- Sun cream (if parents have given permission) is applied and hats are worn during the summer months. Outdoor play is avoided in extreme heat between noon and 3pm.
- Children who have no adequate means of sun protection, such as hat, long sleeves and trousers or sun cream, will not be able to play outdoors in un-shaded areas.
- Children are supervised on climbing equipment, especially younger children.
- Water play is not left out but is cleared, cleaned and stored after each use.
- Receptacles are left upturned to prevent collection of rainwater, this is important in areas where there are vermin to prevent urine/faeces contaminating the water.
- Sightings of vermin are recorded and reported to the manager/deputy who reports to the Environmental Health's Pest Control Department.
- Outdoor areas that have flooded are not used until cleaned down and restored. Grassed areas are not played on for at least one week after the floodwater has gone.

- If paddling pools are used, a risk assessment is conducted, and consideration given to the needs of disabled children or those less ambulant.

## **Drones**

If there are concerns about a 'drone' being flown over the outdoor area, that may compromise children's safety or privacy, the setting manager/deputy will contact the police on 101.

- Children will be brought inside immediately.
- Parents will be informed that a Drone has been spotted flying over the outdoor area and will be advised fully of the actions taken by the setting.
- The police will have their own procedures to follow and will act accordingly.
- If at any point following the incident, photographs taken by a drone emerge on social media that could identify the nursery or individual children, these are reported to the police.
- A record is completed in the Notifiable Incident Record unless there is reason to believe that the incident might have safeguarding implications, for example:
  - the drone has hovered specifically over the outdoor area for any length of time.
  - there is a likelihood that images of the children have been recorded.
  - is spotted on more than one occasion.
  - if the Police believe there is cause for concern.

Where this is the case, 06 Safeguarding children, young people and vulnerable adults' procedures are followed.

## **Further guidance**

[Reportable Incident Record](#) (Alliance Publication)

## 0.1 Health and safety procedures

### **01.08 Staff cloakrooms**

- All areas are kept tidy and always uncluttered.
- Doors to staff/visitor toilets and cloakrooms are kept always shut.
- Staff are provided with lockers or a secure area for storing personal belongings. Lockers are emptied each evening. If they are taking any form of medication, they are to securely lock this in the medication cabinet that is in the kitchen.
- Toilet areas are not used for storage due to the risk of cross-contamination.
- Staff/visitor toilets are cleaned daily using disinfectant.
- Toilet flush handles are disinfected daily.
- Toilets that are not in use are checked to ensure that the U-bend is not drying out and are flushed every week. Taps that are not in use are run for several minutes every two to three days to minimise the risk of infections such as Legionella.
- Cubicle doors and handles are washed weekly.
- Staff hand basins are cleaned daily using disinfectant. Separate cloths are used to clean basins etc. and are not interchanged with those used for cleaning toilets.
- Floors in the staff toilets are washed daily.
- Mirrors and tiled splash backs are washed daily.
- Paper towels or hot air dryers are provided for hand drying.
- Bins are provided for sanitary wear and cleared daily (or as per contract agreement).
- Bins are provided for disposal of paper towels and are cleared daily.
- All bins are lined with plastic bags.
- Members of staff who are cleaning toilets wear disposable gloves that are kept specifically for this purpose to prevent cross contamination.

## 0.1 Health and safety procedures

### **01.09 Maintenance and repairs**

Any faulty equipment or building fault is recorded, including:

- date fault noted.
- item or area faulty.
- nature of the fault and priority.
- is a risk assessment required?
- who the fault was reported to for action.
- action taken and when.
- if no action taken by the agreed date, when and by whom the omission is followed up.
- date action completed.

Any area that is unsafe because repair is needed, such as a broken window, should be made safe and separated off from general use.

- Any broken or unsafe item is taken out of use and labelled 'out of use.'
- Any specialist equipment (e.g., corner seat for a disabled child) which is broken or unsafe should be returned to the manufacturer or relevant professional.
- Any item that is beyond repair is condemned. This action is recorded as the action taken and the item is removed from the setting's inventory.
- Condemning items is done in agreement with the setting manager/deputy. Condemned items are then disposed of appropriately and not stored indefinitely on site.
- Where maintenance and repairs involve a change of access to the building whilst repairs are taking place, then a risk assessment is conducted to ensure the safety and security of the building is maintained.

## 0.1 Health and safety procedures

### **01.10 Laundry area**

- Children do not have access to laundry areas.
- Laundry areas are kept well ventilated.
- Detergents/detergent pods and cleaning materials are stored out of reach of children.
- Biological detergents are not used due to the risk of allergies.
- Buckets are provided to soak soiled bedding in suitable disinfectant solution.
- If children's clothes are soiled, they are rinsed only if there is a suitable sluice in which to do so. They are then bagged and sent home.
- Separate baskets are provided for dirty and clean laundry.
- Members of staff wash their hands after handling dirty laundry and laundry chemicals.
- Machines are switched off from the plug after use. Members of staff do not leave washing machines or tumble dryers on overnight.



## 0.1 Health and safety procedures

### **01.11 Staff personal safety**

#### **General**

- Members of staff who are in the building early in the morning or late in the evening, ensure that doors and windows are locked.
- Where possible, the last two members of staff in the building leave together after dark and arrange to arrive together in the morning.
- Visitors are allowed access only with prior appointments and once identifications are verified.
- Staff make a note in the shared diary of meetings they are attending and when they are expected back.
- The setting managers/deputy liaises with local police for advice on any issues or concerns.

#### **School visits**

School visits are done at the setting manager's/deputy's discretion under the following health and safety considerations:

- Staff normally do visits in pairs; usually manager or deputy and key person.
- Each school visit is recorded in the diary with the name and address of the family being visited and school, prior to the visit taking place.
- Staff alert a contact person in the setting when they are leaving to do the school visit and what time they are expected to return.
- Members of staff carry a work issued mobile phone when going out on a school visit.
- If staff do not return from the school visit at the expected 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/visitors in the setting**

- If a parent or visitor appears to be angry, mentally agitated, or possibly hostile, two members of staff will lead them away from the children to an area less open but will not shut the door behind them.
- If the person is standing, staff will remain standing.
- Staff will try to empathise, for example: 'I can see that you are feeling angry at this time.'
- Staff offer to discuss the issue of concern and show they recognise the concern.
- Staff will ensure that the language they use can be easily understood.
- Staff will make it clear that they want to hear issues 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, avoiding expressions like 'calm down' or 'be reasonable.'
- If threats continue, members of staff will explain that the police will be called and emphasise the inappropriateness of such behaviour in front of the children.
- Procedure 01.12 Threats and abuse towards staff and volunteers is implemented where staff feel threatened or intimidated.
- After the event, it is recorded in the child's file together with any decisions made with the parents to rectify the situation.
- Any situation involving threats to members of staff are reported to the line manager/deputy, following procedure 01.12 Threats and abuse towards staff and volunteers.

Copies of correspondence regarding the incident will be kept in the relevant child's file.

## 0.1 Health and safety procedures

### **01.12 Threats and abuse towards staff and volunteers**

The setting is responsible for protecting the health and safety of all staff and volunteers in its services and has a duty of care in relation to their physical and emotional well-being. We believe that violence, threatening behaviour and abuse against staff are unacceptable and will not be tolerated. Where such behaviour occurs, we will take all reasonable and appropriate action in support of our staff and volunteers.

- Staff and volunteers have a right to expect that their workplace is a safe environment, and that prompt and appropriate action will be taken on their behalf if they are subjected to abuse, threats, violence or harassment by parents, service users and other adults as they carry out their duties.
- The most common example of unreasonable behaviour is abusive or intimidating and aggressive language. If this occurs, the ultimate sanction, where informal action is not considered to be appropriate or has proved to be ineffective, is the withdrawal of permission to be on the premises.
- Where a person recklessly or intentionally applies unlawful force on another or puts another in fear of an immediate attack, it is an offence in law which constitutes an assault. We would normally expect the police to be contacted immediately.

There are three categories of assault, based on the severity of the injury to the victim.

1. Common Assault - involving the threat of immediate violence or causing minor injury (such as a graze, reddening of the skin or minor bruise).
2. Actual Bodily Harm - causing an injury which interferes with the health or comfort of the victim (such as multiple bruising, broken tooth, or temporary sensory loss).
3. Grievous Bodily Harm - causing serious injury (such as a broken bone or an injury requiring lengthy treatment).

There is also an aggravated form of assault based upon the victim's race, religion, disability or sexual orientation and other protected characteristics as defined in the Equality Act 2010 which carries higher maximum penalties.

It is important to note that no physical attack or injury needs to have occurred for a common assault to have taken place. It is sufficient for a person to have been threatened

with immediate violence and put in fear of a physical attack for an offence to have been committed.

Any staff member or volunteer who feels under threat or has been threatened, assaulted, or intimidated in the course of their work must report this immediately to their manager/deputy who will follow the setting procedures and guidance for responding.

999 should always be used when the immediate attendance of a police officer is required.

The police support the use of 999 in all cases where:

- there is danger to life.
- there is a likelihood of violence.
- an assault is, or is believed to be, in progress.
- the offender is on the premises.
- the offence has just occurred, and an early arrest is likely.

If it is not possible to speak when making a 999 call because it alerts an offender, cough quietly or make a noise on the line, then follow the prompts to dial 55 (mobiles only) for a silent call. Police may be able to trace the call and attend the premises.

### **Harassment and intimidation**

Staff may find themselves subject to a pattern of persistent unreasonable behaviour from individual parents or service users. This behaviour may not be abusive or overtly aggressive but could be perceived as intimidating and oppressive. In these circumstances staff may face a barrage of constant demands or criticisms on an almost daily basis, in a variety of formats for instance, email or telephone. They may not be particularly taxing or serious when viewed in isolation but can have a cumulative effect over a period of undermining their confidence, well-being, and health. In extreme cases, the behaviour of the parent or other service user may constitute an offence under the Protection from Harassment Act 1997, whereby:

*A person must not pursue a course of conduct:*

*(a) which amounts to harassment of another, and*

*(b) which he knows or ought to know amounts to harassment of the other.*

If so, the police have powers to act against the offender. Such situations are rare but, when they do arise, they can have a damaging effect on staff and be very difficult to resolve. If the actions of a parent appear to be heading in this direction, staff should speak to their manager/deputy who will take appropriate action to support. This may include the manager sending a letter to the aggressor, warning them that their behaviour is unacceptable and may result in further action being taken against them. All incidents must be recorded and reported to the setting's line manager/deputy and nominated person/chairperson.

### **Banning parents and other visitors from the premises**

- Parents and some other visitors normally have implied permission to be on the premises at certain times and for certain purposes, and they will not therefore be trespassers unless the implied permission is withdrawn.
- If a parent or other person continues to behave unreasonably on the premises a letter will be sent to them from the owners/directors/trustees, withdrawing the implied permission for them to be there.
- Further breaches may lead to prosecution of the person concerned by the police and they are treated as a trespasser.
- Full records are kept of each incident, in the Reportable Incident Record, including details of any person(s) who witnessed the behaviour of the trespasser(s), since evidence will need to be provided to the Court.

### **Dealing with an incident**

- We would normally expect all cases of assault, and all but the most minor of other incidents, to be regarded as serious matters which should be reported to the setting manager/deputy/nominated person and/or the police and followed up with due care and attention.
- A record of the incident must be made whether the police are involved or not.
- Whilst acknowledging that service users i.e., parents and families, may themselves be under severe stress, it is never acceptable for them to behave aggressively towards staff and volunteers. Individual circumstances along with the nature of the threat are considered before further action is taken.
- All parties involved should consider the needs, views, feelings and wishes of the victim at every stage. We will ensure sympathetic and practical help, support and

counselling is available to the victim both at the time of the incident and subsequently.

- A range of support can be obtained:
  - from the setting manager, deputy and/or a staff colleague or the settings nominated/chairperson.
  - from Victim Support on giving evidence in court.
- In non-urgent cases, where the incident is not thought to be an emergency, but police involvement is required, all staff and volunteers are aware of the non-emergency police contact number for the area.
- 999 calls receive an immediate response. Unless agreed at the time, non-emergency calls are normally attended within 8 hours (24 hours at the latest).
- When they attend the setting or service, the police will take written statements from the victim (including a 'Victim Personal Statement') and obtain evidence to investigate the offence in the most appropriate and effective manner.
- The police will also consider any views expressed by the setting manager, deputy and nominated/chairperson or staff, as to the action they would like to see taken. The manager/deputy should speak to the victim and be aware of his or her views before confirming with the police how they wish them to proceed.
- In some cases, the victim may be asked by the police if he/she wishes to make a complaint or allegation against the alleged offender. It is important to ensure that the victim can discuss the matter with their line manager/deputy, a colleague or friend before deciding on their response. It is helpful for the victim to be assured that, if there is a need subsequently to give evidence in court, support can be provided if it is not already available from Victim Support.
- The decision regarding whether an individual is prosecuted is made by the police or Crown Prosecution Service (CPS) based on the evidence and with due regard to other factors.
- After the incident has been dealt with, a risk assessment is done to identify preventative measures that can be put in place to minimise or prevent the incident occurring again.

### **Harassment or intimidation of staff by parents/visitors**

- The setting manager/deputy should contact the (nominated/chairperson) for advice and support.
- Where the parent's behaviour merits it, the setting manager/deputy, with another member of staff present, should inform the parent clearly but sensitively that staff feel unduly harassed or intimidated and are considering making a complaint to the police if the behaviour does not desist or improve. The parent should be left in no doubt about the gravity of the situation and that this will be followed up with a letter drafted by the setting manager/deputy but sent to their line manager (nominated/chairperson) for approval before being issued.
- The setting manager/deputy and/ nominated/chairperson might wish to consider advising the parent to make a formal complaint. Information about how to complain is clearly displayed for parents and service users.
- If the investigation concludes that the parent's expectations and demands are unreasonable, and that they are having a detrimental effect on staff, the findings can strengthen the setting manager's position in further discussions with the parent and subsequently, if necessary, with the police.

Complaints relating to potential breaches of the EYFS Safeguarding and Welfare requirements will be managed according to the 10.02 Complaints procedure for parents and service users.

### **Further guidance**

[Complaint Investigation Record](#) (Alliance Publication)

[Reportable Incident Record](#) (Alliance Publication)

## 0.1 Health and safety procedures

### **01.13 Entrances and approach to the building**

- Entrances and approaches are kept tidy and always uncluttered.
- All gates and external fences are childproof and safe
- Front doors are always kept locked and shut.
- Where possible, entry phones are used in the main door at a suitable height. If CCTV is used in the setting, the setting manager/deputy adheres to 01.22 CCTV procedure.
- The identity of a person not known to members of staff is checked before they enter the building.
- All staff and visitors to the setting sign in and out of the building.
- A member of staff is available to open and close the door and to greet arrivals, say goodbye to parents and to make sure that doors and gates are shut.
- Back doors are always kept locked and shut if they may lead to a public or unsupervised area, unless this breaches fire safety regulations or other expectations.
- Where building works or repairs mean that normal entrances/exits or approaches to the building are not in use, a risk assessment is conducted to maintain safety and security whilst the changes are in place.



## 0.1 Standard Health and Safety Procedures

### **01.14 Control of Substances Hazardous to Health (COSHH)**

- Staff implement the current guidelines of the Control of Substances Hazardous to Health (COSHH) Regulations.
- Personal protective equipment (PPE), such as rubber gloves, latex free/vinyl gloves, aprons etc., is available to all staff as needed and stocks are regularly replenished.
- Hazardous substances are stored safely away from the children.
- Chemicals used in the setting should be kept to the minimum to ensure health and hygiene is maintained.
- Risk assessment is done for all chemicals used in the setting.
- Environmental factors are considered when purchasing, using and disposing of chemicals.
- All members of staff are vigilant and use chemicals safely.
- Bleach is not used in the setting.
- Anti-bacterial soap/hand wash is not normally used, unless specifically advised during an infection outbreak, such as Pandemic flu or Coronavirus.
- Anti-bacterial cleaning agents are restricted to toilets, nappy changing areas and food preparation areas and are not used when children are nearby.
- Members of staff wear disposable gloves when using cleaning chemicals.

## 0.1 Health and safety procedures

### **01.15 Manual handling**

- All staff comply with risk assessment and have a personal responsibility to ensure they do not lift objects likely to cause injury. Failure to do so may invalidate an insurance claim.
- Members of staff bring any new risk to the setting manager/deputy's attention, or situations where the control measures are not working.
- Risk assessments may need to be changed for some individuals, such as a pregnant woman, or staff with an existing or previous injury or impairment that may affect their capacity to lift.
- Risk assessment is carried out of the environment in which the lifting is done. Features such as uneven floor surfaces, stairs, etc. add to the general risk and need to be taken into consideration.
- The setting manager/deputy ensures that they and their staff are trained to lift and move heavy objects and unstable loads correctly. Babies and young children are also heavy and need to be lifted and carried carefully and correctly.

#### **Guidelines:**

- Do not lift heavy objects alone. Seek help from a colleague.
- Bend from the knees rather than the back.
- Do not lift very heavy objects. even with others. that are beyond your strength.
- Use trolleys for heavy items that must be carried or moved on a regular basis.
- Items should not be lifted onto, or from, storage areas above head height.
- Do not stand on objects, other than proper height steps, to reach high objects and never try to over-reach.
- Push rather than pull heavy objects.
- Do not carry heavy objects up or down stairs; or carry large objects that may block your view of the stairs.
- Do not hold babies by standing and resting them on your hips.

Please note this is not an exhaustive list.

Managers are responsible for carrying out risk assessment for manual handling operations, which includes lifting/carrying children and lifting/carrying furniture or equipment.

## 0.1 Health and safety procedures

### **01.16 Festival (and other) decorations**

#### **General**

- Basic safety precautions apply equally to decorations put up for any festival as well as to general decorations in the setting. Children are informed of dangers and safe behaviour, relative to their level of understanding.

#### **Decorations**

- Only fire-retardant decorations and fire-retardant artificial Christmas trees are used.
- Paper decorations, other than mounted pictures, are not permitted in the public areas of the buildings, for example, lobbies, stairwells etc.

#### **Electrical equipment.**

- Electrical equipment (a light, extension leads etc) must be electrically tested *before* use.
- If using tree lights, place the tree close to an electrical socket and avoid using extension leads. Always fully uncoil any wound extension lead to avoid overheating.
- Remember to unplug the lights at the end of the day.
- Electrical leads are arranged in such a way that they do not create a trip hazard.

#### **Location**

- Trees and decorations must never obstruct walkways or fire exits.
- Do not place decorations on or close to electrical equipment (e.g., computers); they are a fire hazard.
- Decorations must be clear of the ceiling fire detectors, sprinklers, and lights.

#### **Children's areas**

- Christmas trees are placed where children cannot pull them over.
- Glass decorations are not used.

## 0.1 Health and safety procedures

### **01.17 Jewellery and hair accessories**

Children, staff members, volunteers and students do not attend the setting wearing jewellery or fashion accessories that may pose a potential hazard to other children or themselves.

- Health and safety take precedence over respect for culture, religion, or fashion.
- Members of staff do not wear jewellery or fashion accessories, such as belts or high heels, that may pose a danger to them or to young children. These include large rings with sharp edges, earrings - other than studs, chain necklaces, or bracelets with attachments that can be pulled off, or belts with large buckles.
- Parents must ensure that any jewellery worn by children poses no risk, for example, earrings which may get pulled, bracelets which can get caught when climbing, or necklaces that may pose a risk of strangulation.
- Children may wear small, smooth stud earrings.
- Children, staff, and volunteers do not wear anything with sharp edges that could scratch children, or jewellery with small elements that could become detached and swallowed.
- Hair accessories that may come loose pose a choking hazard are removed before children sleep or rest.
- Parents are requested not to send children wearing hair beads. If staff see beads that are coming loose, they will remove them.
- Hair accessories that may pose a choking hazard to other children should they become detached, should be removed if members of staff consider this to be a possibility.
- Amber beads for teething pain relief are not to be worn due to the risk of choking posed to the infant and other children who may remove them.

## 0.1 Health and safety procedures

### **01.18 Animals and pets**

- Views of parents and children are considered when selecting a pet for the setting.
- Staff will be aware of any allergies or issues individual children may have with any animals/creatures.
- A risk assessment is conducted and considers any hygiene and safety risks posed by the animal or creature.
- Suitable housing for the animal is provided and is regularly cleaned and maintained.
- The correct food is offered at the right times and staff are knowledgeable of the pet's welfare and dietary needs.
- Arrangements are made for weekend and holiday care for the animal/creature.
- There is appropriate pet health care insurance or other contingencies agreed and put in place to pay for veterinary care and the animal is registered with a local vet.
- All vaccinations and health measures such as de-worming are up to date.
- Children are taught correct handling of the pet and are always supervised.
- Children wash their hands after handling the pet and do not have contact with animal faeces, or soiled bedding.
- Members of staff wear single use gloves when cleaning/handling soiled bedding.
- Snakes and some other reptiles are not suitable pets for the setting due to infection risks.
- The manager /deputy will check with the nominated/chairperson before introducing a new pet into the setting.

#### **Animals bought in by visitors**

- The owner of the animal/creature maintains responsibility for it in the setting.
- The owner carries out a risk assessment detailing how the animal/creature is to be handled and how any safety or hygiene issues will be addressed.
- No dogs on the Government's Banned Dogs list are to be brought on site at any time. All other dogs brought on site by parents during arrivals and departure times must be on a

lead and under control. The manager reserves the right to request that a dog is not brought on site, if the animal appears to be out of control, or likely to pose a risk.

### **Further guidance**

[Good Practice in Early Years Infection Control](#) (Alliance Publication)

<https://www.gov.uk/control-dog-public/banned-dogs>

## 0.1 Health and safety procedures

### **01.19 Face painting and mehndi**

Children are face painted only if parents have given prior written consent. Verbal consent is fine at events where parents are present.

- A child who does not want to have their face painted will not be made to continue.
- Children under two years of age are generally not fully face painted, however a nose and whiskers (or similar) is fine. Having an arm or hand painted with a flower, star or butterfly is also an option for very young children who may not sit still.
- Children with open sores, rashes or other skin conditions are not painted.
- Glitter based face paints are not used on children under two years of age.
- Members of staff painting children's faces wash their hands before doing so, cover any cuts or abrasions and ensure they have the equipment they need close to hand.
- Only products with ingredients compliant with EU and FDA regulations are used.
- Clean water is used to wash brushes and sponges between children. Ideally a sponge is used once only before being machine washed on a hot cycle.
- Staff face painting at an event ensure they have a comfortable chair or shoes if standing, to reduce the risk of back or neck strain. Face painting is an activity that can cause repetitive stress injuries; therefore, regular breaks are not taken at events such as fetes.

#### **Mehndi painting**

- Staff never mehndi paint children under three years old using henna/henna-based products.
- Parental permission must be gained before staff mehndi paint children over the age of three years old.
- Children prone to allergies, anaemic or suffering from any illness that may compromise their immune system are never painted under any circumstances.
- Black henna is never used and only 100% natural red henna (diluted with water) is used on children.



- It is preferable that non-henna products are used to create mehndi patterns but if the setting operates in an area where mehndi is practiced by families and the criteria above is followed then henna may be used.

### **Further guidance**

[Good Practice in Early Years Infection Control](#) (Alliance Publication)

## 0.1 Health and safety procedures

### **01.20 Notifiable incident, non- child protection**

Staff respond swiftly, appropriately, and effectively in the case of an incident within the setting. Notifiable incidents in this procedure are those not involving child protection.

A 'notifiable' incident' could include:

- fire or suspected arson.
- electric or Gas fault.
- burst pipe, severe leak, or flooding.
- severe weather that has caused an incident or damage to property.
- break-in with vandalism or theft.
- staff, parent, or visitor mugged or assaulted on site or in vicinity on the way to or from the setting.
- outbreak of a notifiable disease.
- staff or parent threatened/assaulted on the premises by a parent or visitor.
- accidents due to any other faults (that are reportable under RIDDOR).
- lost child.
- any event or information that becomes known, that may have implications for the setting or the wider organisation in the future use.

The designated health and safety officer:

- has all emergency services numbers immediately to hand.
- has a list of contacts for maintenance and repair.
- ensure that members of staff know what to do in an emergency.
- risk assess the situation and decides, with the nominated/chairperson, if the premises are safe to receive children before any children are arrive or to offer a limited service.

### **Emergency evacuation**

In most instances, children will not be evacuated from the premises unless there is an immediate risk or unless they are advised to do so by the emergency services.

- There is an emergency evacuation procedure in place which is unique to the setting and based upon risk assessment in line with others using the building.
- Emergency evacuation procedures are practised regularly and are reviewed according to risk assessment (as above).
- Staff evacuate children to a pre-designated area (as per the fire drill), unless advised by the emergency services that the designated area is not suitable at that time.
- Once evacuated, nobody enters the premises, until the emergency services say so.
- Members of staff will always act upon the advice of the emergency services.

*Designated assembly point: George Street*

### **Emergency Closure**

The circumstances under which the setting may be closed due to an incident include:

- The nominated/chairperson will make the decision to close – thereby withdrawing the service.
- A third party makes the decision to close for example:
  - a school, where the setting is on a school site.
  - the children's centre (if on a children's centre site).
  - the emergency services.
- A parent makes the decision for their child not to attend.
  - If a parent makes the decision for their child not to attend due to a critical incident, the child's fees are due as normal.
  - Further consideration of individual incidences must be done in consultation with the nominated/chairperson.

### **Recording and reporting**

- On discovery of the notifiable incident, the member of staff reports to the appropriate emergency service, fire, police, ambulance, if those services are needed.

- The member of staff ensures that the setting manager/deputy are informed (if not on the premises at the time) and that the nominated/chairperson is informed.
- The setting manager/deputy completes and sends an incident record to the nominated/chairperson, who, according to the severity of the incident notifies Ofsted or RIDDOR.
- If the incident indicates that a crime may have been committed, all staff witness to the incident should make a written statement.
- Staff do not discuss the incident with the press.

RIDDOR reportable events include:

- Specified injuries at work, as detailed at [www.hse.gov.uk/pubns/indg453.pdf](http://www.hse.gov.uk/pubns/indg453.pdf)
- Fatal accidents to staff, children, and visitors (parents).
- Accidents resulting in the incapacitation of staff for more than seven days.
- Injuries to members of the public, including parents' and children, where they are taken to hospital.
- Dangerous 'specified' occurrences, where no-one is injured but they could have been. (These are usually industrial incidents).

This may include:

- a member of staff injures back at work through lifting and is off for two weeks.
- a parent slips on a wet floor near the water tray and is taken to hospital.
- a child falls from a climbing frame and is taken to hospital.
- the ceiling collapses.
- an outbreak of Legionella.

The setting manager/deputy informs the nominated/chairperson and completes an accident and/or incident record; witness statements are taken as previously detailed.

- If the incident is RIDDOR reportable, the setting manager/deputy telephones HSE Contact Centre on 0345 300 9923 or reports online at:  
[www.hse.gov.uk/riddor/report.htm](http://www.hse.gov.uk/riddor/report.htm)

- RIDDOR Reportable events require reporting to RIDDOR within 15 days of the event occurring.

The local authority investigates all reported injuries, diseases, or dangerous occurrences. They will decide if there has been a breach in health and safety regulations and will decide what measures will be taken.

The nominated/chairperson will review how the situation was managed, as above, to ensure that investigations were rigorous and that policies and procedures were followed.

If an insurance claim is likely:

- incidents such as fire, theft or flood are notified to the insurance provider immediately.
- the setting does not admit liability.
- if broken or faulty equipment is involved, it must not be repaired, destroyed or disposed of, in case it is needed during the investigation.
- if communication from a solicitor is received on behalf of the injured party, this is sent directly to the insurance provider; the setting manager/deputy will then write to the solicitor to confirm that the letter has been passed on.
- the incident is not discussed with any outside persons, or other parents, no matter what questions they may ask about their own child's safety in relation to the incident, as it is regarded as confidential under the Data Protection Act.

## 0.1 Health and Safety Procedures

### 01.21 Terrorist threat/attack and lock-down

Most procedures for handling an emergency are focussed on an event happening in the building. However, in some situations you will be advised to stay put (lock-down) rather than evacuate. 'Lock-down' of a building/group of buildings is intended to secure and protect occupants in the proximity of an immediate threat. By controlling movement in an area, emergency services can contain and handle the situation more effectively.

- The setting manager/ deputy assesses the likelihood of an incident happening based on their location.
- The setting manager/deputy will check our police website for advice and guidance.
- Local police contact numbers are clearly displayed for staff to refer to.
- Staff rehearse simple 'age appropriate' actions with the children such as staying low to the floor, keeping quiet and listening to instructions in the same way that fire procedures are practiced. Lock-down must be rehearsed and recorded termly.
- The setting manager/deputy is aware of the current terrorist alert level, as available at [www.mi5.gov.uk/threat-levels](http://www.mi5.gov.uk/threat-levels).
- We follow any additional advice issued by the local authority.
- Emergency procedures are reviewed and added to if needed.
- Information about this procedure is shared with parents and all staff are aware of their role during 'lockdown'.
- A text/phone message is issued to parents when lockdown is confirmed.

#### Suggested wording for parent message

*Due to an incident, we have been advised by the emergency services to secure the premises and stay put until we are given the 'all clear'. Please do not attempt to collect your child until it is safe to do so. We will let you know as soon as we are able to when that is likely to be. In the meantime, we need to keep our telephone lines clear and would appreciate your cooperation in not calling unless it is vital that you speak to us.*

## Lock-down procedures

If an incident happens the setting manager/deputy acts quickly to assess the likelihood of immediate danger. In most cases the assumption will be that it is safer to stay put and place the setting into 'lockdown' until the emergency services arrive. As soon as the emergency services arrive at the scene staff comply with their instructions.

### During 'lock-down'

- Staff and children stay in their designated areas if it is safe to do so.
- Doors and windows are secured until further instruction is received.
- Curtains and blinds are closed where possible.
- Staff and children stay away from windows and doors.
- Children are encouraged to stay low and keep calm.
- Staff tune into a local TV or radio station for more information.
- Staff do NOT make non-essential calls on mobile phones or landlines.
- If the fire alarm is activated, staff and children remain in their designated area and await further instructions from emergency services, unless the fire is in their area. In which case, they will move to the next room/area, following usual fire procedures.

**The door will not be opened once it has been secured until the manager/deputy is officially advised "all clear" or is certain it is emergency services at the door.**

### During lockdown staff do NOT:

- travel down long corridors.
- assemble in large open areas.
- call 999 again unless there is immediate concern for their safety, the safety of others, or they feel they have critical information that must be passed on.

### Following lockdown:

- Staff will cooperate with emergency services to assist in an orderly evacuation.
- Staff will ensure that they have the register and children's details.

- Staff or children who have witnessed an incident will need to tell the police what they saw. The police may require other individuals to remain available for questioning.
- In the event of an incident, it is inevitable that parents will want to come to the setting and collect their children immediately. They will be discouraged from doing so, until the emergency services give the 'all clear'. Staff will be always acting on the advice of the emergency services.

### **Recording and reporting**

- The setting manager/deputy reports the lockdown to the nominated/chairperson as soon as possible. In some situations, this may not be until after the event.
- A record is completed as soon as possible.

### **Further guidance**

Members of the public should always remain alert to the danger of terrorism and report any suspicious activity to the police on 999 or the anti-terrorist hotline: 0800 789 321.

For non-emergency, call the police on 101.



## 0.1 Health and safety procedures

### **01.22 Closed circuit television (CCTV)**

CCTV is used for the purpose of providing additional security for children, staff, parents/carers, visitors, and other agencies concerned with the setting.

The use of CCTV is informed by the guiding principles of the Surveillance Camera Code of Practice (Home Office 2013) as follows:

1. Use of a surveillance camera system must always have a specified purpose which is in pursuit of a legitimate aim and necessary to meet a pressing need.

The purpose will be to further support the perception of the safety and well-being of children, staff, and visitors to the setting; to protect the setting and its assets; to assist in the detection of any crime that may have been committed and ultimately to further ensure that the safeguarding and welfare requirements of the Early Years Foundation Stage are always adhered to. CCTV is never used without a specified purpose and likewise is not reviewed by staff members who do not have authority and a specific reason for doing so.

2. The use of a surveillance camera system must take into account its effect on individuals and their privacy, with regular reviews to ensure its use remains justified.

The Human Rights Act (1998) gives every individual the right to private life and correspondence. This means that CCTV will only be used in public areas of the setting i.e., access entrances at the front and rear of the property. The nominated/chairperson will review the continued use of CCTV at least annually and will discuss any issues arising from the use of CCTV during routine supervision with the setting manager/deputy.

3. There must be as much transparency in the use of surveillance camera systems as possible, including a published contact point for access to information and complaints.

There are signs clearly displayed for staff, parents, and visitors, informing them that CCTV is in operation and that they may be recorded. The procedure is displayed for staff, visitors, and parents. Complaints relating to the use of CCTV should be discussed with the setting manager/deputy in the first instance following 10.02 Complaints procedure for parents and service users.

4. There must be clear responsibility and accountability for all surveillance camera system activities including images and information collected, held, and used.

The setting manager/deputy is responsible for the day-to-day management of the CCTV system. Images are not routinely scrutinised unless there is a legitimate reason to do so, i.e., a complaint or allegation is made by a parent, member of staff or visitor to the premises, or an allegation is made by a child.

5. Clear rules, policies and procedures must be in place before a surveillance camera system is used, and these must be communicated with all who need to comply with them.

The procedure covers all aspects and is reviewed annually. All staff are aware of the procedure and their role and responsibility. Parents and visitors are made aware of the procedure which is displayed clearly for them to view at any time. The following details are kept:

- name of setting manager/deputy responsible for day-to-day CCTV use.
- name of setting's nominated/chairperson
- name of CCTV system used.
- number and positions of cameras in use daily.
- names of staff authorised to view CCTV images (ensuring this is only staff with a legitimate reason to do so).
- how VVTC procedures are explained to all staff, students, parents, and visitors.
- contact number for CCTV maintenance.

6. No more images and information should be stored than that which is strictly required for the stated purpose of the surveillance camera system, and such images and information should be deleted once their purpose is discharged.
7. Images are recorded over or destroyed after 4 weeks and are only used as stated above. Images must not be destroyed before this time if an official request to view them is made.
8. Access to retained images and information should be restricted and there must be clearly defined rules on who can gain access and for what purpose such access is

granted; the disclosure of images and information should only take place for law enforcement purposes.

Only the setting manager/deputy, and the nominated/chairperson have access to retained CCTV images. If an instance arises where the CCTV images need to be reviewed to prove or disprove an allegation or incident, this is the responsibility of the setting manager/deputy who will share the images with the police, social care or Ofsted to assist with an official investigation if required. A record is retained, containing the date of the incident/allegation; camera number of positions; brief description of the incident/allegation – with reference to related safeguarding forms; who the footage was viewed by, date viewed and action taken – and counter signed by a senior member of staff. Images may also be requested by the nominated/chairperson for the purpose of conducting an investigation into an incident.

9. Surveillance camera system operators should consider any approved operational, technical and competency standards relevant to a system and its purpose and work to maintain those standards.

The setting manager/deputy and the nominated/chairperson will take heed of local and national guidance for the use of CCTV in the setting. The setting manager/deputy ensures that all staff involved understand their duty to adhere to section 07 Record keeping procedures, which also detail how others may request a copy of the data and under what circumstances.

10. Surveillance camera system images and information should be subject to appropriate security measures to safeguard against unauthorised access and use.

The setting manager/deputy is responsible for the security measures to safeguard against unauthorised access and use. This will include the security of the location where images are stored.

11. There should be effective review and audit mechanisms to ensure legal requirements, policies and standards are complied with in practice, and regular reports should be published.

The setting manager/deputy is responsible for ensuring that policies and standards are always adhered to, seeking further advice from the nominated/chairperson at any point when the images must be scrutinised for the purpose of investigating an incident.

12. When the use of a surveillance camera system is in pursuit of a legitimate aim, and there is a pressing need for its use, it should then be used in the most effective way to support public safety and law enforcement with the aim of processing images and information of evidential value.

If CCTV images are reviewed following an incident or an allegation, a record is made. Under no circumstances are CCTV images shared with parents or other service users unless there is a legitimate reason for doing so, i.e., to disprove an allegation against a member of staff. The process for using CCTV in these circumstances is as follows:

- an allegation or incident occurs that may have been caught on CCTV.
- setting manager/deputy reviews CCTV footage and retains a record.
- setting manager/deputy reports their findings to the nominated/chairperson.
- if there is reason to believe that a crime may have been committed then an investigation takes place following the 06 Safeguarding children, young people, and vulnerable adults' procedures and 07 Record keeping procedures.
- a parent or other person whose image has been recorded and retained and wishes to access the images must apply to the setting manager/deputy in writing.
- the Data Protection Act gives the manager/deputy the right to refuse a request to view the images, particularly where such access may prejudice the prevention or detection of a crime.
- if access to the image is refused then the reasons are documented and the person who made the request is informed in writing within 28 days. The images are not destroyed until the issue is resolved.
- at all times, 06 Safeguarding children, young people and vulnerable adults' procedures are followed.

13. Any information used to support a surveillance camera system which compares against a reference database for matching purposes should be accurate and kept up to date.

### **Legal basis**

Human Rights Act 1989

Data Protection Act 1998

Protection of Freedoms Act 2012

GDPR 2018

### **Guidance**

Surveillance Camera Code of Practice (Home Office 2013)

[www.gov.uk/government/publications/surveillance-camera-code-of-practice](http://www.gov.uk/government/publications/surveillance-camera-code-of-practice)

## 02 Fire safety policy

Alongside associated procedures in 02.1 Fire safety, this policy was adopted by *New Life Pre-School and Nursery* in *January 2024*.

**Designated Fire Officers are:** (Kelsey Easton) (Lisa Brown), and (Rachel Parker)

Aim

Our provision is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. We meet all statutory requirements about fire safety and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare Requirements.

### Objectives

- We recognise that we have a corporate responsibility and a duty of care for those who work in and receive a service from our provision, but individual employees and service users also have a responsibility to ensure their own safety as well as that of others. Risk assessment is the key means through which this is achieved.
- A fire safety risk assessment is carried out by a competent person in accordance with the Regulatory Reform (Fire Safety) Order 2005.
- A Fire Log is completed and regularly updated.
- Necessary equipment is in place to promote fire safety.

### Legal references

Regulatory Reform (Fire Safety) Order 2005)

Electricity at Work Regulations (1989)

### Further guidance

Fire Safety Record (Early Years Alliance Publication)

Fire Safety Risk Assessment: Educational Premises

[www.communities.gov.uk/publications/fire/firesafetyrisk6](http://www.communities.gov.uk/publications/fire/firesafetyrisk6)

## 0.2 Fire safety procedures

### 02.01 Fire safety

- The setting manager/deputy has access to, or a copy of, the fire safety procedures specific to the building and ensure they align with these procedures. The setting manager/deputy make reasonable adjustments as required to ensure the two documents do not contradict each other.

#### **Fire safety risk assessment**

A fire safety risk assessment form is carried out in each area of the setting by a competent person using the five steps to fire safety risk assessment as follows:

1. Identify fire hazards
  - Sources of ignition.
  - Sources of fuel.
  - Sources of oxygen (including oxygen tanks for disabled children).
2. Identify people at risk
  - People in and around the premises.
  - People especially at risk including very young babies, less ambulant disabled children or those using specialised equipment, such as splints, standing frames.
3. Evaluate, remove, reduce, and protect from the risk
  - Evaluate the risk of the fire occurring.
  - Evaluate the risk to people from a fire starting on the premises.
  - Remove and reduce the hazards that may cause a fire.
  - Remove and reduce the risks to people from a fire.
4. Record, plan, inform, instruct, train
  - Record significant findings and action taken.
  - Prepare an emergency plan.
  - Inform and instruct relevant people; inform and co-operate with others.
  - Provide training.

## 5. Review

- Keep assessment under review and revise when necessary.

The fire safety risk assessment focuses on the following for each area:

- Electrical plugs, wires, sockets.
- Electrical items.
- Gas boilers.
- Cookers.
- Matches.
- Flammable materials, including furniture, furnishings, paper etc.
- Flammable chemicals (which are also covered in COSHH).
- Means of escape.
- Any other, as identified.

### **Fire safety precautions include:**

- All electrical equipment is checked by a qualified electrician annually.
- Any faulty electrical equipment is taken out of use and recorded as such or condemned (whichever is necessary).
- Water and electrical items do not come into contact; staff do not touch electrical items with wet hands.
- All fire safety equipment is checked annually.
- Gas boilers and cookers are checked and serviced annually by a Gas Safe registered engineer.
- If matches are used in the kitchen, they are kept in a drawer.
- Oxygen tanks.

### **Fire Drills**

- Fire Drills (to include emergency evacuation procedures and lock down) are held at least termly.
- Drills are recorded, including:
  - date of drill.



- staff involved and numbers of children.
- how long it took to evacuate.
- any reason for a delay in achieving the target time and how this will be remedied.

### **Fire precautions**

- Fire exit signs are the green 'running man' signs and are in place and clearly visible.
- Fire exits by doors are those that show a green light at night.
- Fire doors are not locked during normal working hours.
- Fire evacuation notices are in every room; these are displayed in print large enough to read from a short distance. They say where the assembly point is.
- Fire alarms are in place and tested monthly, and where necessary supplemented with visual warnings. This is recorded.
- Smoke alarms are in place and tested monthly. This is recorded.
- A fire blanket is in place in the kitchen (and any other location where there is a cooker).
- Fire extinguishers are in place and are appropriate.

### **Further guidance**

[Dynamic Risk Management](#) (Alliance Publication)

[Fire Safety Record](#) (Early Years Alliance Publication)

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

[www.gov.uk/government/publications/fire-safety-risk-assessment-educational-premises](http://www.gov.uk/government/publications/fire-safety-risk-assessment-educational-premises)

## 03 Food safety and nutrition policy

Alongside associated procedures in 03.1-03.6 Food safety and nutrition, this policy was adopted by *New Life Pre-School and Nursery* in *January 2024*.

### Aim

Our setting is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. We meet all statutory requirements for food safety and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare requirements.

### Objectives

- We recognise that we have a corporate responsibility and duty of care for those who work in and receive a service from our provision, but individual employees and service users also have responsibility for ensuring their own safety as well as that of others. Risk assessment is the key means through which this is achieved.
- Procedure 01.03 Kitchen is followed for general hygiene and safety in food preparation areas.
- We provide nutritionally sound meals and snacks which promote health and reduce the risk of obesity and heart disease that may begin in childhood.
- We follow the main advice on dietary guidelines and the legal requirements for identifying food allergens when planning menus based on the four food groups:
  - meat, fish, and protein alternatives.
  - milk and dairy products.
  - cereals and grains.
  - fresh fruit and vegetables.
- Following dietary guidelines to promote health also means taking account of guidelines to reduce risk of disease caused by unhealthy eating.
- Parents share information about their children's particular dietary needs with staff when they enrol their children and on an on-going basis with their key person. This information is shared with all staff who are involved in the care of the child.
- Foods provided by the setting for children have any allergenic ingredients identified on the menus.

- Care is taken to ensure that children with food allergies do not have contact with food products that they are allergic to.
- Risk assessments are conducted for each individual child who has a food allergy or specific dietary requirement.

### **Legal references**

Regulation (EC) 852/2004 of the European Parliament and of the Council on the hygiene of foodstuffs.

Food Information Regulations 2014

The Childcare Act 2006

### **Further guidance**

*Safer Food Better Business for Caterers* (Food Standards Agency)

## 0.3 Food safety and nutrition procedures

### **03.01 Food preparation, storage, and purchase**

#### **General**

- All staff have up to date certificated training on food safety.
- Cooks refer to Eat Better, Start Better (Action for Children 2017) and Example menus for early years settings in England (PHE 2017) which contains guidance on menu planning, food safety, managing food allergies and reading food labels.
- The setting manager/deputy is responsible for ensuring that the requirements in Safer Food Better Business are implemented.
- Cooks and all staff responsible for preparing food have undertaken the Food Allergy Online Training CPD module available at <http://allergytraining.food.gov.uk/>.
- The setting manager/deputy is responsible for overseeing the work of the cook and all food handlers to ensure hygiene and allergy procedures are complied with.
- The setting manager/deputy has responsibility for conducting risk assessment based on the 'Hazard Analysis and Critical Control Point' method set out in Safer Food Better Business.
- Cooks carry out and record daily opening/closing checks, four weekly reviews and dated records of deep cleaning.
- The cook and setting manager/deputy maintain a Food Allergy and Dietary Needs folder with:
  - a list of all children with known food allergies or dietary needs updated at least once a term (the personal/medical details about the allergy or dietary needs remain in the child's file along with a copy of the risk assessment). This is clearly displayed for all staff and the risk assessment shared with all staff.
  - a record of food menus along with any allergens using.
  - a copy of the FSA booklet 'Allergen information for loose foods' available at [www.food.gov.uk/sites/default/files/media/document/loosefoodsleaflet.pdf](http://www.food.gov.uk/sites/default/files/media/document/loosefoodsleaflet.pdf)
  - a copy of the Food Allergy Online Training CPD certificate for the cook and each member of staff that has undertaken the training.

- The setting manager/deputy is responsible for informing the nominated/chairperson who then reports to Ofsted any food poisoning affecting two or more children looked after on the premises. Notification must be made as soon as possible and within 14 days of the incident.

### **Purchasing and storing food**

- Food is purchased from reputable suppliers.
- Pre-packed food (any food or ingredient that is made by one business and sold by another such as a retailer or caterer) is checked for allergen ingredients and this information is communicated to parents alongside menu information. For example, a meat pie bought at a supermarket or a tin of baked beans or the ingredients for a recipe prepared on site.
- If food that is not pre-packed (described as 'loose food'), such as sandwiches bought from a bakery is served, then allergen information will have been provided by the retailer, this information must then be shared in the same way with parents.
- Parents are requested not to bring food that contains nuts. Staff check packets to make sure they do not contain nuts or nut products.
- Bulk buy is avoided where food may go out of date before use.
- All opened dried food stuffs are stored in airtight containers.
- Dried packaged food is not decanted from packaging into large bins or containers as this prevents monitoring of sell by/use by dates and allergen information.
- Food is regularly checked for sell by/use by dates and any expired items are discarded.
- Bottles and jars are cleaned before returning to the cupboards.
- 'Squeezy' plastic bottles are not used for sauces.
- Items are not stored on the floor; floors are kept clear so they can be easily swept.
- Perishable foods such as dairy produce, meat and fish are to be used the next/same day. Soft fruit and easily perishable vegetables are kept in the fridge at 1- 5 Celsius.
- Packaged frozen food should be used by use by dates.

- Food left over should not be frozen unless it has been prepared for freezing, such as home-made bread or stews. Hot food should be left to cool for up to 1.5 hours and then quickly frozen.
- Freezer containers should be labelled, dated, and used within 1-3 months.
- Fridge and freezer thermometers should be in place. Recommended temperatures for fridge 37 degrees Fahrenheit (3 degrees Celsius), and freezers 0 degrees Fahrenheit (-18 degrees Celsius). Temperatures must be checked and recorded daily to ensure correct temperatures are being maintained.
- Freezers are defrosted every 3 months or according to the manufacturer's instructions.
- Meat/fish is stored on lower shelves and in drip-free dishes.
- Fruit and vegetables stored in the fridge are washed thoroughly before refrigeration to reduce risk of pests and E. coli contamination.
- Staff's own food or drink should be kept in a separate designated area of the fridge; where possible, a fridge should be kept in the staff room to avoid mix ups.
- Items in fridges must be regularly checked to ensure they are not past use by dates.

### **Preparation of food**

- Food handlers must check the content of food/packets to ensure they do not contain allergens.
- Food allergens must be identified on the menus and displayed for parents.
- Food handlers wash hands and cover any cuts or abrasions before handling food.
- Separate boards and knives are used for chopping food, usually colour coded.
- Raw and cooked foods are prepared separately.
- Meat and fish should be washed and patted dry with paper towels. This does not include chicken which must not be washed because of the risk of campylobacter.
- All vegetables and fruit are washed before preparing.
- Food left out is covered, for example when cooling down.
- Frozen meat, fish and prepared foods are thawed properly before cooking.

- Meat and fish are cooked thoroughly; a food probe is to be used to check the temperature of roasted meat or baked meat products.
- Where a microwave is used, food is cooked according to manufacturer's instructions. Generally, it is not used to heat children's food and never used to heat babies' bottles.
- Microwaved food is left to stand for a few minutes before serving.
- A food probe is used to check temperature of food, including where heated in a microwave; it is checked in a number of places to avoid hot spots.
- Food is cooked in time for serving and is not prepared in advance of serving times.
- Hot cupboards or ovens are not used to keep food warm.
- Potatoes and vegetables are peeled when needed, not in advance and left in water.
- Food prepared and cooked for different religious dietary needs and preferences, such as Halal or Kosher meat is cooked in separate pans and served separately.
- Food cooked for vegetarians does not come into contact with meat or fish or products.
- Food cooked and prepared for children with specific dietary needs is cooked in separate pans and served separately.
- A separate toaster is kept and used for children with a wheat or gluten allergy.
- Food prepared for children with dietary needs and preferences is clearly labelled and every effort is made to prevent cross-contamination.
- Raw eggs are not to be given in any form, such as mousse or mayonnaise.
- When given to children, eggs are fully cooked.

### **Serving Food**

- Food is served for children by the cook for each table.
- Staff risk assess the likelihood of children with dietary restrictions accessing the food of other children and must take appropriate action to prevent this from happening, for example:
  - check the list of children's dietary requirements displayed in the food preparation area.
  - coloured plates.

- place mats.
- other methods as agreed by the setting manager/deputy.
- Children with allergies/food preferences are not made to feel ‘singled out’ by the methods used to manage their allergy/food preference.
- Food served to children with identified allergies is checked by the key person to ensure that the meal (and its ingredients) does not contain any of the allergens for that child.
- The child’s key person remains present throughout the child’s mealtime.
- Food is taken from the kitchen to the rooms on a trolley, not carried across rooms.
- Tables are cleaned before and after, with soapy water or a suitable non-bleach product.
- Members of staff serving food wash their hands and cover any cuts with a blue plaster.

### **E. coli prevention**

Staff who are preparing and handling food, especially food that is not pre-prepared for consumption e.g., fruit and vegetables grown on the premises, must be aware of the potential spread of E. coli and must clean and store food in accordance with the E. coli 0157 guidance, available at:

[www.food.gov.uk/business-industry/guidancenotes/hygguid/ecoliguide#.U7FCVGIOWdI](http://www.food.gov.uk/business-industry/guidancenotes/hygguid/ecoliguide#.U7FCVGIOWdI)

### **Further guidance**

[Eat Better, Start Better \(Action for Children 207\) www.foundationyears.org.uk/eat-better-start-better/](http://www.foundationyears.org.uk/eat-better-start-better/)

[Example Menus for Early Years Settings in England \(PHE 2017\)](http://www.gov.uk/government/publications/example-menus-for-early-years-settings-in-england)

[www.gov.uk/government/publications/example-menus-for-early-years-settings-in-england](http://www.gov.uk/government/publications/example-menus-for-early-years-settings-in-england)

[Safe Food Better Business www.food.gov.uk/business-guidance/safer-food-better-business-sfbb](http://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb)

[Allergen information for loose foods \(Food Standards Agency 2017\)](http://www.food.gov.uk/sites/default/files/media/document/loosefoodsleaflet.pdf)

[www.food.gov.uk/sites/default/files/media/document/loosefoodsleaflet.pdf](http://www.food.gov.uk/sites/default/files/media/document/loosefoodsleaflet.pdf)



Campylobacter (Food Standards Agency) [www.food.gov.uk/news-updates/campaigns/campylobacter/fsw-2014](http://www.food.gov.uk/news-updates/campaigns/campylobacter/fsw-2014)

### 0.3 Food safety and nutrition procedures

#### **03.02 Food for play and cooking experiences**

Some parents and staff may have strong views about food being used for play. It is important to be sensitive to these issues. For example, children who are Muslim, Jewish, Rastafarian, or who are vegetarian, should not be given any food to play with that contains animal products (Gelatine). Parents' views should be sought on this. In some cases, it is not appropriate to use food for play at all, particularly in times of austerity.

- Food for play may include dough, corn flour, pasta, rice, food colourings/flavourings.
- Jelly (including jelly cubes) is not used for play.
- Food for play is risk assessed against the 14 allergens referred and is included in the written risk assessment undertaken for children with specific allergies.
- Staff are constantly alert to the potential hazards of food play, in particular choking hazards and signs of previously undetected allergies.
- Pulses are not recommended as they can be poisonous when raw or may choke.
- The use of raw vegetables for printing is discouraged.
- Dried food that is used for play should be kept away from food used for cooking.
- Foods that are cooked and used for play, such as dough, have a limited shelf life.
- Cornflour is always mixed with water before given for play.
- Cornflower and cooked pasta are discarded after an activity; high risk of bacteria forming.
- Utensils used for play food are washed thoroughly after use.

#### **Children's cooking experiences**

- Before undertaking any cooking experience with children, members of staff should check for allergies and intolerances by checking children's records.
- Children are taught basic hygiene skills such as the need to wash hands thoroughly before handling food, and again after going to the toilet, blowing their nose, or coughing.
- The area to be used for cooking is cleaned; a plastic tablecloth is advised.

- Children should wear aprons that are used just for cooking.
- Utensils provided are for children to use only when cooking, including chopping/rolling boards, bowls, wooden spoons, jugs, and are stored in the kitchen.
- Members of staff encourage children to handle food in a hygienic manner.
- Food ready for cooking or cooling is not left uncovered.
- Cooked food to go home is put in a paper food bag and refrigerated until home time.
- Food play experiences are suspended during outbreaks of illness.

### 0.3 Food safety and nutrition procedures

## **03.03 Milk and baby food preparation and storage**

### **Purchasing and storing food**

- Where parents provide infant formula to be made up at the setting, this is checked to make sure it is in date and that the seal is not broken, then labelled with the child's name.
- Parents must not send in bottles containing pre-boiled and cooled water ready for formula to be added. They should instead send in empty, sterilised bottles in accordance with current NHS guidance on the preparation of formula milk.
- If parents are providing breast milk, it should already be made up into sterilised bottles and clearly labelled with the child's name.
- Parents are advised to follow the manufacturer's guidance and to transport the prepared breast milk in a cool bag. On arrival, feeds are taken out of the cool bag and put straight into the fridge.
- Breast milk is always used on the same day.
- In line with current Food Standards Agency guidance, parents are advised not to give toddlers and young children (ages 1 – 4.5 years) rice drinks as a substitute for breast milk, infant formula, or cow's milk. Parents should speak to their child's health visitor for further guidance if their child has a milk intolerance and needs an alternative.
- If parents provide weaning cereals, these need to be checked to make sure they are in date and should be in unopened packets. These are labelled with the child's name.
- Parents are informed that they should not bring in food that contains nuts. Staff check packets to make sure they do not contain nuts or nut products.
- Packaged baby cereal is kept in plastic airtight containers to prevent contamination and to ensure freshness.

### **Preparation**

- Members of staff wash hands before or on entering the kitchen.

- Preparation of feeds and weaning food is restricted to key persons or co-workers; other staff/students preparing food are supervised by a permanent staff member or key person.
- All weaning foods provided by the setting i.e., bread, cakes, biscuits, cheese and any foods in the 14 allergens list are identified and listed on children's menus.
- Scoops of milk are levelled off with a knife to make sure they are the correct amount.
- All water is boiled first before making milk feed, mixing food or preparing a drink for all babies under one year and should be allowed to cool for no more than 30 minutes. Water that has already been boiled once should not be boiled again.
- Water given to babies over 6 months old as a drink does not need to be boiled first, for babies under 6 months the above guidance applies.
- Bottles are cooled under cold running water and the temperature checked on the inside of an adult's wrist to ensure that it is body temperature, which means it should feel warm or cool but not hot.
- Only sterilised bottles, spoons, plates are to be used for babies under one.
- Gloves are used to prepare milk feeds or weaning food for babies.
- Raw fruit or vegetables given to babies are washed, peeled, cut, or blended.
- Finger foods, such as rusks, are served in a dish.
- Babies are slowly introduced to food in the setting so that by approximately one year of age they are fully weaned according to need.

Further guidance on making up bottles in advance for use at the setting can be found at: [www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/bottle-feeding/formula-milk-questions/](http://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/bottle-feeding/formula-milk-questions/)

Guidance for the storage of breast milk is available from:

[www.nhs.uk/start4life/baby/feeding-your-baby/breastfeeding/expressing-your-breast-milk/storing-breast-milk/](http://www.nhs.uk/start4life/baby/feeding-your-baby/breastfeeding/expressing-your-breast-milk/storing-breast-milk/)

### 0.3 Food safety and nutrition procedures

#### **03.04 Menu planning and nutrition**

Food supplied for children provides a healthy and balanced diet for healthy growth and development. Foods that contain any of 14 allergens identified by the FSA are identified on menus. The setting follows dietary guidance to promote health and reduce risk of disease caused by unhealthy eating. When planning menus, the setting manager/deputy and cook ensure that:

- Parents and staff can contribute ideas for menus which are confirmed each week in advance. A four- to six-week cycle reviewed seasonally is a good way of working out menus.
- Menus reflect children’s cultural backgrounds, religious restrictions, and the food preferences of some ethnic groups.
- Menus are clearly displayed so that parents and staff know what is being provided.
- Foods that contain any of the 14 major allergens are identified on the menu that is displayed for parents.
- Parents must share information about their children’s particular dietary needs with staff when they enrol their children and on an on-going basis with their key person.
- Key persons regularly share information about the children’s levels of appetite and enjoyment of food with parents.
- Staff refer to the Eat Better, Start Better (Action for Children 2017) [Eat Better, Start Better - Foundation Years.](#)
- The cook maintains a record of children’s dietary needs in a Food Allergy and Dietary Needs folder.

#### **Pre-prepared cook chilled meals and hot meals from suppliers**

If the setting uses a food supplier to provide either hot meals prepared off site or chilled/frozen meals to be heated on site, the supplier’s instructions for safe storage, heating and serving must be followed.

- Ingredients are checked to identify allergens (this will be clearly indicated on packaging).
- A temperature probe is used to check that cook chilled foods are heated correctly.

- Foods delivered hot are checked as above.
- Foods are served within the time stipulated by the supplier.
- Left-overs are not kept and reheated for another day.
- The guidance in Safer Food Better Business (Food Standards Agency 2020) is always followed.

### **Packed lunches**

Where children have packed lunches, staff promote healthy eating, ensuring that parents are given advice and information about what is appropriate content for a child's lunch box. Parents are also advised to take measures to ensure children's lunch box contents remain cool i.e., ice packs, as the setting may not have facilities for refrigerated storage.

### **Water Bottles**

Staff promote the healthy hydration of water throughout the day. Each child has their own named water bottle, where older children can access a drink themselves, this encourages their independence. Milk is provided at meal times, where only children over one year old drink cow's milk, and children over 2-year-old drink semi-skimmed milk.

## 0.3 Food safety and nutrition procedures

### **03.05 Meeting dietary requirements**

Snack and mealtimes are an important part of the day. Eating represents a social time for children and adults and helps children to learn about healthy eating. We aim to provide nutritious food, which meets the children's individual dietary needs and preferences.

- Staff discuss and record children's dietary needs, allergies and any ethnic or cultural food preferences with their parents.
- If a child has a known food allergy, procedure 04.04 Allergies and food intolerance is followed.
- Staff record information about each child's dietary needs in the individual child's registration form; parents sign the form to signify that it is correct.
- Up-to-date information about individual children's dietary needs is displayed so that all staff and volunteers are fully informed.
- Staff ensure that children receive only food and drink that is consistent with their dietary needs and cultural or ethnic preferences, as well as their parent's wishes.
- The menus of meal and snacks are displayed on the parent notice board for parents to view. Foods that contain any food allergens are identified.
- Staff aim to include food diets from children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- Through on-going discussion with parents and research reading by staff, staff obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, as well as about food allergies. Staff take account of this information when providing food and drink.
- Staff provide a vegetarian alternative when meat and fish are offered.
- Where it is not possible to source and provide Halal meat or Kosher food, a vegetarian option is available; this will be discussed and agreed with parents at the time of the child's registration.
- All staff show sensitivity in providing for children's diets, allergies and cultural or ethnic food preferences. A child's diet or allergy is never used as a label for the child,



they are not made to feel 'singled out' because of their diet, allergy, or cultural/ethnic food preferences.

- Fresh drinking water is available throughout the day. Children have their own water bottles that are topped up regularly with fresh water.
- Meal and snack times are organised as social occasions.

### **Fussy/faddy eating**

- Children who are showing signs of 'fussy or faddy eating' are not forced to eat anything they do not want to.
- Staff recognise the signs that a child has had enough and remove uneaten food without comment.
- Children are not made to stay at the table after others have left if they refuse to eat certain items of food.

Staff work in partnership with parents to support them with children who are showing signs of 'faddy or fussy eating' and sign post them to further advice, for example, How to Manage Simple Faddy Eating in Toddlers (Infant & Toddler Forum)

<https://infantandtoddlerforum.org/health-and-childcare-professionals/factsheets/>

## 0.3 Food safety and nutrition procedures

### **03.06 Breast feeding**

We recognise the important benefits of breastfeeding for both mothers and their babies. All mothers have the right to make informed choices and staff will ensure that clear and impartial information is available to all mothers. Staff will fully support parent's choices.

We promote the Department of Health's recommendations on feeding infants, as follows.

- Breastmilk is the best form of nutrition for infants.
- Exclusive breastfeeding is recommended for the first six months (26 weeks) of an infant's life.
- Six months is the recommended age for the introduction of solid foods for infants.
- Breastfeeding (and/or breast milk substitutes, if used) should continue beyond the first six months, along with appropriate types and amounts of solid foods.

#### **General**

- Support is offered to promote and maximise the benefits of breastfeeding to new and expectant mothers attending the setting. Information is provided and 'signposting' to support groups and other sources of information is present in the setting.
- Publicity materials for bottle feeding and formula milk are not displayed within the setting.
- Mothers are enabled and supported to feed their babies within the setting. Every effort will be made for mothers who wish to feed their babies in private to do so.
- Toilet and baby changing areas are not offered as areas for breastfeeding as these cannot offer a hygienic environment.
- If a visitor to the setting objects to a mother breastfeeding, the 'complainant' will be moved to an area where s/he can no longer view the mother. The mother will not be disturbed.
- Staff co-operate with healthcare professionals and voluntary support groups to ensure a consistent approach to the promotion of breastfeeding benefits throughout the setting. This will be achieved by sharing of information and resources.

- Staff do not discriminate against any mother in her chosen method of feeding and will not dictate choices to mothers.

### **Further Information and resources**

Breastfeeding and bottle-feeding advice (NHS)

[www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/](http://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/)

## **0.4 Health policy**

Alongside associated procedures in 04.1-04.7 Health, this policy was adopted by *New Life Pre-School and Nursery* in *January 2024*.

### **Aim**

Our provision is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. They meet all statutory requirements for promoting health and hygiene and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare requirements.

### **Objectives**

We promote health through:

- ensuring emergency and first aid treatment is given where necessary.
- ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements.
- identifying allergies and preventing contact with the allergenic substance.
- identifying food ingredients that contain recognised allergens and displaying this information for parents.
- promoting health through taking necessary steps to prevent the spread of infection and taking appropriate action when children are ill.
- promoting healthy lifestyle choices through diet, nutrition, and exercise.
- supporting parents right to choose complementary therapies.
- pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance.

### **Legal references**

Medicines Act (1968)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

Control of Substances Hazardous to Health (COSHH) Regulations (2002)

Health and Safety (First Aid) Regulations 1981

Food Information Regulations 2014

## **Further guidance**

[Accident Record](#) (Early Years Alliance Publication)

## 0.4 Health procedures

### 04.01 Accidents and emergency treatment

**Person responsible for checking and stocking first aid box:** *(Lisa Brown) and (Rachel Parker)*

The setting provides care for children and promotes health by ensuring emergency and first aid treatment is given as required. There are also procedures for managing food allergies in section 03 Food safety and nutrition.

- Parents' consent to emergency medical treatment is given on registration.
- At least one person who has a current paediatric first aid (PFA) certificate **must** be always on the premises and available, when children are present [all staff are paediatric first aiders], who regularly update their training. We take account of the number of children, staff, staff breaks and the layout of our setting to ensure that a paediatric first aider is always available and can respond to emergencies.
- First Aid certificates are renewed at least every three years. In line with the EYFS 2024 all staff who obtained a level 2 and/or level 3 qualification since 30 June 2016 must obtain a PFA qualification within three months of starting work in order to be counted in ratios.
- All members of staff know the location of First Aid boxes, the contents of which are in line with St John's Ambulance recommendations as follows:
  - 20 individually wrapped sterile plasters (assorted sizes).
  - 2 sterile eye pads.
  - 4 individually wrapped triangular bandages (preferably sterile).
  - 6 safety pins.
  - 2 large, individually wrapped, sterile, un-medicated wound dressings.
  - 6 medium individually wrapped, sterile, un-medicated wound dressings.
  - a pair of disposable gloves.
  - adhesive tape.
  - a plastic face shield (optional).

- No other item is stored in a First Aid box.
- Vinyl single use gloves are also kept near to (not in) the box, as well as a thermometer.
- There is a named person in the setting who is responsible for checking and replenishing the First Aid Box contents.
- A supply of ice is kept in the kitchen freezer.
- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded in the setting's Accident Record book. Parents may have a photocopy of the accident form on request.
- In the event of minor injuries or accidents, parents are normally informed when they collect their child, unless the child is unduly upset or members of staff have any concerns about the injury. In which case they will contact the parent for clarification of what they would like to do, i.e., collect the child or take them home and seek further advice from NHS 111.

### **Serious accidents or injuries**

- An ambulance is called for children requiring emergency treatment.
- First aid is given until the ambulance arrives on scene. If at any point it is suspected that the child has died, 06.10 Death of a child on site procedure is implemented and the police are called immediately.
- The registration form is taken to the hospital with the child.
- Parents or carers are contacted and informed of what has happened and where their child is being taken to.
- The setting manager/deputy arranges for a taxi to take the child and carer to hospital for further checks, if deemed to be necessary.

### **Recording and reporting**

- In the event of a serious accident, injury, or serious illness, the designated person notifies the designated officer using a 'Confidential safeguarding incident report form' as soon as possible.
- The setting manager/deputy is consulted before a RIDDOR report is filed.

- If required, a RIDDOR form is completed; one copy is sent to the parent, one for the child's file and one for the local authority Health and Safety Officer.
- The nominated/chairperson is notified by the setting manager/deputy of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care to be able to notify Ofsted and any advice given will be acted upon. Notification to Ofsted is made as soon as is reasonably practicable and always within 14 days of the incident occurring. The designated person will, after consultation with the nominated/chairperson, inform local child protection agencies of these events.

### **Further guidance**

[Accident Record](#) (Early Years Alliance Publication)



## 0.4 Health procedures

### 04.02 Administration of medicine

Only named medication officers are responsible for administering medication to children; ensuring consent forms are completed, medicines are stored correctly and records are kept and up to date.

Administering medicines during the child's session will only be done if necessary.

If a child has not been given a prescription medicine before, especially a baby/child under two, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect. The setting manager/deputy must check the insurance policy document to be clear about what conditions must be reported to the insurance provider.

#### Consent for administering medication

- Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, or a parent's partner who does not have PR, cannot give consent.
- When bringing in medicine, the parent informs their key person/secondary key person, or room leader if the key person is not available. The setting manager/deputy should also be informed.

*Medication Officers: (Lisa Brown), (Rachel Parker), (Sarah Wood), (Kelsey Easton), and (Kimberley Yates)*

- Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label if prescribed.
- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.
- Members of staff who receive the medication ask the parent to sign a consent form stating the following information. No medication is given without these details:
  - full name of child and date of birth.

- name of medication and strength.
- who prescribed it (if applicable).
- dosage to be given.
- how the medication should be stored and expiry date.
- a note of any possible side effects that may be expected.
- signature and printed name of parent and date.

### **Storage of medicines**

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in the milk kitchen fridge, or in a marked box in the main kitchen fridge.

- The key person/secondary key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication for an individual child may be kept at the setting. A Healthcare plan form must be completed. Key persons check that it is in date and return any out-of-date medication to the parent.
- Parents do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

### **Record of administering medicines**

A record of medicines administered is kept near to the medicine cabinet or in the child's group room, or in the setting manager/deputy's office. Settings can choose which works best for them, if members of staff are aware and it is consistent.

The medicine record book records:

- name of child.
- name and strength of medication.
- the date and time of dose.
- dose given and method.
- signed by key person/setting manager/deputy.
- verified by parent signature at the end of the day.

A witness signs the medicine record book to verify that they have witnessed medication being given correctly according to the procedures here.

- No child may self-administer. If children are capable of understanding when they need medication, e.g., for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
- The medication records are monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for several children at similar times may indicate a need for better infection control.

### **Children with long term medical conditions requiring ongoing medication**

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting manager/deputy and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought, if necessary, where there are concerns.
- A Health care plan form is completed fully with the parent; outlining the key person's role and what information is shared with other staff who care for the child.
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

### **Managing medicines on trips and outings**

- Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.

- Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a medication form to record administration, with details as above.
- The medication form is then signed by the parent at collection time.
- If a child on medication must be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled as above.

### **Staff taking medication**

Staff taking medication must inform their manager/deputy. The medication must be stored securely in the medication cabinet, which is in a secure area away from the children. The manager/deputy must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

### **Further guidance**

[Medication Administration Record](#) (Early Years Alliance Publication)

## 0.4 Health procedures

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

Life-saving medication and invasive treatments may include adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatment such as rectal administration of Diazepam (for epilepsy).

- The key person responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.
- The child's welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.
- The key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- Children with complex and/or long-term health conditions have a health care plan in place which considers the principles and best practice guidance given here.
- Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- Key persons speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- Children's right to privacy and modesty is respected. Another educator is usually present during the process.

#### **Record keeping**

For a child who requires invasive treatment the following must be in place from the outset:

- 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 parents allowing members of staff to administer medication.
- 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.

- a healthcare plan.

Copies of all letters relating to these children must be sent to the insurance provider for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended. A record is made in the medication record book of the intimate/invasive treatment each time it is given.

### **Physiotherapy**

- Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.
- If it is agreed in the health care plan that the key person should undertake part of the physiotherapy regime then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the educator applying the technique in the first instance.

### **Safeguarding/child protection**

- Educators recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.
- If an educator has any concerns about physical changes noted during a procedure, for example unexplained marks or bruising then the concerns are discussed with the designated person for safeguarding and the relevant procedure is followed.

**Treatments such as inhalers or EpiPens must be immediately accessible in an emergency.**

## 0.4 Health procedures

### **04.04 Allergies and food intolerance**

When a child starts at the setting, parents are asked if their child has any known allergies or food intolerance. This information is recorded on the registration form.

- If a child has an allergy or food intolerance, a generic risk assessment form is completed with the following information:
  - the risk identified – the allergen (i.e., the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.)
  - the level of risk, taking into consideration the likelihood of the child coming into contact with the allergen.
  - control measures, such as prevention from contact with the allergen.
  - review measures.
- A Health care plan form must be completed with:
  - the nature of the reaction e.g., anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - managing allergic reactions, medication used and method (e.g., EpiPen)
- The child's name is added to the Dietary Requirements list.
- A copy of the risk assessment and health care plan is kept in the child's personal file and is shared with all staff and is also kept in the cook's Food Allergy and Dietary Needs file.
- Parents show staff how to administer 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.
- Any foods containing food allergens are identified on children's menus.

#### *Oral Medication*

- Oral medication must be prescribed or have manufacturer's instructions written on them.

- Staff must be provided with clear written instructions for administering such medication.
- All risk assessment procedures are adhered to for the correct storage and administration of the medication.
- The setting must have the parents' prior written consent. Consent is kept on file.

For other life-saving medication and invasive treatments please refer to 04.02 Administration of medicine.



## 0.4 Health procedures

### 04.05 Poorly children

- If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea\* and/or pains, particularly in the head or stomach then the setting manager/deputy calls the parents and asks them to collect the child or send a known carer to collect on their behalf.
- If a child has a raised temperature, they are kept cool by removing top clothing, sponging their heads with cool water, and kept away from draughts.
- A child's temperature is taken and checked regularly, using fever scans or other means i.e., ear thermometer.
- If a baby's temperature does not go down, and is worryingly high, then Calpol may be given after gaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies under 2 years old. Parents sign the medication record when they collect their child.\*\*
- In an emergency an ambulance is called and the parents are informed.
- Parents are advised to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents are asked to keep them at home for 48 hours.
- After diarrhoea or vomiting, parents are asked to keep children home for 48 hours following the last episode.
- Some experiences such as sand and water play and self-serve snack will be suspended for the duration of any outbreak.
- The setting has information about excludable diseases and exclusion times.
- The setting manager/deputy notifies the named nominated/chairperson if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.

- The setting manager/deputy has a list of notifiable diseases and contacts Public Health England (PHE) and Ofsted in the event of an outbreak.
- If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager/deputy calls NHS111 and informs parents.

### **HIV/AIDS 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 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/slucing clothing after changing.
- Soiled clothing is rinsed and bagged for parents to collect.
- Spills of blood, urine, faeces, or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with clinical waste.
- Tables and other furniture or toys affected by blood, urine, faeces, or vomit are cleaned using a disinfectant.
- Baby mouthing toys are kept clean and plastic toys cleaned in sterilising solution regularly.

### **Nits and head lice**

- Nits and head lice are not an excludable condition; although in exceptional cases parents may be asked to keep the child away from the setting 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, using current recommended treatments methods if they are found.

\*Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.

[www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-)

[facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis\)](#)

### **\*\*Paracetamol based medicines (e.g., Calpol)**

The use of paracetamol-based medicine may not be agreed in all cases. A setting cannot take bottles of non-prescription medicine from parents to hold on a 'just in case' basis, unless there is an immediate reason for doing so. Settings do not normally keep such medicine on the premises as they are not allowed to 'prescribe'. However, given the risks to very young babies of high temperatures, insurers may allow minor infringement of the regulations as the risk of not administering may be greater. Ofsted is normally in agreement with this. In all cases, parents of children under two years must sign to say they agree to the setting administering paracetamol-based medicine in the case of high temperature on the basis that they are on their way to collect. Such medicine should never be used to reduce temperature so that a child can stay in the care of the setting for a normal day. The use of emergency medicine does not apply to children over 2 years old. A child over two who is not well, and has a temperature, must be kept cool and the parents asked to collect straight away.

### **Further guidance**

[Good Practice in Early Years Infection Control](#) (Alliance Publication)

[Medication Administration Record](#) (Early Years Alliance Publication)

Guidance on infection control in schools and other childcare settings (Public Health Agency)

[https://www.publichealth.hscni.net/sites/default/files/Guidance\\_on\\_infection\\_control\\_in%20schools\\_poster.pdf](https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf)

## 0.4 Health procedures

### 4.05a Managing a suspected case of Coronavirus

**The main symptoms of coronavirus are:**

- a high temperature.
- a new continuous cough – this means coughing a lot, for more than an hour, or three or more coughing episodes in 24 hours.
- a loss of change to smell or taste – this means they cannot smell or taste anything, or things smell or taste different to normal.

Please refer to the latest government guidance on [next-steps-for-living-with-COVID](#). If it is suspected that a child has COVID, staff do not attempt to diagnose or make assumptions about symptoms presented. They should immediately respond and act as detailed in this procedure. This includes asking parents/carers to seek further advice from a medical practitioner who may/or may not advise that the symptoms meet the criteria for testing. In which case if the child appears well and displays no further suspect symptoms, they can return to the setting within the timescale advised by the medical practitioner.

The focus on coronavirus must not detract from staff being alert to the signs and symptoms linked to other serious illness as detailed below:

#### **What to do if a child seems very unwell**

Children and babies will still get illnesses that can make them very unwell quickly. It is important to get seek medical help and to contact the child's parents immediately.

#### **Call 999 if a child:**

- has a stiff neck.
- has a rash that does not fade when you press a glass against it.
- is bothered by light.
- has a seizure or fit for the first time.
- has unusually cold hands.
- has pale, blotchy, blue, or grey skin.
- has a weak, high-pitched cry that is not like their usual cry.

- is extremely agitated (does not stop crying) or is confused.
- finds it hard to breathe.
- has a soft spot on their head that curves outwards.
- is not responding like they normally do.

### **Being prepared**

- All staff are aware of this procedure and their responsibility if a child becomes unwell with coronavirus symptoms at the setting.
- Staff are instructed in how to remove and dispose of PPE equipment safely – this includes aprons and gloves worn during routine care procedures. We display the [NHS guide to putting on and removing PPE](#).

### **If a child becomes unwell**

- If a child is displaying any of the symptoms of coronavirus. The manager/deputy calls their parents to collect them immediately. Current guidance states that: *'If a child or young person has a positive COVID-19 test result they should try to stay at home and where possible avoid contact with other people for 3 days after the day they took the test. The risk of passing the infection on to others is much lower after 3 days, if they feel well and do not have a high temperature. Children and young people who usually attend an education or childcare setting and who live with someone who has a positive COVID-19 test result should continue to attend as normal'*.
- We will maintain contact with the parent(s) of the child who was sent home, and ensure they know that their child is entitled to a test and encourage them to get their child tested. To access testing parents should use the [111 online coronavirus service](#).
- We will ask the parent(s) to let us know the outcome as soon as possible.
- If the test result is positive, we will inform all other parents that a child has tested positive and remind them to be aware of the symptoms to look out for.
- We will inform our local authority if a child, or staff member in the setting tests positive for coronavirus.

## 0.4 Health procedures

### **04.05b Infection control**

Good practice infection control is paramount in early years settings. Young children's immune systems are still developing, and they are therefore more susceptible to illness.

#### **Prevention**

- Minimise contact with individuals who are unwell by ensuring that those who have symptoms of an infectious illness do not attend settings and stay at home for the recommended exclusion time (see below UKHSA link).
- Always clean hands thoroughly, and more often than usual where there is an infection outbreak.
- Ensure good respiratory hygiene amongst children and staff by promoting 'catch it, bin it, kill it' approach.
- Where necessary, for instance, where there is an infection outbreak, wear appropriate PPE.

#### **Response to an infection outbreak**

- Manage confirmed cases of a contagious illness by following the guidance from the [UK Health Security Agency \(UKHSA\)](#)

#### **Informing others**

Early years providers have a duty to inform Ofsted of any serious accidents, illnesses or injuries as follows:

- anything that requires resuscitation.
- admittance to hospital for more than 24 hours.
- a broken bone or fracture.
- dislocation of any major joint, such as the shoulder, knee, hip or elbow.
- any loss of consciousness.
- severe breathing difficulties, including asphyxia.
- anything leading to hypothermia or heat-induced illness.

In some circumstances this may include a confirmed case of a Notifiable Disease in their setting, if it meets the criteria defined by Ofsted above. Please note that it is not the responsibility of the setting to diagnose a notifiable disease. This can only be done by a

clinician (GP or Doctor). If a child is displaying symptoms that indicate they may be suffering from a notifiable disease, parents must be advised to seek a medical diagnosis, which will then be 'notified' to the relevant body. Once a diagnosis is confirmed, the setting may be contacted by the UKHSA, or may wish to contact them for further advice.

### **Further guidance**

[Good Practice in Early Years Infection Control](#) (Alliance Publication)

## 0.4 Health procedures

### 04.06 Oral health

The setting provides care for children and promotes health through promoting oral health and hygiene, encouraging healthy eating, healthy snacks, and tooth brushing.

- Fresh drinking water is always available and easily accessible.
- Sugary drinks are not served.
- In partnership with parents, babies are introduced to an open free-flowing cup at 6 months and from 12 months are discouraged from using a bottle.
- Only water and milk are served with morning and afternoon snacks.
- Children are offered healthy nutritious snacks with no added sugar.
- Parents are discouraged from sending in confectionary as a snack or treat.
- Staff follow the Infant & Toddler Forum's Ten Steps for Healthy Toddlers.

#### Oral hygiene at home

- Oral hygiene experiences are included in children's teaching and learning opportunities, through books, discussions, and practical experiences.
- Every new child that starts at our setting receives a toothbrushing home kit.
- The setting co-ordinates with local oral health services and ensures procedures are reviewed regularly, additional guidance from the local team may be added to this procedure.

#### Dummies

- Parents are *advised* to stop using dummies once their child is 12 months old.
- Dummies that are damaged are disposed of and parents are told that this has happened

#### Further guidance

Infant & Toddler Forum: Ten Steps for Healthy Toddlers

[www.infantandtoddlerforum.org/toddlers-to-preschool/healthy-eating/ten-steps-for-healthy-toddlers/](http://www.infantandtoddlerforum.org/toddlers-to-preschool/healthy-eating/ten-steps-for-healthy-toddlers/)



## **0.5 Promoting inclusion, equality, and valuing diversity policy**

Alongside associated procedures in 05.01 Promoting inclusion, equality and diversity, this policy was adopted by *New Life Pre-School and Nursery* in *January 2024*.

All early years settings must consider and meet relevant employer and service provider duties as set out in the Equality Act (2010). Those in receipt of funding must eliminate discrimination including indirect, direct discrimination, discrimination and harassment based on association and perception and discrimination for reason relating to a disability or by failing to make a reasonable adjustment to any provision, criterion, or practice. This duty is anticipatory. Settings must advance equality of opportunity and foster good relations with individuals and groups with protected characteristics namely disability, race (ethnicity), religion and belief, sexual orientation, sex (gender), gender reassignment, age, pregnancy and maternity, marriage, and civil partnership.

### **Aim**

Our provision actively promotes inclusion, equality of opportunity and the valuing of diversity.

### **Objectives**

We support the definition of inclusion as stated by the Early Childhood Forum:

*'Inclusion is the process of identifying, understanding and breaking down the barriers to participation and belonging.'*

We interpret this as consisting of several tasks and processes in relation not only to children but also to parents and visitors in the setting. These tasks and processes include awareness and knowledge of relevant barriers to inclusion for those with a protected characteristic namely:

- disability.
- gender reassignment.
- pregnancy and maternity.
- race.
- religion or belief.
- sexual orientation.

- sex (gender).
- age.
- marriage or civil partnership (in relation to employment).

This includes unlawful behaviour towards people with protected characteristics.

Unlawful behaviour being direct discrimination, indirect discrimination, associative discrimination, discrimination by perception, harassment, and victimisation (in addition, we are aware of the inequality that users facing socio-economic disadvantaged may also encounter). We will not tolerate behaviour from an adult which demonstrates dislike and prejudice towards groups and individuals living outside the UK (xenophobia). This also applies to the same behaviour towards specific groups of people and individuals who are British Citizens residing in the UK.

We promote understanding of discrimination - through training and staff development - the causes and effects of discrimination on both adults and children and the long-term impact of discrimination; the need to protect children from discrimination and ensure that early years practice is both accessible and inclusive; the need for relevant support to allow children to develop into confident adults with a strong positive self-identity.

- Developing practice that includes:
  - Developing an environment which reflects the 'kaleidoscope' of factors that can provide settings with a myriad of influences and ideas for exploring and celebrating difference.
  - Ensuring that barriers to inclusion are identified and removed or minimised wherever possible.
  - Understanding, supporting and promoting the importance of identity for all children and recognising that this comprises multiple facets which are shaped by a 'kaleidoscope' of factors including British values, 'race'\ethnicity and culture, gender, difference of ability, social class, language, religion and belief, and family form and lifestyle, which combine uniquely in the identity of each individual; for example, we welcome and promote bi/multi-lingualism and the use of alternative communication formats such as sign language, and we promote gender equality while at the same time recognising the differences in play preferences and developmental timetables of girls and boys.

- Recognising that this 'kaleidoscope' also reflects negative images which may be internalised and negatively affect the development of self-concept, self-esteem, and confidence.
- Promoting a welcoming atmosphere that genuinely appreciate British values, different cultural and personal perspectives, without stereotyping and prejudicing cultures and traditions on raising children, by always involving parents.
- Promoting community cohesion and creating an environment that pre-empts acts of discrimination so that they do not arise.
- Recruitment of staff to reflect cultural and language diversity, disabled staff, and staff of both genders.
- Addressing discrimination as it occurs from children in a sensitive, age-appropriate manner to ensure that everyone involved understands the situation and are offered reassurance and support to achieve resolution.
- Challenging discriminatory behaviour from parents, staff or outside agencies or individuals that affect the well-being of children and the early years community.
- Creating an ethos within which staff work confidently within a culturally complex environment; learning when to change or adapt practice in the setting and having the confidence to challenge practice (including parental) that is not in the child's best interest, seeking support and intervention from agencies where appropriate.
- Ensuring that educators work closely with the Special Educational Needs Coordinator to make sure that the additional needs of all children are identified and met.
- We are aware of anti-discriminatory legislation and able to use it to shape the service and support parents and children against discrimination in the local community, for example, against asylum seekers, the Travelling community and same sex parents.
- We regularly monitor and review our practice including long-term preventative measures to ensure equality such as auditing of provision, formulating an equality plan, applying impact measurements and positive actions. In addition,

short term measures such as recognition and assessment of children's additional support needs (e.g., impairment, home language, family hardship, specific family beliefs and practices), day-to-day experiences, provision of suitable support and resources, activity programme and curriculum., assessment, recognition of special educational needs and developing inclusive relationships.

### **Legal references**

General Data Protection Regulation 2018

Children and Families Act 2014 Part 3

Special Educational Needs and Disability Code of Practice 2014

Disability Equality Duty 2011

Equality Act 2010

Prevent Strategy 2015

### **Further guidance**

[Guide to the Equality Act and Good Practice](#) (Alliance Publication)

## 0.5 Equality procedures

### **05.01 Promoting inclusion, equality, and valuing diversity**

We actively promote inclusion, equality of opportunity and value diversity. All early years setting have legal obligations under the Equality Act 2010. Those in receipt of public funding also have public equality duties to eliminate discrimination, promote equality, foster good relations with individuals and groups with protected characteristics namely disability, race (ethnicity), religion and belief, sexual orientation, sex (gender), gender reassignment, age, pregnancy and maternity, marriage, and civil partnership. Settings also have obligations under the Prevent Duty (2015) which highlights the need to foster equality and prevent children from being drawn into harm and radicalisation.

**Promoting identity, positive self-concept, and self-esteem for all children through treating each child as an individual and with equal concern, ensuring each child's developmental and emotional needs are recognised and met.**

- Promoting inclusive practice to ensure every child is welcomed and valued.
- Discussing aspects of family/child identity with parents when settling in a new child.
- Maintaining a positive non-judgemental attitude and use of language with children to talk about topics such as family composition/background, eye and skin colour, hair texture, sex, gender, physical attributes, and languages spoken (including signing).
- Becoming knowledgeable about different cultures, and individual subjective perceptions of these and being able to reflect them imaginatively and creatively in the setting to create pride, interest, and positive self-identity.
- Discussing similarities and differences positively without bias and judgement.
- Celebrating festivals, holy days, and special days authentically through involving parents, staff, or the wider community to provide a positive experience for all.
- Providing books with positive images of children and families from all backgrounds and abilities. Avoiding caricatures or cartoon-like depictions, and ensuring individual differences are portrayed with sensitive accuracy. The central characters in individual stories should provide a positive, broad representation of diversity e.g., disability, ethnicity, sex and gender, age, and social backgrounds. Individual storylines should contain a range of situations which are easily identifiable by children such as those

that include disabled children/adults, different ethnic groups, mixed heritage families, gender diversity, single sex/same and different sex families, multi-generational households, and cultural diversity.

- Providing visual materials, such as posters and pictures that provide non-stereotypical images of people, places and cultures and roles that are within children's range of experience. This includes photographs taken by staff of the local and wider community, of parents and families and local events.
- Using textiles, prints, sculptures, or carvings from diverse cultures in displays.
- Providing artefacts from a range of cultures, particularly for use in all areas of the setting, not just in the home corner.
- Ensuring toys, learning materials and resources reflect diversity and provide relevant materials for exploring aspects of difference, such as skin tone paints and pens.
- Developing a range of activities through which children can explore aspects of their identity, explore similarities, differences and develop empathy including:
  - self-portraits, photograph albums and displays showing a range of families
  - books about 'me' or my family.
  - persona doll stories which sympathetically and authentically represent diversity
  - food experiences, such as tasting and cooking, creating real menu additions.
  - experiences about real celebrations such as new babies, weddings, cultural and religious events.
  - use of textiles and secular artefacts in the room, and to handle and explore, that demonstrate valuing of the cultures from which they come.
  - creating textiles such as tie dying, batik and creative use of textiles.
  - provide mirrors at different heights for babies and other non-ambulant children
  - developing a music area with a variety of musical instruments for babies and children to use to create a range of music.
  - creating an art and mark making area with a variety of materials from other countries such as wood blocks for printing, Chinese calligraphy brushes etc.
  - home corner play which encourages all children to equally participate and provides domestic articles from diverse cultures.



- 'dressing up' materials which promote non-gendered roles and enable children to explore different gender identities/gender neutrality.
  - providing dolls that sensitively and accurately portray difference such as disability and ethnicity.
  - use of a variety of music to play to children of different genres and cultural styles with a variety of musical instruments for children to access.
  - a language and literacy space with a variety of books, some with dual language texts and signs, involving parents in the translation where possible.
  - tapes with stories read in English and other languages.
  - examples of writing in other scripts from everyday sources such as papers and magazines, packaging etc. Children's names written on cards in English as well as in their home language script where appropriate.
  - labels for children's paintings or other work are made with their name in English and home language script (parents can help with this).
  - conversations with young children which explore unfamiliar objects and subjects to help foster an understanding of diversity and identity such as spectacles or hearing aids, religious and cultural practices.
- Record keeping that refers to children's emerging bilingual skills or their use of sign language as achievements in positive terms.
  - Record keeping that refers to children's differing abilities and identities in positive terms.
  - Records that show the relevant involvement of all children, especially children with special educational needs and disabilities, those using English as an additional language and those who are 'more abled' in the planning of their care and education.

### **Fostering positive attitudes and challenging discrimination**

- Young children are learning how to grow up in a diverse world and develop appropriate attitudes. This can be difficult, and they may make mistakes and pick up inappropriate attitudes or just get the 'wrong idea' that may underlie attitudes of 'pre-prejudice' towards specific individuals/groups. Where children make remarks or behave in a discriminatory or prejudice way or make inappropriate comments that arise from not knowing facts, staff should explain why these actions are not

acceptable and provide appropriate information and intervention to reinforce children's understanding and learning.

- Where children make overtly prejudice or discriminatory remarks they are dealt with as above, and the issue is raised with the parents.
- When children wish to explore aspects of their identity such as ethnicity or gender, they should be listened to in an understanding and non-judgemental way.
- Parents are expected to abide by the policy for inclusion, diversity, and equality and to support their child in the aims of the setting.

### **Implementing an equality strategy to foster a 'can do' approach**

- Every setting should have an equality strategy in place outlining their vision on equality and how they build equality into the provision and how this is monitored and evaluated.
- An equality check and access audit are completed to ensure that there are no barriers to inclusion of any child, families, and visitors to the setting.
- Early years settings in receipt of nursery education funding are covered by the public sector equality duty. These bodies must have regard of the need to eliminate discrimination, promote equality of opportunity, foster good relations between disabled and non-disabled persons, and publish information to show their compliance with the duty.

### **Promoting dynamic and balanced mixed gender, culturally, socially, and linguistically diverse staff teams who work constructively together in providing for diverse communities.**

- It is recognised that members of staff in diverse teams bring a range of views and opinions to the setting regarding a range of issues to do with the job. It is important that a range of views and perspectives are shared and respected in staff meetings and that decisions are made on which way of looking at the situation will result in the best outcomes for the child.
- Staff views are sought where these offer individuals, social and/or cultural insight, although staff should not be put in an uncomfortable position of being an 'expert' or 'ambassador'.



- Staff respect similarities and differences between each other and users such as ability, disability, religious and personal beliefs, sex, sexual orientation, gender reassignment etc. Staff do not discriminate or harass individuals on the grounds of these or encourage any other member of staff to do so; evidence of such will be dealt with by management immediately.
- Members of staff make the best use of different perspectives in the team to find solutions to difficult problems that arise in socially/culturally complex situations.
- Members of staff support each other to highlight similarities and respect differences.
- Members of staff of both sexes carry out all tasks according to their job description; there are no jobs that are designated men's or women's jobs.
- Staff are sensitive to the fact that male workers are under-represented in the early years workforce so may be more likely to experience inequality and discrimination.
- Staff should be aware that male workers may be more vulnerable to allegations. Therefore, work practices should be developed to minimise this. These practices are valuable for all staff.
- Where staff may feel threatened, or under attack, from discriminatory behaviour, staff and managers follow procedure 01.12 Threats and abuse towards staff and volunteers.
- There is an ethos wherein staff, parents and children are free to express themselves and speak their own languages in ways that enhance the culture of the setting.

**Ensuring that barriers to equality and inclusion are identified and removed or minimised wherever possible**

- Barriers may include:
  - lack of understanding - where the language spoken at the setting is not that which is spoken at a child's home.
  - perceived barriers – affordability where parents are not aware of financial support available or assume that a service is not available to them. Perceived barriers may also be physical barriers for those children or parents with a disability or additional needs where they assume, they will not be able to access the service.
  - physical barriers – where there are environmental features which stop a disabled child or disabled parent accessing the setting such as stairs.

- negative attitudes – stereotypes and prejudices or commitment by staff and managers to the time and energy required to identify and remove barriers to accessibility.
  - unconscious and conscious bias of staff towards some families such as those from other backgrounds, disabled parents, same sex parents and families with specific religious beliefs.
  - gendered views of staff which limit children’s aspirations and choices.
  - misconceptions such as disabled children should not attend settings during a pandemic due to heightened risk.
  - lack of effective Information Communication Technology (ICT) in the homes of families who are vulnerable or at risk and therefore unable to keep in close contact with the childcare provider.
- Staff are aware of the different barriers to inclusion and equality and consider the wider implications for children and their families.

### **Supporting children to become considerate adults**

- Children’s social and emotional development is shaped by early experiences and relationships and incorporates elements of equality and British and Universal values. The EYFS supports children’s earliest skills in an age appropriate way to become social citizens, namely listen and attend to instructions; know the difference between right and wrong; recognise similarities and differences between themselves and others; make and maintain friendships; develop empathy and consideration of other people; take turns in play and conversation; risk taking behaviours, rules and boundaries; not to hurt/upset other people with words and actions; consequences of hurtful/discriminatory behaviour and regulating behaviour.

### **British values**

The fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs are already implicitly embedded in the Early Years Foundation Stage and are further clarified here based on *Fundamental British values in the Early Years* (<https://foundationyears.org.uk/wp-content/uploads/2017/08/Fundamental-British-Values-in-the-Early-Years-2017.pdf>)

*Democracy: making decisions together*

- For self-confidence and self-awareness (PSED), educators encourage children to see the bigger picture, children know their views count, value each other's views and values and talk about feelings e.g., when they do or do not need help.
- Supporting the decisions children make and providing experiences that involve turn-taking, sharing and collaboration. Children are given opportunities to develop enquiring minds, where questions are valued and prejudice attitudes less likely.

*Rule of law: understanding rules matter (PSED)*

- Educators ensure children understand their and others' behaviour and consequence.
- Educators collaborate with children to create rules and codes of behaviour, e.g., rules about tidying up and ensure all children understand that rules apply to everyone.

*Individual liberty: freedom for all (PSED & UW)*

- Children should develop a positive sense of themselves. Staff provide opportunities for children to develop their self-knowledge, self-esteem and increase their confidence in their own abilities, for example through allowing children to take risks on an obstacle course, mixing colours, exploring facets of their own identity, talking about their experiences and learning. Educators encourage a range of experiences, allow children to explore the language of feelings and responsibility, reflect on differences and understand we are free to have different opinions, for example in a small group discuss what they feel about transitioning into Reception Class.

*Mutual respect and tolerance: treat others as you want to be treated (PSED & UW)*

- Staff create an ethos of inclusivity and tolerance where views, faiths, cultures, and races are valued and children are engaged with the wider community.
- Children should acquire tolerance, appreciation, and respect for their own and other cultures; know about similarities and differences between themselves, others and among families, faiths, communities, cultures, and traditions.
- Staff encourage and explain the importance of tolerant behaviours such as sharing and respecting other's opinions.
- Staff promote diverse attitudes and challenge stereotypes, for example, sharing stories that reflect and value the diversity of children's experiences and providing resources and experiences that challenge gender, cultural/racial stereotyping.

It is not acceptable to:

- actively promote intolerance of other faiths, cultures, and races.
- fail to challenge gender stereotypes and routinely segregate girls and boys.
- isolate children from their wider community.
- fail to challenge behaviours (whether of staff, children, or parents) that are not in line with the fundamental values of democracy, rule of law, individual liberty, mutual respect, and tolerance for those with different faiths and beliefs.

## 0.6 Safeguarding children, young people, and vulnerable adults' policy

Alongside associated procedures in 06.1-06.10 Safeguarding children, young people and vulnerable adults, this policy was adopted by *New Life Pre-School and Nursery* in *January 2024*.

**Designated leads for safeguarding:** (Lisa Brown), (Rachel Parker), (Sarah Wood), and (Kelsey Easton).

**Designated officer is:** (Luke Crompton)

### Aim

We are committed to safeguarding children, young people and vulnerable adults and will do this by putting young people and vulnerable adult's right to be '*strong, resilient, and listened to*' at the heart of all our experiences.

The Early Years Alliance 'three key commitments' are broad statements against which policies and procedures across the organisation will be drawn to provide a consistent and coherent strategy for safeguarding children young people and vulnerable adults in all services provided. The four key commitments are:

1. The Alliance is committed to empowering children, young people, and vulnerable adults, promoting their right to be '**strong, resilient, actively listened to, and heard.**'
2. The Alliance upholds a culture of safety in which children, young people and vulnerable adults are protected from abuse and harm in all areas of its curriculum and service delivery.
3. The Alliance is committed to preventing harm and responding promptly and appropriately to all incidents or concerns of abuse that may occur. Working with statutory agencies to achieve the best possible outcomes for every child.
4. The Alliance is dedicated to increasing safeguarding confidence, knowledge and good practice throughout its training and learning programmes for adults, advocating support and representation for those in greatest need.

NB: A 'young person' is defined as 16–19-year-old. In an early years setting, they may be a student, worker, or parent.

A 'vulnerable adult' (see guidance to the Care Act 2014) as: *'a person aged 18 years or over, who is in receipt of or may need community care services by reason of 'mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'*. In early years, this person may be a service user, parent of a service user, or a volunteer.

### **Key Commitment 1**

- All staff receive adequate training in child protection matters and have access to the setting's policy and procedures for reporting concerns of possible abuse and the safeguarding procedures of the Local Safeguarding Partners. **(Wakefield Safeguarding Children's Partnership)**
- All staff have adequate information on issues affecting vulnerability in families such as social exclusion, domestic violence, mental illness, substance misuse and parental learning disability, together with training that takes account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.
- We use available curriculum materials for young children, taking account of information in the Early Years Foundation Stage, that enable children to be *strong, resilient, and listened to and heard*.
- All services seek to build the emotional and social skills of children and young people who are service users in an age-appropriate way, including increasing their understanding of how to stay safe.
- We adhere to the EYFS Safeguarding and Welfare requirements.

### **Key Commitment 2**

- There are procedures in place to prevent known abusers from coming into the organisation as employees or volunteers at any level.
- Safeguarding is the responsibility of every person undertaking the work of the organisation in any capacity.
- There are procedures for dealing with allegations of abuse against a member of staff, or any other person undertaking work whether paid or unpaid for the organisation, where there is an allegation of abuse or harm of a child. Procedures differentiate clearly between an allegation, a concern about quality of care or practice and complaints.

- There are procedures in place for reporting possible abuse of children or a young person in the setting.
- There are procedures in place for reporting safeguarding concerns where a child may meet the s17 definition of a child in need (Children Act 1989) and/or where a child may be at risk of significant harm, and to enable staff to make decisions about appropriate referrals using local published threshold documents.
- There are procedures in place for reporting possible abuse of a vulnerable adult in the setting.
- There are procedures in place in relation to escalating concerns and professional challenge.
- There are procedures in place for working in partnership with agencies involving a child, or young person or vulnerable adult, for whom there is a protection plan in place. These procedures also take account of working with families with a 'child in need' and with families in need of early help, who are affected by issues of vulnerability such as social exclusion, radicalisation, domestic violence, mental illness, substance misuse and parental learning disability.
- These procedures take account of diversity and inclusion issues to promote equal treatment of children and their families and that take account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.
- There are procedures in place for record keeping, confidentiality and information sharing, which are in line with data protection requirements.
- We follow government and Local Safeguarding Partners guidance in relation to extremism. **(Wakefield Safeguarding Children Partnership)**
- The procedures of the Local Safeguarding Partners must be followed. **(Wakefield Safeguarding Children Partnership)**

### Key Commitment 3

- We have designated safeguarding lead persons, who are responsible for carrying out child, young person, or adult protection procedures. *(It is recommended that this person is the setting manager/deputy).*

- The designated safeguarding lead persons report to the designated officer responsible for overseeing all child, young person or adult protection matters. *(It is usually the person who is the nominated person /chairperson of the setting).*
- The designated safeguarding lead and the designated officer ensure they have links with statutory and voluntary organisations regarding safeguarding children.
- The designated safeguarding lead persons and the designated officer ensure they have received appropriate training on child protection matters and that all staff are adequately informed and/or trained to recognise possible child abuse in the categories of physical, emotional, and sexual abuse and neglect.
- The designated safeguarding lead persons and the designated officer ensure all staff are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture and that these receive full consideration in child, young person, or adult protection related matters.
- The designated safeguarding lead persons and the designated officer ensure that staff are aware and receive training in social factors affecting children’s vulnerability including
  - social exclusion
  - domestic violence and controlling or coercive behaviour
  - mental illness
  - drug and alcohol abuse (substance misuse)
  - parental learning disability
  - radicalisation
- The designated safeguarding lead persons and the designated officer ensure that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters:
  - abuse of disabled children
  - fabricated or induced illness
  - child abuse linked to spirit possession
  - sexually exploited children



- children who are trafficked and/or exploited
- female genital mutilation
- extra-familial abuse and threats
- children involved in violent offending, with gangs and county lines.

The designated safeguarding lead persons and the designated officer ensure they are adequately informed in vulnerable adult protection matters.

#### **Key commitment 4**

- There are procedures in place to ensure staff recognise children and families who may benefit from early help and can respond using local early help processes. Designated safeguarding leads should ensure all staff understand how to identify and respond to families who may need early help. **(Team Around the Early Years)**
- Staff are supported to make the right decisions that enable timely and appropriate action to be taken.
- Designated Safeguarding Lead persons contribute towards local safeguarding arrangements to ensure that the views of the sector are heard at the highest level by:
  - Finding out how education and childcare are represented at a strategic level within their Local Safeguarding Partnership (LSP) structures.
  - Sharing their knowledge of the experiences of children in their cohort with LSP local leaders

#### **Legal references**

Primary legislation

Children Act 1989 – s 47

Protection of Children Act 1999

Care Act 2014

Children Act 2004 s11

Children and Social Work Act 2017

Safeguarding Vulnerable Groups Act 2006

Counter-Terrorism and Security Act 2015

General Data Protection Regulation 2018

Data Protection Act 2018

Modern Slavery Act 2015

Sexual Offences Act 2003

Serious Crime Act 2015

Criminal Justice and Court Services Act (2000)

Human Rights Act (1998)

Equalities Act (2006)

Equalities Act (2010)

Disability Discrimination Act (1995)

Data Protection Act (2018)

Freedom of Information Act (2000)

### **Legal references**

Working Together to Safeguard Children (HMG 2023)

Statutory Framework for the Early Years Foundation Stage 2023

What to Do if You're Worried a Child is Being Abused (HMG 2015)

Prevent duty guidance for England and Wales: guidance for specified authorities in England and Wales on the duty of schools and other providers in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism' (HMG 2015)

Keeping Children Safe in Education 2022

Education Inspection Framework (Ofsted 2023)

The framework for the assessment of children in need and their families (DoH 2000)

The Common Assessment Framework (2006)

Statutory guidance on inter-agency working to safeguard and promote the welfare of children (DfE 2015)

### ***Further guidance***

Information sharing advice for safeguarding practitioners (DfE 2018)

The Team Around the Child (TAC) and the Lead Professional (CWDC 2009)

*Policies and Procedures for the EYFS 2024* (Early Years Alliance 2024)

The Common Assessment Framework (CAF) – guide for practitioners (CWDC 2010)

The Common Assessment Framework (CAF) – guide for managers (CWDC 2010)

Multi-Agency Statutory Guidance on Female Genital Mutilation (HMG. 2016)

Multi-Agency Public Protection Arrangements (MAPPA) (Ministry of Justice, National Offender Management Service and HM Prison Service 2014)

Safeguarding Children from Abuse Linked to a Belief in Spirit Possession (HMG 2010)

Safeguarding Children in whom Illness is Fabricated or Induced (HMG 2007)

Safeguarding Disabled Children: Practice Guidance (DfE 2009)

Safeguarding Children who may have been Trafficked (DfE and Home Office 2011)

Child sexual exploitation: definition and guide for practitioners (DfE 2017)

Handling Cases of Forced Marriage: Multi-Agency Practice Guidelines (HMG 2014)

0.6 Safeguarding children, young people, and vulnerable adults' procedures

### **06.01 Responding to safeguarding or child protection concerns**

**The designated safeguarding lead person is** (Lisa Brown), **the back-up designated safeguarding lead persons are** (Rachel Parker), (Sarah Wood), and (Kelsey Easton), **the designated officer is** (Luke Crompton).

#### **Safeguarding roles**

- All staff recognise and know how to respond to signs and symptoms that may indicate a child is suffering from or likely to be suffering from harm. They understand that they have a responsibility to act immediately by discussing their concerns with the designated safeguarding lead or a named back-up designated safeguarding lead person.
- The manager/deputy are the designated safeguarding leads responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults.
- All concerns about the welfare of children in the setting should be reported to the designated safeguarding lead or a back-up designated safeguarding lead person.
- The designated safeguarding lead ensures that all educators are alert to the indicators of abuse and neglect and understand how to identify and respond to these.
- The setting should not operate without an identified designated safeguarding lead at any time.
- The line manager of the designated safeguarding lead (manager) is the designated officer.
- The designated safeguarding lead informs the designated officer about serious concerns as soon as they arise and agree the action to be taken, seeking further clarification if there are any doubts that the issue is safeguarding.
- If it is not possible to contact the designated officer, action to safeguard the child is taken first and the designated officer is informed later.
- Issues which may require notifying to Ofsted are notified to the designated officer to decide regarding notification. The designated safeguarding lead must remain up to date with Ofsted reporting and notification requirements.

- If there is an incident, which may require reporting to RIDDOR the designated officer/ safeguarding lead immediately seeks guidance. There continues to be a requirement that the designated officer/ safeguarding lead follows legislative requirements in relation to reporting to RIDDOR. This is fully addressed in section 01 Health and Safety procedures.
- All settings follow procedures of their Local Safeguarding Partners (LSP) **(Wakefield Safeguarding Children Partnership)** for safeguarding and any specific safeguarding procedures such as responding to radicalisation/extremism concerns. Procedures are followed for managing allegations against staff, **(LADO – Local Authority Designated Officer)** as well as for responding to concerns and complaints raised about quality or practice issues, whistle-blowing, and escalation.

### **Responding to marks or injuries observed**

- If a member of staff observes or is informed by a parent/carer of a mark or injury to a child that happened at home or elsewhere, the member of staff makes a record of the information given to them by the parent/carer in the child's personal file, which is signed by the parent/carer.
- The member of staff advises the designated lead as soon as possible if there are safeguarding concerns about the circumstance of the injury.
- If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the designated lead decides the course of action to be taken.
- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the designated lead.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated lead decides the course of action required, taking into consideration any explanation given by the child.
- If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the designated safeguarding lead.
- If there is no cause for further concern, a record is made in the Accident Record, with a note that the circumstances of the injury are not known.

- If the injury is unlikely to have occurred at the setting, this is raised with the designated lead.
- The parent/carer is advised at the earliest opportunity.
- If the parent believes that the injury was caused at the setting this is still recorded in the Accident Record and an accurate record made of the discussion is made on the child's personal file.

### **Responding to the signs and symptoms of abuse**

- Concerns about the welfare of a child are discussed with the designated lead without delay.
- A written record is made of the concern on a 'Safeguarding incident reporting form' as soon as possible.
- Concerns that a child is in immediate danger or at risk of significant harm are responded to immediately and if a referral is necessary this is made on the same working day.

### **Responding to a disclosure by a child**

- When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.
- The educator listens carefully and calmly, allowing the child time to express what they want to say.
- Staff do not attempt to question the child but if they are not sure what the child said, or what they meant, they may prompt the child further by saying '*tell me more about that*' or '*show me again.*'
- After the initial disclosure, staff speak immediately to the designated lead. They do not further question or attempt to interview a child.
- If a child shows visible signs of abuse such as bruising or injury to any part of the body and it is age appropriate to do so, the key person will ask the child how it happened.
- When recording a child's disclosure on, their exact words are used as well as the exact words with which the member of staff responded.
- If marks or injuries are observed, these are recorded on a body diagram.

### **Decision making (all categories of abuse)**

- The designated lead makes a professional judgement about referring to other agencies, including Social Care using the Local Safeguarding Partnership (LSP) threshold document:
  - Level 1: Child's needs are being met. Universal support.
  - Level 2: Universal Plus. Additional professional support is needed to meet child's needs.
  - Level 3: Universal Partnership Plus. Targeted Early Help. Coordinated response needed to address multiple or complex problems.
  - Level 4: Specialist/Statutory intervention required. Children in acute need, likely to be experiencing, or at risk of experiencing significant harm.
- Staff are alert to indicators that a family may benefit from early help services and should discuss this with the designated safeguarding lead, also completing a 'Safeguarding incident reporting form' if they have not already done so.

### **Seeking consent from parents/carers to share information before making a referral for early help (Tier 2/3\*)**

Parents are made aware of the setting's Privacy Notice which explains the circumstances under which information about their child will be shared with other agencies. When a referral for early help is necessary, the designated safeguarding lead must always seek consent from the child's parents to share information with the relevant agency.

- If consent is sought and withheld and there are concerns that a child may become at risk of significant harm without early intervention, there may be sufficient grounds to over-ride a parental decision to withhold consent.
- If a parent withholds consent, this information is included on any referral that is made to the local authority. In these circumstances a parent should still be told that the referral is being made beforehand (unless to do so may place a child at risk of harm).

*\*Tier 2: Children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. Tier 3: Children with complex multiple needs, requiring specialist services to achieve or*

*maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled.*

### **Informing parents when making a child protection referral**

In most circumstances consent will not be required to make a child protection referral, because even if consent is refused, there is still a professional duty to act upon concerns and make a referral. When a child protection referral has been made, the designated lead contacts the parents (only if agreed with social care) to inform them that a referral has been made, indicating the concerns that have been raised, unless social care advises that the parent should not be contacted until such time as their investigation, or the police investigation, is concluded. Parents are not informed prior to making a referral if:

- there is a possibility that a child may be put at risk of harm by discussion with a parent/carer, or if a serious offence may have been committed, as it is important that any potential police investigation is not jeopardised.
- there are potential concerns about sexual abuse, fabricated illness, FGM or forced marriage.
- contacting the parent puts another person at risk; situations where one parent may be at risk of harm, e.g., abuse; situations where it has not been possible to contact parents to seek their consent may cause delay to the referral being made.

The designated safeguarding lead makes a professional judgment regarding whether consent (from a parent) should be sought before making a child protection referral as described above. They record their decision about informing or not informing parents along with an explanation for this decision. Advice will be sought from the appropriate children's social work team if there is any doubt. Advice can also be sought from the designated officer.

### **Referring**

- The designated safeguarding lead or back-up follows their LSP procedures for making a referral.
- If the designated safeguarding lead or their back-up is not on site, the most senior member of staff present takes responsibility for making the referral to social care.



- If a child is believed to be in immediate danger, or an incident occurs at the end of the session and staff are concerned about the child going home that day, then the Police and/or social care are contacted immediately.
- If the child is 'safe' because they are still in the setting, and there is time to do so, the senior member of staff contacts the setting's designated officer /safeguarding lead for support.
- Arrangements for cover (as above) when the designated safeguarding lead and back-up designated safeguarding lead person are not on-site are agreed in advance by the setting manager/deputy and clearly communicated to all staff.

### **Further recording**

- Information is recorded using a 'Safeguarding incident reporting form.' Discussion with parents and any further discussion with social care is recorded. If recording a conversation with parents that is significant, regarding the incident or a related issue, parents are asked to sign and date it a record of the conversation. It should be clearly recorded what action was taken, what the outcome was and any follow-up.
- If a referral was made, copies of all documents are kept and stored securely and confidentially (including copies in the safeguarding file).
- Each member of staff/volunteer who has witnessed an incident or disclosure should also make a written statement on a 'Safeguarding incident reporting form,' as above.
- Follow up phone calls to or from social care are recorded in the child's file; with date, time, the name of the social care worker and what was said.
- Safeguarding records are kept up to date and made available for confidential access by the designated officer to allow continuity of support during closures or holiday periods.

### **Reporting a serious child protection incident**

- The designated safeguarding lead is responsible for reporting to the designated officer and seeking advice if required prior to making a referral as described above.
- For child protection concerns at Tier 3 and 4\*\* it will be necessary for the designated safeguarding lead to complete a 'Safeguarding incident report form' and send it to the designated officer.

- Further briefings are sent to the designated officer when updates are received until the issue is concluded.

\*\* Tier 3: Children with complex multiple needs, requiring specialist services to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled.

Tier 4: Children in acute need, who are suffering or are likely to suffer significant harm.

### **Professional disagreement/escalation process**

- If an educator disagrees with a decision made by the designated safeguarding lead not to make a referral to social care they must initially discuss and try to resolve it with them.
- If the disagreement cannot be resolved with the designated safeguarding lead and the educator continues to feel a safeguarding referral is required then they discuss this with the designated officer.
- If issues cannot be resolved the whistle-blowing policy should be used, as set out below.
- Supervision sessions are also used to discuss concerns but this must not delay making safeguarding referrals.

### **Whistleblowing**

The whistle blowing procedure must be followed in the first instance if:

- a criminal offence has been committed, is being committed or is likely to be committed.
- a person has failed, is failing or is likely to fail to comply with any legal obligation to which he or she is subject. This includes non-compliance with policies and procedures, breaches of EYFS and/or registration requirements.
- a miscarriage of justice has occurred, is occurring or is likely to occur.
- the health and safety of any individual has been, is being or is likely to be endangered.
- the working environment has been, is being or is likely to be damaged.

- that information tending to show any matter falling within any one of the preceding clauses has been, is being or is likely to be deliberately concealed.

There are 3 stages to raising concerns as follows:

1. If staff wish to raise or discuss any issues which might fall into the above categories, they should normally raise this issue with their manager/deputy (designated safeguarding leads).
2. Staff who are unable to raise the issue with their manager/deputy (designated safeguarding leads) should raise the issue with the nominated/chairperson (designated officer).
3. If staff are still concerned after the investigation, or the matter is so serious that they cannot discuss it with the designated officer, they can seek advice from LADO.
4. Ultimately, if an issue cannot be resolved and the member of staff believes a child remains at risk because the setting or the local authority have not responded appropriately, the NSPCC have introduced a whistle-blowing helpline 0800 028 0285 for professionals who believe that:
  - their own or another employer will cover up the concern.
  - they will be treated unfairly by their own employer for complaining.
  - if they have already told their own employer and they have not responded.

### **Female genital mutilation (FGM)**

Educators should be alert to symptoms that would indicate that FGM has occurred, or may be about to occur, and take appropriate safeguarding action. Designated safeguarding leads should contact the police immediately as well as refer to children's services local authority social work if they believe that FGM may be about to occur.

It is illegal to undertake FGM or to assist anyone to enable them to practice FGM under the Female Genital Mutilation Act 2003, it is an offence for a UK national or permanent UK resident to perform FGM in the UK or overseas. The practice is medically unnecessary and poses serious health risks to girls. FGM is mostly carried out on girls between the ages of 0-15, statistics indicate that in half of countries who practise FGM girls were cut before the age of 5. LSCB (Local Safeguarding Children's Board) guidance must be followed in relation to FGM, and the designated lead is informed regarding

specific risks relating to the culture and ethnicity of children who may be attending their setting and shares this knowledge with staff.

Symptoms of FGM in very young girls may include difficulty walking, sitting or standing; painful urination and/or urinary tract infection; urinary retention; evidence of surgery; changes to nappy changing or toileting routines; injury to adjacent tissues; spends longer than normal in the bathroom or toilet; unusual and /or changed behaviour after an absence from the setting (including increased anxiety around adults or unwillingness to talk about home experiences or family holidays); parents are reluctant to allow child to undergo normal medical examinations; if an older sibling has undergone the procedure a younger sibling may be at risk; discussion about plans for an extended family holiday

### **Further guidance**

NSPCC 24-hour FGM helpline: 0800 028 3550 or email [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)

Government help and advice: [www.gov.uk/female-genital-mutilation](http://www.gov.uk/female-genital-mutilation)

### **Children and young people vulnerable to extremism or radicalisation**

Early years settings, schools and local authorities have a duty to identify and respond appropriately to concerns of any child or adult at risk of being drawn into terrorism.

LSP's (Local Safeguarding Partnerships) have procedures which cover how professionals should respond to concerns that children or young people may be at risk of being influenced by or being made vulnerable by the risks of extremism.

There are potential safeguarding implications for children and young people who have close or extended family or friendship networks linked to involvement in extremism or terrorism.

- The designated safeguarding lead is required to familiarise themselves with LSP (Local Safeguarding Partnerships) procedures, as well as online guidance including:
  - Channel Duty guidance: Protecting people vulnerable to being drawn into terrorism [www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance](http://www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance)
  - Prevent Strategy (HMG 2011) [www.gov.uk/government/publications/prevent-strategy-2011](http://www.gov.uk/government/publications/prevent-strategy-2011)

- The prevent duty: for schools and childcare providers  
[www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty](http://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty)
- The designated safeguarding lead should follow LSP (Local Safeguarding Partnerships) guidance in relation to how to respond to concerns regarding extremism and ensure that staff know how to identify and raise any concerns in relation to this with them.
- The designated safeguarding lead must know how to refer concerns about risks of extremism/radicalisation to their LSP (Local Safeguarding Partnerships) safeguarding team or the Channel panel, as appropriate.
- The designated safeguarding lead should also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of violent extremism.
- The designated safeguarding lead also ensures that all staff complete *'The Prevent Duty in an Early Years Environment'* and *'Understanding Children's Rights and Equality and Inclusion in Early Years Settings'* online EduCare courses or equivalent.
- If available in the area, the designated lead should complete WRAP (or equivalent) training and support staff to access the training as offered by local authorities. WRAP training covers local arrangements for dealing with concerns that a child may be at risk of extremism and/or radicalisation.
- The designated safeguarding lead should understand the perceived terrorism risks in relation to the area that they deliver services in.

### **Parental consent for radicalisation referrals**

LSP (Local Safeguarding Partnerships) procedures are followed in relation to whether parental consent is necessary prior to making a referral about a concern that a child or adult may be at risk of being drawn into terrorism. It is good practice to seek the consent of the person, or for very young children, the consent of their parent/carer prior to making a referral, but it is not a requirement to seek consent before referring a concern regarding possible involvement in extremism or terrorism if it may put a child at risk, or if an offence may have been or may be committed. Advice should be sought from the nominated/chairperson and local agencies responsible for safeguarding, as to

whether consent should be sought on a case-by-case basis. Designated safeguarding leads should be mindful that discussion regarding potential referral due to concerns may be upsetting for the subject of the referral and their family. Initial advice regarding whether an incident meets a threshold for referral can be sought from the relevant local agency without specific details such as names of the family being given in certain circumstances.

Consent is required prior to any individual engaging with a Channel intervention. Consent is usually sought by Channel partners, but LSP (Local Safeguarding Partnerships) procedures should be followed regarding this.

If there is a concern that a person is already involved in terrorist activity this must be reported to the Anti-Terrorist Hot Line 0800 789 321-Text/phone 0800 0324 539. Police can be contacted on 101.

### **Concerns about children affected by gang activity/serious youth violence**

Educators should be aware that children can be put at risk by gang activity, both through participation in and as victims of gang violence. Whilst very young children will be very unlikely to become involved in gang activity they may potentially be put at risk by the involvement of others in their household in gangs, such as an adult sibling or a parent/carer. Designated safeguarding leads should be familiar with their LSP (Local Safeguarding Partnerships) guidance and procedures in relation to safeguarding children affected by gang activity and ensure this is followed where relevant.

### **Forced marriage/Honour based violence**

Forced marriage is a marriage in which one or both spouses do not consent to the marriage but are forced into it. Duress can include physical, psychological, financial, sexual, and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent coercion is not required for a marriage to be forced. A forced marriage is distinct from an arranged marriage. An arranged marriage may have family involvement in arranging the marriages, but crucially the choice of whether to accept the arrangement remains with the prospective spouses.

Forced marriage became criminalised in 2014. There are also civil powers for example a Forced Marriage Protection Order to protect both children and adults at risk of forced marriage and offers protection for those who have already been forced into marriage.

Risks in relation to forced marriage are high and it is important that educators ensure that anyone at risk of forced marriage is not put in further danger. If someone is believed to be at risk it is helpful to get as much practical information as possible, bearing in mind the need for absolute discretion, information that can be helpful will include things like, names, addresses, passport numbers, national insurance numbers, details of travel arrangements, dates and location of any proposed wedding, names, and dates of birth of prospective spouses, details of where and with whom they may be staying etc. Forced marriage can be linked to honour-based violence, which includes assault, imprisonment, and murder. Honour based violence can be used to punish an individual for undermining what the family or community believes to be the correct code of behaviour.

In an emergency police should be contacted on 999.

Forced Marriage Unit can be contacted either by professionals or by potential victims seeking advice in relation to their concerns. The contact details are below.

- Telephone: +44 (0) 20 7008 0151
- Email: [fmufco.gov.uk](mailto:fmufco.gov.uk)
- Email for outreach work: [fmufcooutreach.gov.uk](mailto:fmufcooutreach.gov.uk)

### **Further guidance**

[Accident Record](#) (Early Years Alliance Publication)

Multi-agency practice guidelines: Handling cases of Forced Marriage (HMG 2014)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/322307/HMG\\_MULTI\\_AGENCY\\_PRACTICE\\_GUIDELINES\\_v1\\_180614\\_FIN\\_AL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FIN_AL.pdf)

0.6 Safeguarding children, young people, and vulnerable adults' procedures

## **06.02 Low level concerns and allegations of serious harm or abuse against staff, volunteers, or agency staff**

Concerns may come from a parent, child, colleague, or member of the public. Allegations or concerns must be referred to the designated safeguarding lead without delay - even if the person making the allegation later withdraws it.

### **What is a low-level concern?**

The NSPCC defines a low-level concern as '*any concern that an adult has acted in a way that:*

- *is inconsistent with the staff code of conduct, including inappropriate conduct outside of work.*
- *does not meet the threshold of harm or is not considered serious enough...to refer to the local authority.*

*Low-level concerns are part of a spectrum of behaviour. This includes:*

- *inadvertent or thoughtless behaviour.*
- *behaviour that might be considered inappropriate depending on the circumstances.*
- *behaviour which is intended to enable abuse.*

*Examples of such behaviour could include:*

- *being over friendly with children.*
- *having favourites.*
- *adults taking photographs of children on their mobile phone.*
- *engaging with a child on a one-to-one basis in a secluded area or behind a closed door.*
- *using inappropriate sexualised, intimidating, or offensive language'*

(NSPCC [Responding to low-level concerns about adults working in education](#))

### **Responding to low-level concerns**

Any low-level concerns about the conduct of staff, students or volunteers must be shared with the designated safeguarding lead and recorded. The designated lead should be



informed of all low-level concerns and make the final decision on how to respond. Where appropriate this can be done in consultation with the nominated/chairperson.

Reporting low-level concerns about the conduct of a colleague, student or volunteer contributes towards a safeguarding culture of openness and trust. It helps ensure that adults consistently model the setting's values and helps keep children safe. It protects adults working in the setting from potential false allegations or misunderstandings.

If it is not clear that a low-level concern meets the local authority threshold, the designated lead should contact the LADO for clarification.

In most instances, low-level concerns about staff conduct can be addressed through supervision, training, or disciplinary processes where an internal investigation may take place.

### **Identifying**

An allegation against a member of staff, volunteer or agency staff constitutes serious harm or abuse if they:

- behaved in a way that has harmed, or may have harmed a child.
- possibly committed a criminal offence against, or related to, a child.
- behaved towards a child in a way that indicates they may pose a risk of harm to children.
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

### **Informing**

- All staff report allegations to the designated safeguarding lead.
- The designated safeguarding lead alerts the designated officer. If the designated officer is unavailable the designated person contacts their equivalent until they get a response- which should be within 3-4 hours of the event. Together they should form a view about what immediate actions are taken to ensure the safety of the children and staff in the setting, and what is acceptable in terms of fact-finding.

- It is essential that no investigation occurs until and unless the LADO has expressly given consent for this to occur, however, the person responding to the allegation does need to understand what explicitly is being alleged.
- The designated safeguarding lead must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.
- The Local Authority Designated Officer (LADO) is contacted as soon as possible and within one working day. If the LADO is on leave or cannot be contacted the LADO team manager is contacted and/or advice sought from the point of entry safeguarding team/mash/point of contact, according to local arrangements.
- A child protection referral is made by the designated safeguarding lead if required. The LADO, nominated/chairperson and local safeguarding children's services can advise on whether a child protection referral is required.
- The designated safeguarding lead asks for clarification from the LADO on the following areas:
  - what actions the designated safeguarding lead must take next and when and how the parents of the child are informed of the allegation.
  - whether or not the LADO thinks a criminal offence may have occurred and whether the police should be informed and if so, who will inform them.
  - whether the LADO is happy for the setting to pursue an internal investigation without input from the LADO, or how the LADO wants to proceed.
  - whether the LADO thinks the person concerned should be suspended, and whether they have any other suggestions about the actions the designated lead has taken to ensure the safety of the children and staff attending the setting.
- The designated safeguarding lead records details of discussions and liaison with the LADO including dates, type of contact, advice given, actions agreed and updates on the child's case file.
- Parents are not normally informed until discussion with the LADO has taken place, however in some circumstances the designated safeguarding lead may need to advise parents of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.

- Staff do not investigate the matter unless the LADO has specifically advised them to investigate internally. Guidance should also be sought from the LADO regarding whether suspension should be considered. The person dealing with the allegation must take steps to ensure that the immediate safety of children, parents and staff is assured. It may be that in the short-term measures other than suspension, such as requiring a staff member to be office based for a day, or ensuring they do not work unsupervised, can be employed until contact is made with the LADO and advice given.
- The designated safeguarding lead ensures staff fill in a ‘Safeguarding incident reporting form.’
- If after discussion with the designated safeguarding lead, the LADO decides that the allegation is not obviously false, and there is cause to suspect that the child/ren is suffering or likely to suffer significant harm, then the LADO will normally refer the allegation to children’s social care.
- If notification to Ofsted is required the designated lead will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The designated safeguarding lead will liaise with the designated officer about notifying Ofsted.
- The designated safeguarding lead ensures that confidentiality is maintained consistently.
- Avenues such as performance management or coaching and supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate. If an allegation is ultimately upheld the LADO may also offer a view about what would be a proportionate response in relation to the accused person.
- The designated safeguarding lead must consider revising or writing a new risk assessment where appropriate, for example if the incident related to an instance where a member of staff has physically intervened to ensure a child’s safety, or if an incident relates to a difficulty with the environment such as where parents and staff are coming and going and doors are left open.
- All allegations are investigated even if the person involved resigns or ceases to be a volunteer.

### **Allegations against agency staff**

Any allegations against agency staff must be responded to as detailed in this procedure. In addition, the designated safeguarding lead must contact the agency following advice from the LADO.

### **Allegations against the designated lead**

- If a member of staff has concerns that the designated safeguarding lead has behaved in a way that indicates they are not suitable to work with children as listed above, this is reported to the designated officer who will investigate further.
- During the investigation, the designated officer will identify another suitably experienced person to take on the role of designated safeguarding lead.
- If an allegation is made against the designated officer, then the LADO is informed for support, advice, and further action.

### **Recording**

- A record is made of an allegation/concern, along with supporting information. This is then entered on the file of the child.
- If the allegation refers to more than one child, this is recorded in each child's file.
- If relevant, a child protection referral is made, with details held on the child's file.

### **Disclosure and Barring Service**

- If a member of staff is dismissed because of a proven or strong likelihood of child abuse, inappropriate behaviour towards a child, or other behaviour that may indicate they are unsuitable to work with children such as drug or alcohol abuse, or other concerns raised during supervision when the staff suitability checks are done, a referral to the Disclosure and Barring Service is made.

### **Escalating concerns**

- If a member of staff believes at any time that children may be in danger due to the actions or otherwise of a member of staff or volunteer, they must discuss their concerns immediately with the designated lead.
- If after discussions with the designated safeguarding lead, they still believe that appropriate action to protect children has not been taken they must speak to the designated officer.
- If there are still concerns then the whistle blowing procedure must be followed, as set out in 06.01 Responding to safeguarding or child protection concerns.

0.6 Safeguarding children, young people, and vulnerable adults' procedures

### **06.03 Visitor or intruder on the premises**

The safety and security of the premises is maintained at all time and staff are vigilant in areas that pose a risk, such as shared premises. A risk assessment is completed to ensure that unauthorised visitors cannot gain access.

**Visitors with legitimate business** - generally a visitor will have made a prior appointment.

- On arrival, they are asked to verify their identity and confirm who they are visiting.
- Staff will ask them to sign in and explain the procedures for the use of mobile phones and emergency evacuation.
- Visitors (including visiting VIPs) are never left alone with the children at any time.
- Visitors to the setting are monitored and asked to leave immediately should their behaviour give cause for concern.

#### **Intruder**

An intruder is an individual who has not followed visitor procedures and has no legitimate business to be in the setting; he or she may or may not be a hazard to the setting.

- An individual who appears to have no business in the setting will be asked for their name and purpose for being there.
- The staff member identifies any risk posed by the intruder.
- The staff member ensures the individual follows the procedure for visitors.
- The setting manager/deputy is immediately informed of the incident and takes necessary action to safeguard children.
- If there are concerns for the safety of children, staff evacuate them to a safe place in the building and contact the police. In some circumstance this could lead to 'lock-down' of the setting and will be managed by the responding emergency service (see procedure 01.21 Terrorist threat/attack and lock-down).
- The designated safeguarding lead informs their designated officer of the situation at the first opportunity.

- In the case of a serious breach where there was a perceived or actual threat to the safety of the children, the manager/deputy (designated safeguarding leads) will complete an incident report form and provide a copy to the designated officer on the day of the incident. The nominated/chairperson ensures a robust organisational response and ensure that learning is shared.

### **Further guidance**

[Visitors Signing In Record](#) (Alliance Publication)

## 0.6 Safeguarding children, young people, and vulnerable adults' procedures

### **06.04 Uncollected child**

If a child is not collected by closing time, or the end of the session and there has been no contact from the parent, or there are concerns about the child's welfare then this procedure is followed.

- The designated safeguarding lead is informed of the uncollected child as soon as possible and attempts to contact the parents by phone.
- If the parents cannot be contacted, the designated safeguarding lead uses the emergency contacts to inform a known carer of the situation and arrange collection of the child.
- After one hour, the designated safeguarding lead contacts the local social care out-of-hours duty officer if the parents or other known carer cannot be contacted and there are concerns about the child's welfare or the welfare of the parents.
- The designated safeguarding lead should arrange for the collection of the child by social care.
- Where appropriate the designated safeguarding lead should also notify police.

Members of staff do not:

- go off the premises to look for the parents.
- leave the premises to take the child home or to a carer.
- offer to take the child home with them to care for them in their own home until contact with the parent is made.
- Staff make a record of the incident in the child's file, usually an educator. A record of conversations with parents should be made, with parents being asked to sign and date the recording.
- This is logged on the child's personal file along with the actions taken. An incident report form should also be completed if there are safeguarding and welfare concerns about the child, or if Social Care have been involved due to the late collection.

If there are recurring incidents of late collection, a meeting is arranged with the parents to agree a plan to improve time-keeping and identify any further support that may be required.



0.6 Safeguarding children, young people, and vulnerable adults' procedures

## **06.05 Missing child**

### **In the building**

- As soon as it is noticed that a child is missing, the member of staff informs the designated safeguarding lead who initiates a search within the setting.
- If the child is found on-site, the designated safeguarding lead checks on the welfare of the child and investigates the circumstances of the incident.
- If the child is not found on site, one member of staff searches the immediate vicinity, if there is no sign of the child, the police are called immediately.
- The parents are then called and informed.
- The designated safeguarding lead contacts their designated officer, to inform them of the situation and seek assistance.

### **Off-site (outing or walk)**

- As soon as it is noticed that a child is missing, the senior staff member present carries out a headcount.
- One member of staff searches the immediate vicinity.
- If the child is not found, the senior staff member calls the police and then contacts the designated safeguarding lead.
- The designated safeguarding lead informs the parents.
- Members of staff return the children to the setting as soon as possible if it is safe to do so. According to the advice of the police, one senior member of staff should remain at the site where the child went missing and wait for the police to arrive.
- The designated safeguarding lead contacts the designated officer, who attends the setting.

### **Recording and reporting**

- A record is made on a 'Safeguarding incident reporting form.' The manager/deputy as the designated safeguarding lead completes and circulates a confidential safeguarding incident report to the designated officer on the same day that the incident occurred.

## **The investigation**

- Ofsted are informed as soon as possible (and at least within 14 days).
- The designated officer carries out a full investigation.
- The designated safeguarding lead and the designated officer speak with the parents together and explain the process of the investigation
- Each member of staff present during the incident writes a full report using a 'Safeguarding incident reporting form,' which is filed in the child's file. Staff do not discuss any missing child incident with the press.

0.6 Safeguarding children, young people, and vulnerable adults' procedures

### **06.06 Incapacitated parent**

Incapacitated refers to a condition which renders a parent unable to take responsibility for their child; this could be at the time of collecting their child from the setting or on arrival. Concerns may include:

- appearing drunk.
- appearing under the influence of drugs.
- demonstrating angry and threatening behaviour to the child, members of staff or others.
- appearing erratic or manic.

#### **Informing**

- If a member of staff is concerned that a parent displays any of the above characteristics, they inform the designated lead as soon as possible.
- The designated safeguarding lead assesses the risk and decides if further intervention is required.
- If it is decided that no further action is required, a record of the incident is made on a 'Safeguarding incident reporting form.'
- If intervention is required, the designated lead speaks to the parent in an appropriate, confidential manner.
- The designated safeguarding lead will, in agreement with the parent, use emergency contacts listed for the child to ask an alternative adult to collect the child.
- The emergency contact is informed of the situation by the designated safeguarding lead and of the setting's requirement to inform social care of their contact details.
- The designated officer is informed of the situation as soon as possible and provides advice and assistance as appropriate.
- If there is no one suitable to collect the child social care are informed.
- If violence is threatened towards anybody, the police are called immediately.

- If the parent takes the child from the setting while incapacitated the police are called immediately and a referral is made to social care.

### **Recording**

- The designated safeguarding lead completes a 'Safeguarding incident reporting form' and if social care or the police were contacted a confidential safeguarding incident report form is completed and shared with the designated officer.
- Further updates/notes/conversations/ telephone calls are recorded.

0.6 Safeguarding children, young people, and vulnerable adults' procedures

## **06.07 Death of a child on-site**

### **Identifying**

- If it is suspected that a child has died in the setting, emergency resuscitation will be given to the child by a qualified First Aider until the ambulance arrives.
- Only a medical practitioner can confirm a child has died.

### **Informing**

- The designated safeguarding lead ensures emergency services have been contacted; ambulance and police.
- The parents are contacted and asked to come to the setting immediately, informing them that there has been an incident involving their child and that an ambulance has been called; asking them to come straight to the setting or hospital as appropriate.
- The designated safeguarding lead calls the designated officer and informs them of what has happened.
- A confidential safeguarding incident report form is prepared by the designated lead and designated officer.
- A member of staff is delegated to phone all parents to collect their children. The reason given must be agreed by the designated officer and the information given should be the same to each parent.
- The decision on how long the setting will remain closed will be based on police advice.
- Ofsted are informed of the incident by the nominated person/chairperson and a RIDDOR report is made.
- Staff will not discuss the death of a child with the press.

### **Responding**

- The nominated/chairperson will decide how the death is investigated within the organisation after taking advice from relevant agencies.

- The manager/deputy and nominated/chairperson will coordinate support for staff and children to ensure their mental health and well-being.

### **Further guidance**

Supporting Children's Experiences of Loss and Separation (Alliance Publication)

0.6 Safeguarding children, young people, and vulnerable adults' procedures

## **06.08 Looked after children**

### **Identification.**

A 'Looked after Child' is a child in public care, who is placed with foster carers, in a residential home or with parents or other relatives.

### **Services provided to Looked After Children**

#### *Under two-year-olds*

- Places will not normally be provided for babies and under two-year-olds who are in public care.
- We can offer services that enable a child to play/engage with other children while the carer stays.
- Where the child is already in attendance and has a secure attachment with an existing key person a continuation of the existing place will be offered.

#### *Two-year-olds*

- Places will be offered to two-year-old children who are looked after; where the placement in the setting will normally last a minimum of three months.
- Where the child is already in attendance and has a secure attachment with an existing key person a continuation of the existing place will be offered.

#### *Three- and four-year-olds*

- Places will be offered for funded three- and four-year -olds who are looked after; where the placement in the setting will normally last a minimum of six weeks.
- If a child who attends a setting is taken into care and is cared for by a local carer the place will continue to be made available to the child.

### **Additional Support**

- The designated safeguarding lead and key person liaise with agencies and professionals involved with the child, and his or her family, and ensure appropriate information is gained and shared.

- A meeting of professionals involved with the child is convened by the setting at the start of a placement. A Personal Education Plan (PEP) for children over 3 years old is put in place within 10 days of the child becoming looked after.
- Following this meeting, a care plan for looked after children form is completed. The care plan is reviewed after two weeks, six weeks, three months, and thereafter at three to six monthly intervals.
- Regular contact will be maintained with the social worker through planned meetings, which will include contribution to the PEP which is reviewed annually.



0.6 Safeguarding children, young people, and vulnerable adults' procedures

### **06.09 E-safety** (including all electronic devices with internet capacity)

#### **Online Safety**

It is important that children and young people receive consistent messages about the safe use of technology and can recognise and manage the risks posed in both the real and the virtual world.

Terms such as 'e-safety,' 'online,' 'communication technologies' and 'digital technologies' refer to fixed and mobile technologies that adults and children may encounter, now and in the future, which allow them access to content and communications that could raise issues or pose risks. The issues are:

*Content* – being exposed to illegal, inappropriate, or harmful material.

*Contact* – being subjected to harmful online interaction with other users.

*Conduct* – personal online behaviour that increases the likelihood of, or causes, harm.

#### **I.C.T Equipment**

- The setting manager/deputy ensures that all computers have up-to-date virus protection installed.
- Tablets are only used for the purposes of observation, assessment, and planning and to take photographs for individual children's learning stories.
- Tablets remain on the premises and are always stored securely when not in use.
- Staff follow the additional guidance provided with the system.

#### **Internet access**

- Children never have unsupervised access to the internet.
- The setting manager/deputy ensures that risk assessments in relation to e-safety are completed.
- Only reputable sites with a focus on early learning are used (e.g. CBeebies, YouTube Kids).
- Video sharing sites such as YouTube are not accessed due to the risk of inappropriate content.

- Children are taught the following stay safe principles in an age-appropriate way:
  - only go online with a grown up.
  - be kind online **and** keep information about me safely.
  - only press buttons on the internet to things I understand.
  - tell a grown up if something makes me unhappy on the internet.
- Staff support children’s resilience in relation to issues they may face online, and address issues such as staying safe, appropriate friendships, asking for help if unsure, not keeping secrets as part of social and emotional development in age-appropriate ways.
- All computers for use by children are sited in an area clearly visible to staff.
- 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).

The setting manager/deputy ensures staff have access to age-appropriate resources to enable them to assist children to use the internet safely.

**Personal mobile phones – staff and visitors** (includes internet enabled devices)

- Personal mobile phones and internet enabled devices are not used by staff during working hours. This does not include breaks where personal mobiles may be used off the premises or in a safe place e.g., staff room. The setting manager/deputy completes a risk assessment for where they can be used safely.
- Personal mobile phones are switched off and stored in a locked box.
- In an emergency, personal mobile phones may be used in the privacy of the office with permission.
- Staff ensure that contact details of the setting are known to family and people who may need to contact them in an emergency.
- Staff do not take their mobile phones on outings.
- Members of staff do not use personal equipment to take photographs of children.
- Parents and visitors do not use their mobile phones on the premises. There is an exception if a visitor’s company/organisation operates a policy that requires contact

with their office periodically throughout the day. Visitors are advised of a private space where they can use their mobile.

### **Cameras and videos**

- Members of staff do not bring their own cameras or video recorders to the setting.
- Photographs/recordings of children are only taken for valid reasons, e.g., to record learning and development, or for displays, and are only taken on equipment belonging to the setting.
- Camera and video use is monitored by the setting manager/deputy.
- Where parents request permission to photograph or record their own children at special events, general permission is first gained from all parents for their children to be included. Parents are told they do not have a right to photograph or upload photos of anyone else's children.
- Photographs/recordings of children are only made if relevant permissions are in place.
- If photographs are used for publicity, parental consent is gained and safeguarding risks minimised, e.g., children may be identified if photographed in a sweatshirt with the name of their setting on it.

### **Cyber Bullying**

If staff become aware that a child is the victim of cyber-bullying at home or elsewhere, they discuss this with the parents and refer them to help, such as: NSPCC Tel: 0808 800 5000 [www.nspcc.org.uk](http://www.nspcc.org.uk) or ChildLine Tel: 0800 1111 [www.childline.org.uk](http://www.childline.org.uk)

### **Use of social media**

Staff are expected to:

- understand how to manage their security settings to ensure that their information is only available to people they choose to share information with.
- ensure the organisation is not negatively affected by their actions and do not name the setting.
- are aware that comments or photographs online may be accessible to anyone and should use their judgement before posting.

- are aware that images, such as those on Snapshot may still be accessed by others and a permanent record of them made, for example, by taking a screen shot of the image with a mobile phone.
- observe confidentiality and refrain from discussing any issues relating to work.
- not share information they would not want children, parents or colleagues to view.
- set privacy settings to personal social networking and restrict those who are able to access.
- not accept service users/children/parents as friends, as it is a breach of professional conduct.
- report any concerns or breaches to the designated lead in their setting.
- not engage in personal communication, including on social networking sites, with children and parents with whom they act in a professional capacity. There may be occasions when the educator and family are friendly prior to the child coming to the setting. In this case information is shared with the manager and a risk assessment and agreement in relation to boundaries are agreed.

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

- Staff are aware that it is an offence to distribute indecent images and that it is an offence to groom children online. In the event of a concern that a colleague is behaving inappropriately, staff advise the designated lead who follow procedure 06.2 Allegations against staff, volunteers, or agency staff.

0.6 Safeguarding children, young people, and vulnerable adults' procedures

## 6.10 Key person supervision

Staff taking on the role of key person must have supervision meetings in line with this procedure.

### Structure

- Supervision meetings are held every 4-6 weeks for key persons. For part-time staff this may be less frequent but at least every 6-8 weeks.
- Key persons are supervised by the setting manager/deputy.
- Supervision meetings are held in a confidential space suitable for the task.
- Key persons should prepare for supervision by having the relevant information to hand.

### Content

The child focused element of supervision meetings must include discussion about:

- the development and well-being of the supervisee's key children and offer staff opportunity to raise concerns in relation to any child attending. *Safeguarding concerns must always be reported to the designated safeguarding lead immediately and not delayed until a scheduled supervision meeting.*
- reflection on the journey a child is making and potential well-being or safeguarding concerns for the children they have key responsibility for.
- promoting the interests of children.
- coaching to improve professional effectiveness based on a review of observed practice/teaching.
- reviewing plans and agreements from previous supervisions including any identified learning needs for the member of staff.
- During supervision staff can discuss any concerns they have about inappropriate behaviour displayed by colleagues, but must never delay until a scheduled supervision to raise concerns.

- Staff are reminded of the need to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children that have occurred during their employment. New information is referred immediately to the designated officer.

### **Recording**

- Key person supervision discussions are recorded and is retained by the manager/deputy and a copy provided to the key person.
- The key person and manager/deputy must sign and date the minutes of supervision within 4-6 weeks of it happening and disagreements over recorded content must be minuted.
- Each member of staff has a supervision file that is always stored securely.
- Concerns raised during supervision about an individual child's welfare may result in safeguarding concerns not previously recognised as such, these are recorded on a 'Safeguarding incident reporting form' and placed on the child's file. The reasons why the concerns have not previously been considered are explored.
- Additional safeguarding or welfare decisions made in relation to a child during supervision are recorded on the individual case file. The manager/deputy (designated safeguarding leads) should ensure the recording is made and the designated officer is notified.

### **Checking continuing suitability**

- Managers check with staff if there is any new information pertaining to their suitability to work with children. This only needs to be recorded on the supervision meeting record.
- Where staff are on zero hours contracts or are employed as and when needed, their manager/deputy completes the staff suitability self-declaration form quarterly, and/or at the beginning of every new period of work.
- Regarding the use of agency staff/support workers/self-employed persons there is an expectation that as part of the agreement with agencies they have sought information regarding their employee's suitability to work with children. The nominated/chairperson must review this regularly.
- The position for students on placement is the same as that for agency staff.

## **Exceptional Circumstances**

Where exceptional circumstances prevent staff from conducting supervision as outlined in this procedure, the nominated/chairperson is informed in writing, a copy placed on the supervision file and the appropriate actions agreed to ensure that the setting meets its obligations within the EYFS.

## **Further guidance**

[Recruiting Early Years Staff](#) (Alliance Publication)

[People Management in the Early Years](#) (Alliance Publication)

## **0.7 Record keeping policy**

Alongside associated procedures in 07.1-07.4 Record keeping, this policy was adopted by *New Life Pre-School and Nursery* in *January 2024*.

### **Aim**

We have record keeping systems in place for the safe and efficient management of the setting and to meet the needs of the children; that meet legal requirements for the storing and sharing of information within the framework of the GDPR and the Human Rights Act.

### **Objectives**

- Children's records are kept in personal files, divided into appropriate sections, and stored separately from their developmental records.
- Children's personal data contain registration information as specified in procedure 07.01 Children's records and data protection.
- Children's personal data contain other material described as confidential as required, such as Common Assessment Framework assessments, Early Support information or Education, Health, and Care Plan (EHCP,) case notes including recording of concerns, discussions with parents, and action taken, copies of correspondence and reports from other agencies.
- Ethnicity data is only recorded where parents have identified the ethnicity of their child themselves.
- Confidentiality is maintained by secure storage of files in a locked cabinet with access restricted to those who need to know. Client access to records is provided for within procedure 07.04 Client access to records.
- Staff know how and when to share information effectively if they believe a family may require a particular service to achieve positive outcomes.
- Staff know how to share information if they believe a child is in need or at risk of suffering harm.
- Staff record when and to whom information has been shared, why information was shared and whether consent was given. Where consent has not been given and staff have taken the decision, in line with guidelines, to override the refusal for consent, the decision to do so is recorded.



- Guidance and training for staff specifically covers the sharing of information between professions, organisations, and agencies as well as within them, and arrangements for training takes account of the value of multi-agency as well as single agency working.

## Records

The following information and documentation are also held:

- name, address, and contact details of the provider and all staff employed on the premises.
- name address and contact details of any other person who will regularly be in unsupervised contact with children.
- a daily record of all children looked after on the premises, their hours of attendance and their named key person.
- certificate of registration displayed and shown to parents on request.
- records of risk assessments.
- record of complaints.

## Legal references

General Data Protection Regulation 2018

Freedom of Information Act 2000

Human Rights Act 1998

Statutory Framework for the Early Years Foundation Stage (DfE 2023)

Data Protection Act 2018

Further guidance

[Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers](#) (HMG 2018)

## 0.7 Record keeping procedures

### **07.01 Children's records and data protection**

During an outbreak of serious illness of disease (such as Covid-19) there may be the need to keep additional records as part of outbreak management. A record is kept of individual cases of children/families who are self-isolating due to symptoms as per usual record-keeping procedures. In all cases the principles of data protection are maintained.

#### **Principles of data protection: lawful processing of data**

Personal data shall be:

- a) *processed lawfully, fairly and in a transparent manner in relation to the data subject.*
- b) *collected for specified, explicit and legitimate purposes and not further processed in a manner that is not compatible for these purposes.*
- c) *adequate, relevant, and necessary in relation to the purposes for which they are processed.*
- d) *accurate, and where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purpose for which they are processed, are erased, or rectified without delay.*
- e) *kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed.*
- f) *processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction, or damage, using appropriate technical or organisational measures ("integrity and confidentiality") Article 5 of the General Data Protection Regulations (2018).*

*Educators should process data, record, and share information in line with the principles above.*

#### **General safeguarding recording principles**

- It is vital that all relevant interactions linked to safeguarding children's and individual's welfare are accurately recorded.
- All recordings should be made as soon as possible after the event.

- Recording should be to a good standard and clear enough to enable someone other than the person who wrote it, to fully understand what is being described.
- Recording can potentially be viewed by a parent/carer or Ofsted inspector, by the successors of the educators who record, and may be used in a family Court as relevant evidence to decide whether a child should remain with their biological parents, or be removed to live somewhere else. Recording needs to be fair and accurate, non-judgemental in tone, descriptive, relevant, and should clearly show what action has been taken to safeguard a child, and reflect decision-making relating to safeguarding.
- Recording should be complete, it should show what the outcome has been, what happened to referrals, why decisions were made to share or not share information, and it should contain summaries and minutes of relevant multi-agency meetings and multi-agency communication.
- If injuries or other safeguarding concerns are being described the description must be clear and accurate and should give specific details of the injury observed and where it is located.

**The principles of GDPR and effective safeguarding recording practice are upheld**

- Recording is factual and non-judgemental.
- The procedure for retaining and archiving personal data and the retention schedule and subsequent destruction of data is adhered to.
- Parents/carers and children where appropriate are made aware of what will be recorded and in what circumstances information is shared, prior to their child starting at the setting. Parents/carers are issued with 07.01a Privacy notice and should give signed, informed consent to recording and information sharing prior to their child attending the setting. If a parent/carer would not expect their information to be shared in any given situation, normally, they should be asked for consent prior to sharing.
- There are circumstances where information is shared without consent to safeguard children. These are detailed below, but in summary, information can be shared

without consent if an educator is unable to gain consent, cannot reasonably be expected to gain consent, or gaining consent places a child at risk.

- Records can be accessed by and information may be shared with local authority professionals. If there are significant safeguarding or welfare concerns, information may also be shared with a family proceedings Court or the police. Educators are aware of information sharing processes and all families should give informed consent to the way the setting will use, store, and share information.
- Recording should be completed as soon as possible and within 5 working days as a maximum for safeguarding recording timescales.
- If a child attends more than one setting, a two-way flow of information is established between the parents/carers, and other providers. Where appropriate, comments from others (as above) are incorporated into the child's records.

### **Children's personal data**

- Appropriate files must be used.
- The sections contained are as follows:
  - personal details: registration form and consent forms.
  - contractual matters: copies of contract, days and times, record of fees, any fee reminders, or records of disputes about fees.
  - SEND support requirements.
  - additional focussed intervention provided by the setting e.g., support for behaviour, language or development that needs an Action Plan at setting level.
  - records of any meetings held.
  - welfare and safeguarding concerns: correspondence and reports: all letters and emails to and from other agencies and confidential reports from other agencies.
- Children's personal data are kept in a filing cabinet, which is always locked when not in use.
- Correspondence in relation to a child is read, any actions noted, and filed immediately.

- Access to children's personal data is restricted to those authorised to see them and make entries in them, this being the setting manager/deputy or designated leads for child protection, the child's key person, or other staff as authorised by the setting manager/deputy.
- Children's personal data are not handed over to anyone else to look at.
- Children's data may be handed to Ofsted as part of an inspection or investigation; they may also be handed to local authority staff conducting a S11 audit as long as authorisation is seen.

## 07.01a Privacy notice

### New Life Pre-School and Nursery's Privacy Notice

*New Life Pre-School and Nursery, 42 George Street, Wakefield, WF1 1DL*

**Telephone:** 01924 375060 **Email:** [newlifepreschoolandnursery@yahoo.co.uk](mailto:newlifepreschoolandnursery@yahoo.co.uk)

**Data Protection Officer:** (Rachel Parker)

#### Introduction

Personal data is protected in accordance with data protection laws and used in line with your expectations. This privacy notice explains what personal data we collect, why we collect it, how we use it, the control you have over your personal data and the procedures we have in place to protect it.

When we refer to “we,” “us” or “our”, we mean *New Life Pre-School and Nursery*.

#### What personal data we collect

We collect personal data about you and your child to provide care and learning tailored to meet your child’s individual needs. Personal details that we obtain from you includes your child’s: name, date of birth, address, and health, development, and any special educational needs information. We will also ask for information about who has parental responsibility for your child and any court orders pertaining to your child.

Personal data that we collect about you includes: your name, home and work address, phone numbers, email address, emergency contact details, and family details.

We will only with your consent collect your national insurance number or unique taxpayer reference (UTR) where necessary if you are self-employed and where you apply for up to 30 hours free childcare and early education. We may also collect information regarding benefits and family credits where necessary. Please note that if this information is not provided, then we cannot claim funding for your child.

We also process financial information when you pay your childcare and early education fees by direct debit or bacs (bank transfer). We may collect other data from you when you voluntarily contact us.

Where applicable we will obtain details of your child’s social worker, child protection plans from social care, and health care plans from health professionals and other health agencies.

We may collect this information in a variety of ways. For example, data will be collected from you directly in the registration form; from identity documents; from correspondence with you; or from health and other professionals.

### **Why we collect personal data and the legal basis for handling your data**

We use personal data about you and your child to provide childcare and early education services and to fulfil the contractual arrangement you have entered. This includes using your data in the following ways:

- to support your child’s wellbeing and development.
- to effectively manage any special education, health, or medical needs of your child whilst at the setting.
- to carry out regular assessment of your child’s progress and to identify any areas of concern.
- to maintain relevant contact about your child’s wellbeing and development.
- to contact you in the case of an emergency.
- to process your claim for free childcare and early education, if applicable.
- to enable us to respond to any questions you ask.
- to keep you updated about information which forms part of your contract with us.
- to notify you of service changes or issues.

### **With your consent, we would also like to:**

- collect your child’s ethnicity and religion data for monitoring purposes.
- record your child’s experiences for their individual learning stories (this will often include photographs and videos of children during play).
- transfer your child’s records to the receiving school when he/she transitions.

If we wish to use any images of your child for training, publicity, or marketing purposes we will seek your written consent for each image we wish to use. You can withdraw your consent at any time, for images being taken of your child and/or for the transfer of records to the receiving school, by confirming so in writing to the setting.

We have a legal obligation to process safeguarding related data about your child should we have concerns about her/his welfare.

### **Who we share your data with**

As a registered early years provider to deliver childcare and early education services it is necessary for us to share data about you and/or your child with the following categories of recipients:

- Ofsted, when there has been a complaint about the childcare and early education service or during an inspection.
- banking services to process direct debit payments.
- the local authority, if you claim up to 30 hours free child care.
- the governments eligibility checker as above, if applicable.
- our insurance underwriter, where applicable.

### **We will also share your data:**

- if we are legally required to do so, for example, by a law enforcement agency, court.
- to enforce or apply the terms and conditions of your contract with us.
- to protect your child and other children; for example, by sharing information with medical services, social services, or the police.
- if it is necessary to protect our rights, property, or safety or to protect the rights, property, or safety of others.
- with the school that your child will be attending, when s/he transfers, if applicable.
- if we transfer the management of the setting out or take over any other organisation or part of it, in which case we may disclose your personal data to the prospective seller or buyer so that they may continue using it in the same way.

Our nursery management and communication software provider (Connect Childcare/Iconnect) may be able to access your personal data when carrying out maintenance task and software updates on our behalf. However, we have a written agreement in place which place this company under a duty of confidentiality.

We will never share your data with any organisation to use for their own purposes.

### **How do we protect your data?**



We take the security of your personal data seriously. We have internal policies and strict controls in place to try to ensure that your data is not lost, accidentally destroyed, misused, or disclosed and to prevent unauthorised access.

Where we engage third parties to process personal data on our behalf, they are under a duty of confidentiality and are obliged to implement appropriate technical and organisational measures to ensure the security of data.

### **Where do we store your data?**

All data you provide to us is stored on secure computers or servers located within the UK or European Economic Area. We may also store paper records in locked filing cabinets.

Our third-party data processors will also store your data on secure servers which may be situated inside or outside the European Economic Area. They may also store data in paper files.

### **How long do we retain your data?**

We retain your data in line with our retention policy a summary is below:

- You and your child's data, including registers are retained 3 years after your child no longer uses the setting, or until our next Ofsted inspection after your child leaves our setting.
- Medication records and accident records are kept for longer according to legal requirements.
- Learning stories are maintained by the setting and available at your request when your child leaves. Records are kept and archived in line with our data retention policy.
- In some cases (child protection or other support service referrals), we may need to keep your data longer, only if it is necessary in order to comply with legal requirements. We will only keep your data for as long as is necessary to fulfil the purposes it was collected for and in line with data protection laws.

### **Your rights with respect to your data**

As a data subject, you have several rights. You can:

- request to access, amend or correct the personal data we hold about you and/or your child.

- request that we delete or stop processing your and/or your child’s personal data, for example where the data is no longer necessary for the purposes of processing or where you wish to withdraw consent.
- request that we transfer your and your child’s personal data to another person.

If you wish to exercise any of these rights at any time, please contact the manager/deputy at the setting by email, telephone or when you attend the setting.

**How to ask questions about this notice**

If you have any questions, comments, or concerns about any aspect of this notice or how we handle your data please contact the data protection officer at the setting.

**How to contact the Information Commissioner Office (ICO)**

If the manager/deputy is not able to address your concern, please contact *the nominated/chairperson (Luke Crompton)*.

If you are concerned about the way your data is handled and remain dissatisfied after raising your concern, you have the right to complain to the Information Commissioner Office (ICO). The ICO can be contacted at Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or <https://ico.org.uk/>.

**Changes to this notice**

We keep this notice under regular review. Any changes to this notice will be shared with you so that you may be aware of how we always use your data.

**Signature:**

<p>I have read and understood how myself and my child’s data will be processed and controlled. I further understand my rights in relation to data protection laws as outlined above.</p>	
<b>Signature:</b>	<b>Dated:</b>
<b>Printed Name:</b>	<b>Child’s Name:</b>

## 0.7 Record keeping procedures

### **07.02 Confidentiality, recording and sharing information**

Most things that happen between the family, the child and the setting are confidential to the setting. In certain circumstances information is shared, for example, a child protection concern will be shared with other professionals including social care or the police, and settings will give information to children's social workers who undertake S17 or S47 investigations. Normally parents should give informed consent before information is shared, but in some instances, such as if this may place a child at risk, or a serious offence may have been committed, parental consent should not be sought before information is shared. Local Safeguarding Partners (LSP) procedures should be followed when making referrals, and advice sought if there is a lack of clarity about whether parental consent is needed before making a referral due to safeguarding concerns.

- Staff discuss children's general progress and well-being together in meetings, but more sensitive information is restricted to designated leads and key persons and shared with other staff on a need-to-know basis.
- Members of staff do not discuss children with staff who are not involved in the child's care, nor with other parents or anyone else outside of the organisation, unless in a formal and lawful way.
- Discussions with other professionals should take place within a professional framework, not on an informal basis. Staff should expect that information shared with other professionals will be shared in some form with parent/carers and other professionals, unless there is a formalised agreement to the contrary, i.e., if a referral is made to children's social care, the identity of the referring agency and some of the details of the referral is likely to be shared with the parent/carer by children's social care.
- It is important that members of staff explain to parents that sometimes it is necessary to write things down in their child's file and explain the reasons why.
- When recording general information, staff should ensure that records are dated correctly and the time is included where necessary, and signed.

- Welfare/child protection concerns are recorded on a 'Safeguarding incident reporting form'. Information is clear and unambiguous (fact, not opinion), although it may include the educator's thoughts on the impact on the child.
- Records are non-judgemental and do not reflect any biased or discriminatory attitude.
- Not everything needs to be recorded, but significant events, discussions and telephone conversations must be recorded at the time that they take place.
- Recording should be proportionate and necessary.
- When deciding what is relevant, the things that cause concern are recorded as well as action taken to deal with the concern. The appropriate recording format is filed within the child's data.
- Information shared with other agencies is done in line with these procedures.
- Where a decision is made to share information (or not), reasons are recorded.
- Staff may use a computer to type reports, or letters. Where this is the case, the typed document is deleted from the computer and only the hard copy is kept.
- Electronic copies are always password protected.
- The setting is registered with the Information Commissioner's Office (ICO). Staff are expected to follow guidelines issued by the ICO, at <https://ico.org.uk/for-organisations/guidance-index/>
- Additional guidance in relation to information sharing about adults is given by the Social Care Institute for Excellence, at [www.scie.org.uk/safeguarding/adults/practice/sharing-information](http://www.scie.org.uk/safeguarding/adults/practice/sharing-information)
- Staff should follow guidance including Working Together to Safeguard Children (DfE 2018); Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers 2018 and What to do if you're Worried a Child is Being Abused (HMG 2015)

### **Confidentiality definition**

- Personal information of a private or sensitive nature, which is not already lawfully in the public domain or readily available from another public source, and has been

shared in a relationship, where the person giving the information could reasonably expect it would not be shared with others.

- Staff can be said to have a ‘confidential relationship’ with families. Some families share information about themselves readily; members of staff need to check whether parents regard this information as confidential or not.
- Parents sometimes share information about themselves with other parents as well as staff; the setting cannot be held responsible if information is shared beyond those parents whom the person has confided in.
- Information shared between parents in a group is usually bound by a shared agreement that the information is confidential and not discussed outside. The setting manager/deputy is not responsible should that confidentiality be breached by participants.
- Where third parties share information about an individual; staff need to check if it is confidential, both in terms of the party sharing the information and of the person whom the information concerns.
- Information shared is confidential to the setting.
- Educators ensure that parents/carers understand that information given confidentially will be shared appropriately within the setting (for instance with a designated lead, during supervision) and should not agree to withhold information from the managers and designated leads.

### **Breach of confidentiality**

- A breach of confidentiality occurs when confidential information is not authorised by the person who provided it, or to whom it relates, without lawful reason to share.
- The impact is that it may put the person in danger, cause embarrassment or pain.
- It is not a breach of confidentiality if information was provided on the basis that it would be shared with relevant people or organisations with lawful reason, such as to safeguard an individual at risk or in the public interest, or where there was consent to the sharing.
- Procedure 07.01 Children’s records and data protection must be followed.

### ***Exception***

- GDPR enables information to be shared lawfully within a legal framework. The Data Protection Act 2018 balances the right of the person about whom the data is stored with the possible need to share information about them.
- The Data Protection Act 2018 contains “safeguarding of children and individuals at risk” as a processing condition enabling “special category personal data” to be processed and to be shared. This allows educators to share without consent if it is not possible to gain consent, if consent cannot reasonably be gained, or if gaining consent would place a child at risk.
- Confidential information may be shared without authorisation - either from the person who provided it or to whom it relates, if it is in the public interest and it is not possible or reasonable to gain consent or if gaining consent would place a child or other person at risk. The Data Protection Act 2018 enables data to be shared to safeguard children and individuals at risk. Information may be shared to prevent a crime from being committed or to prevent harm to a child, Information can be shared without consent in the public interest if it is necessary to protect someone from harm, prevent or detect a crime, apprehend an offender, comply with a Court order or other legal obligation or in certain other circumstances where there is sufficient public interest.
- Sharing confidential information without consent is done only in circumstances where consideration is given to balancing the needs of the individual with the need to share information about them.
- When deciding if public interest should override a duty of confidence, consider the following:
  - is the intended disclosure appropriate to the relevant aim?
  - what is the vulnerability of those at risk?
  - is there another equally effective means of achieving the same aim?
  - is sharing necessary to prevent/detect crime and uphold the rights and freedoms of others?
  - is the disclosure necessary to protect other vulnerable people?

The decision to share information should not be made as an individual, but with the backing of the designated lead who can provide support, and sometimes ensure protection, through appropriate structures and procedures.

## Obtaining consent

Consent to share information is not always needed. However, it remains best practice to engage with people to try to get their agreement to share where it is appropriate and safe to do so.

Using consent as the lawful basis to store information is only valid if the person is fully informed and competent to give consent and they have given consent of their own free will, and without coercion from others, Individuals have the right to withdraw consent at any time.

You should not seek consent to disclose personal information in circumstances where:

- someone has been hurt and information needs to be shared quickly to help them.
- obtaining consent would put someone at risk of increased harm.
- obtaining consent would prejudice a criminal investigation or prevent a person being questioned or caught for a crime they may have committed.
- the information must be disclosed regardless of whether consent is given, for example if a Court order or other legal obligation requires disclosure.

**NB. The serious crimes indicated are those that may harm a child or adult; reporting confidential information about crimes such as theft or benefit fraud are not in this remit.**

- Settings are not obliged to report suspected benefit fraud or tax evasion committed by clients; however, they are obliged to tell the truth if asked by an investigator.
- Parents who confide that they are working while claiming should be informed of this and should be encouraged to check their entitlements to benefits, as it may be beneficial to them to declare earnings and not put themselves at risk of prosecution.

## Consent

- Parents share information about themselves and their families. They have a right to know that any information they share will be regarded as confidential as outlined in 07.01a Privacy notice. They should also be informed about the circumstances, and reasons for the setting being under obligation to share information.
- Parents are advised that their informed consent will be sought in most cases, as well as the circumstances when consent may not be sought, or their refusal to give consent overridden.

- Where there are concerns about whether to gain parental consent before sharing information, for example when making a Channel or Prevent referral the setting manager/deputy must inform the nominated/chairperson for clarification before speaking to parents
- Consent must be informed - that is the person giving consent needs to understand why information will be shared, what will be shared, who will see information, the purpose of sharing it and the implications for them of sharing that information.

### **Separated parents**

- Consent to share need only be sought from one parent. Where parents are separated, this would normally be the parent with whom the child resides.
- Where there is a dispute, this needs to be considered carefully.
- Where the child is looked after, the local authority, as ‘corporate parent’ may also need to be consulted before information is shared.

### **Age for giving consent**

- A child may have the capacity to understand why information is being shared and the implications. For most children under the age of eight years in a nursery or out of school childcare context, consent to share is sought from the parent, or from a person who has parental responsibility.
- Young persons (16-19 years) are capable of informed consent. Some children from age 13 onwards may have capacity to consent in some situations. Where they are deemed not to have capacity, then someone with parental responsibility must consent. If the child is capable and gives consent, this may override the parent’s wish not to give consent.
- Adults at risk due to safeguarding concerns must be deemed capable of giving or withholding consent to share information about them. In this case ‘mental capacity’ is defined in terms of the Mental Capacity Act 2005 Code of Practice (Office of the Public Guardian 2007). It is rare that this will apply in the context of the setting.

### **Ways in which consent to share information can occur**



- Policies and procedures set out the responsibility of the setting regarding gaining consent to share information, and when it may not be sought or overridden.
- Information in leaflets to parents, or other leaflets about the provision, including privacy notices.
- Consent forms signed at registration (for example to apply sun cream).
- Notes on confidentiality included on every form the parent signs.
- Parent signatures on forms giving consent to share information about additional needs, or to pass on child development summaries to the next provider/school.

### **Further guidance**

[Working Together to Safeguard Children](#) (DfE 2018)

[Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers](#) (HMG 2018)

[What to do if you're Worried a Child is Being Abused](#) (HMG 2015)

[Mental Capacity Act 2005 Code of Practice](#) (Office of the Public Guardian 2007)

## 0.7 Record keeping procedures

### **07.03 Client access to records**

Under the General Data Protection Regulations there are additional rights granted to data subjects which must be protected by the setting.

The parent is the 'subject' of the file in the case where a child is too young to give 'informed consent' and has a right to see information that the setting has compiled on them.

- If a parent wishes to see the file, a written request is made, which the setting acknowledges in writing, informing the parent that an arrangement will be made for him/her to see the file contents, subject to third party consent.
- Information must be provided within 30 days of receipt of request. If the request for information is not clear, the manager/deputy must receive legal guidance, for instance, from Law-Call for members of the Alliance. In some instances, it may be necessary to allow extra time in excess to the 30 days to respond to the request. An explanation must be given to the parent where this is the case. The maximum extension time is 2 months.
- A fee may be charged to the parent for additional requests for the same material, or any requests that will incur excessive administration costs.
- The setting manager/deputy informs the nominated/chairperson and legal advice is sought.
- The setting manager/deputy goes through the file with the nominated/chairperson and ensures all documents are filed correctly, entries are in date order and that there are no missing pages. They note any information, entry or correspondence or other document which mentions a third party. The setting manager/deputy should always ensure that recording is of good quality, accurate, fair, balanced, and proportionate and should have quality assurance processes in place to ensure that files are checked for quality regularly and that any issues are addressed promptly.
- Each of those individuals are written to explaining that the subject of the file has requested sight of the file which contains a reference to them, stating what this is.
- They are asked to reply in writing to the setting manager/deputy giving or refusing consent for disclosure of that material.

- Copies of these letters and their replies are kept on the child's file.
- Agencies will normally refuse consent to share information, and the parent should be redirected to those agencies for a request to see their file held by that agency.
- Entries where you have contacted another agency may remain, for example, a request for permission from social care to leave in an entry where the parent was already party to that information.
- Each family member noted on the file is a third party, so where there are separate entries pertaining to each parent, step-parent, grandparent etc, each of those have to be written to regarding third party consent.
- Members of staff should also be written to, but the setting reserves the right under the legislation to override a refusal for consent, or just delete the name and not the information.
  - If the member of staff has provided information that could be considered 'sensitive', and the staff member may be in danger if that information is disclosed, then the refusal may be granted.
  - If that information is the basis of a police investigation, then refusal should also be granted.
  - If the information is not sensitive, then it is not in the setting's interest to withhold that information from a parent. It is a requirement of the job that if a member of staff has a concern about a child and this is recorded; the parents are told this at the start and in most cases, concerns that have been recorded will have been discussed already, so there should be no surprises.
  - The member of staff's name can be removed from an entry, but the parent may recognise the writing or otherwise identify who had provided that information. In the interest of openness and transparency, the setting manager/deputy may consider overriding the refusal for consent.
  - In each case this should be discussed with members of staff and decisions recorded.
- When the consent/refusals have been received, the setting manager/deputy takes a photocopy of the whole file. On the copy file the document not to be disclosed is

removed (e.g., a case conference report) or notes pertaining to that individual in the contact pages blanked out using a thick marker pen.

- The copy file is then checked by the nominated/chairperson and legal advisors verify that the file has been prepared appropriately, for instance, in certain circumstances redaction may be appropriate, for instance if a child may be damaged by their data being seen by their parent/carer, e.g., if they have disclosed abuse. This must be clarified with the legal adviser.
- The 'cleaned' copy is then photocopied again and collated for the parent to see.
- The setting manager/deputy informs the parent that the file is now ready and invites him/her to make an appointment to view it.
- The setting manager/deputy and the nominated/chairperson meet with the parent to go through the file, explaining the process as well as what the content records about the child and the work that has been done. Only the persons with parental responsibility can attend that meeting, or the parent's legal representative or interpreter.
- The parent may take a copy of the prepared file, but it is never handed over without discussion.
- It is an offence to remove material that is controversial or to rewrite records to make them more acceptable. If recording procedures and guidelines have been followed, the material should reflect an accurate and non-judgemental account of the work done with the family.
- If a parent feels aggrieved about any entry in the file, or the resulting outcome, then the parent should be referred to section 10.02 Complaints procedure for parents and service users.
- The law requires that information held must be accurate, and if a parent says the information held is inaccurate then the parent has a right to request it to be changed. However, this only pertains to factual inaccuracies. Where the disputed entry is a matter of opinion, professional judgement, or represents a different view of the matter than that held by the parent, the setting retains the right not to change the entry but can record the parent's view. In most cases, a parent would have had the opportunity at the time to state their side of the matter, and this should have been recorded there and then.

- If there are any controversial aspects of the content of a client's file, legal advice must be sought. This might be where there is a court case between parents or where social care or the police may be considering legal action, or where a case has already completed and an appeal process is underway.
- A setting should never 'under-record' for fear of the parent seeing, nor should they make 'personal notes' elsewhere.

### **Further guidance**

The Information Commissioner's Office <https://ico.org.uk/> or helpline 0303 123 1113.

## 0.7 Record keeping procedures

### **07.04 Transfer of records**

Records about a child's development and learning in the EYFS are made by the setting; to enable smooth transitions, appropriate information is shared with the receiving setting or school at transfer. Confidential records are passed on securely where there have been concerns, as appropriate.

#### **Transfer of development records for a child moving to another early years setting or school**

- It is the designated lead's (manager/deputy) responsibility to ensure that records are transferred and closed in accordance with the archiving procedures, set out below.
- If the Local Safeguarding Partners (LSP) retention requirements are different to the setting, the designated lead will liaise with the nominated/chairperson, and seek legal advice if necessary.

#### **Development and learning records**

- The key person prepares a summary of achievements in the prime and specific areas of learning and development.
- This record refers to any additional languages spoken by the child and their progress in all languages.
- The record also refers to any additional needs that have been identified or addressed by the setting and any action plans.
- The record also refers to any special needs or disability and whether early help referrals, or child in need referrals or child protection referrals, were raised in respect of special educational needs or disability, whether there is an Action Plan (or other relevant plan, such as CIN or CP, or early help) and gives the name of the lead professional.
- The summary shared with schools should also include whether the child is in receipt of, or eligible for EYPP or other additional funding.
- The record contains a summary by the key person and a summary of the parents' view of the child.
- The document may be accompanied by other evidence such as photos or drawings that the child has made.

- The setting will use the local authority's assessment summary format or transition record, where these were provided.
- Whichever format of assessment summary is used, it should be completed and shared with the parent prior to transfer.

### **Transfer of confidential safeguarding and child protection information**

- The receiving school/setting will need a record of child protection concerns raised in the setting and what was done about them. The responsibility for transfer of records lies with the originating setting, not on the receiving setting/school to make contact and request them.
- To safeguard children effectively, the receiving setting must be made aware of any current child protection concerns, preferably by telephone, prior to the transfer of written records.
- Parents should be reminded that sensitive information about their child is passed onto receiving settings where there have been safeguarding concerns and should be asked to agree to this prior to the information being shared. Settings are obliged to share data linked to "child abuse" which is defined as physical injury (non-accidental) physical and emotional neglect, ill treatment, and abuse.
- Parents/carers should be asked to agree to this, however, where safeguarding concerns have reached the level of a referral being made to local children's social work services (either due to concerns that a child may be at risk of significant harm or that a child may be in need under Section 17 of the Children Act,) if consent is withheld the information will most likely need to be shared anyway. It is important that any decisions made to share or not share with or without consent are fully recorded.
- For any safeguarding or welfare concerns that resulted in an early help referral being made, and if consent to share is withheld, legal advice is sought prior to sharing.
- If the level of a safeguarding concern has not been such that a referral was made for early help, or to children's social work services or police, the likelihood is that any concerns were at a very low level and if they did not meet the threshold for early help, they are unlikely to need to be shared as child abuse data with a receiving

setting, however, the designated lead should make decisions on a case-by-case basis, seeking legal advice is necessary.

- The designated safeguarding lead should check the quality of information to be transferred prior to transfer, ensuring that any information to be shared is accurate, relevant, balanced, and proportionate. Parents can request that any factual inaccuracies are amended prior to transfer.
- If a parent wants to see the exact content of the safeguarding information to be transferred, they should go through the subject access request process. It is important that a child or other person is not put at risk through information being shared.
- If no referrals have been made for early help or to children's social work services and police, there should not normally be any significant information which is unknown to a parent being shared with the receiving school or setting.
- If a parent has objections or reservations about safeguarding information being transferred to the new setting, or if it is unclear what information should be included, the designated safeguarding lead will seek legal advice.
- If Local Safeguarding Partners (LSP) requirements are different to the setting's this must be explained to the parent, and a record of the discussion should be signed by parents to indicate that they understand how the information will be shared, in what circumstances, and who by.
- Prior to sharing the information with the receiving setting, the designated lead should check Local Safeguarding Partners (LSP) retention procedures and if it becomes apparent that the LSP procedures are materially different to setting's procedures this is brought to the attention of the designated officer, who will agree how to proceed.
- If a child protection plan or child in need plan is in place a child welfare and protection summary is also photocopied and a copy is given to the receiving setting or school, along with the date of the last professional meeting or case conference.
- If a S47 investigation has been undertaken by the local authority a copy of the child welfare and protection concern summary form is given to the receiving setting/school.



- Where a CAF/early help assessment has been raised in respect of welfare concerns, the name and contact details of the lead professional are passed on to the receiving setting or school.
- If the setting has a copy of a current plan in place due to early help services being accessed, a copy of this should be given to the receiving setting, with parental consent.
- Where there has been a S47 investigation regarding a child protection concern, the name and contact details of the child's social worker will be passed on to the receiving setting/school, regardless of the outcome of the investigation.
- Where a child has been previously or is currently subject to a child protection plan, or a child in need plan, the name and contact details of the child's social worker will be passed onto the receiving setting/school, along with the dates that the relevant plan was in place for.
- This information is posted (by 'signed for' delivery) or taken to the school/setting, addressed to the settings or school's designated lead for child protection and marked confidential. Electronic records must only be transferred by a secure electronic transfer mechanism, or after the information has been encrypted/password protected.
- Parent/carers should be made aware what information will be passed onto another setting via 07.01a Privacy notice.
- Copies of the last relevant initial child protection conference/review, as well as the last core group or child in need minutes can be given to the setting/school.
- The setting manager/deputy must review and update a child welfare and protection summary, checking for accuracy, proportionality, and relevance, before this is copied and sent to the setting/school.
- The setting manager/deputy ensures the remaining file is archived in line with the procedures set out below.

No other documentation from the child's personal file is passed to the receiving setting or school. The setting keeps a copy of any safeguarding records in line with required retention periods.

### **Archiving children's files**

- Paper documents are removed from the child's file, taken out of plastic pockets, and placed in a robust envelope, with the child's name and date of birth on the front and the date they left.
- The designated safeguarding lead (manager/deputy) writes clearly on the front of the envelope the length of time the file should be kept before destruction.  
  
This is sealed and placed in an archive box and stored in a safe place i.e., a locked cabinet for three years or until the next Ofsted inspection conducted after the child has left the setting, and can then be destroyed.
- For web-based or electronic children's files, the designated lead must also use the archiving procedure, and records details of what needs to be retained/destroyed. The designated safeguarding lead must make arrangements to ensure that electronic files are deleted/retained as required in accordance with the required retention periods in the same way as paper-based files.
- Health and safety records and some accident records pertaining to a child are stored in line with required retention periods.

## **0.8 Staff, volunteers, and students' policy**

Alongside associated procedures in 08.1-08.3 Staff, volunteers and students, this policy was adopted by *New Life Pre-School and Nursery* in *January 2024*.

### **Aim**

Staff are deployed to meet the care and learning needs of children and ensure their safety and well-being. There are effective systems in place to ensure that adults looking after children are suitable to do so.

### **Objectives**

- All staff and volunteers who work directly with the children have enhanced DBS disclosure checks.
- All staff and volunteers working with children have appropriate training, skills, and knowledge.
- All staff, students and volunteers are deployed in accordance with the procedures.
- There is a complaints procedure and staff, and volunteers know how to complain and who they complain to.
- There is a whistleblowing procedure for all staff, students, and volunteers to raise any concerns they may have.
- Ofsted are notified of staff changes or changes to the setting's name or address.
- Parents are involved with their children's learning and their views are considered.

### **Legal references**

Protection of Children Act 1999

Safeguarding Vulnerable Groups Act 2006

Childcare Act 2006

### **Further guidance**

[Recruiting Early Years Staff](#) (Alliance Publication)

[People Management in the Early Years](#) (Alliance Publication)

## 0.8 Staff, volunteers, and students' procedures

### **08.01 Staff deployment**

Members of staff are deployed to meet the care and learning needs of children and to always ensure their safety and well-being.

- Two members of staff are on the premises before children are admitted in the morning and the end of the day; one of which should be the manager or deputy or suitable person.
- Only those staff aged 17 or over are included in ratios. Staff working as apprentices (aged 16 or over) may be included in the ratios if the setting manager/deputy is satisfied that they are competent and responsible.
- At least one Paediatric First Aider must be always on site when children are present.
- The setting manager/deputy deploys staff to give adequate supervision of indoor and outdoor areas, ensuring that children are always within sight *or* hearing of staff of all times.
- All staff are deployed according to the needs of the setting and the children attending.
- In open plan provision, staff are positioned in areas of the room and outdoors to supervise children and to support their learning.
- Staff are responsible for ensuring that equipment in their area is used appropriately and that the area is tidy at the end of the session.
- Staff teach in the moment with a focus on children's interests and insights.
- Staff inform colleagues if they must leave the room for any reason.
- There are always two members of staff outside in the garden when it is being used, one of whom supervises climbing equipment that has been put out.
- The setting manager/deputy may direct other members of staff to join those outside, if the numbers of children warrant additional staff.
- Staff always focus their attention on the children whilst having a wider awareness of what is happening around them.

- Staff do not spend working time in social conversation with colleagues.
- Staff allow time for colleagues to engage in ‘sustained shared interaction’ with children and do not interrupt experiences led by colleagues.
- Sufficient staff are available at story times to engage children.
- Key persons spend time with key groups daily; these times are not for focussed experiences but for promoting shared times and friendship.

### **Staff children**

- Where members of staff have their own children with them at the setting, the age of the child must fall within the stipulated ages of the setting’s Ofsted registration.
- Where members of staff are likely to be working directly with their own children, this is subject to discussion before commencement with the setting manager/deputy.
- Where it is agreed that a member of staff’s child attends the setting, it is subject to the following:
  - the child is treated by the parent and all staff as any other child would be.
  - the child will not be in the parent’s key group of children.
  - the key person and parent will work towards helping the child to make a comfortable separation from the parent to allow the parent to fully undertake their role as a staff member of the setting.
  - the key person will take responsibility for the child’s needs throughout the day, unless the child is sick or severely distressed.
  - time and space are made for the parent to breastfeed during the day, if that is their chosen method of feeding.
  - the situation is reviewed as required, to ensure that the needs of the child are being met, and that the parent can fulfil his/her role as a member of staff.
  - If it is the setting manager’s child, then the nominated/chairperson ensures the criteria above is met.

## 0.8 Staff, volunteers, and students' procedures

### **08.02 Deployment of volunteers and parent helpers**

Volunteers and parent helpers are always under the supervision of a permanent member of staff. They are not included in staff ratios, or as the two members of staff needed on the premises before children are admitted in the morning or at the end of the day.

- The setting manager/deputy ensures that volunteers and parent helpers are deployed to assist permanent staff.
- Volunteers and parent helpers assist staff in ensuring that the equipment in their designated area is used appropriately and that it is left tidy at the end of the session.
- Volunteers and parent helpers give additional support for busy areas or to track or observe children.
- Volunteers and parent helpers inform colleagues where they are going if they leave the room at any time.
- Volunteers and parent helpers do not have unsupervised access to children; they do not take them into a separate room for an experience or toileting and do not take them off premises.
- Volunteers and parent helpers are deployed in addition to two members of staff in the garden/outdoor area when in use.
- The setting manager/deputy can direct volunteers and parent helpers to join those outside if the numbers of children warrant additional numbers of staff available.
- Volunteers and parent helpers always focus their attention to children.
- Volunteers and parent helpers do not spend time in social conversation with colleagues while they are with children.
- Volunteers and parent helpers allow time for colleagues to engage in 'sustained shared interaction' with children and do not interrupt experiences led by colleagues.
- Sufficient volunteers and parent helpers are available to support staff at story times.

## 0.8 Staff, volunteers, and students' procedures

### **08.03 Student placement**

Qualifications and training make an important contribution to the quality of care and education. As part of our commitment, we may offer placements to students undertaking relevant qualifications/training. We aim to provide students experiences that will contribute to the successful completion of their studies and provide examples of quality practice in early years care and education.

- The setting manager/deputy discusses the aim of the placement with the student's tutor prior to the placement commencing. The expectations of both parties are agreed at this point.
- The good character of students under 17 years old is vouched for by the establishment that places them, the setting manager/deputy must be satisfied that all relevant checks have been made.
- Students do not have unsupervised access to children.
- Students and apprentices who are undertaking L3 or above may be counted in ratios if the setting manager/deputy is convinced that they are suitably experienced.
- Employed trainee staff over the age of 17 may be included in staffing ratios if deemed competent.
- Staff working as apprentices (aged 16 or over) may be included in staffing ratios if deemed competent.
- Public liability and employer's liability insurance is in place that covers students and voluntary helpers.
- Students are aware of confidentiality.
- Student induction includes how the setting and sessions are managed, and policies and procedures, in particular safeguarding, confidentiality and health and safety.
- Appropriate members of staff co-operate with students' tutors to assist them in fulfilling the requirements of their course of study.
- The setting communicates a positive message to students about the value of qualifications and training.

- The needs of the children and their families always remain paramount and students are only admitted in numbers that do not hinder the work of the setting.
- The setting manager/deputy ensures that students and trainees on placement are engaged in bona fide (good faith) early years training, which provides the necessary background understanding of children's development and activities.



## 0.9 Early years practice policy

Alongside associated procedures in 09.1-09.15 Early years practice, this policy was adopted by *New Life Pre-School and Nursery* in *January 2024*.

### Aim

Children are safe, happy, and eager to participate and to learn.

### Objectives

- Babies and young children need to form a secure attachment to their key person when they join the setting to feel safe, happy, and eager to participate and learn. It is their *entitlement* to be settled comfortably into a new environment.
- The needs of part-time children are considered.
- There is a procedure for when children do not settle and for prolonged absences.
- Introductions and induction of the parent is carried out before children start.
- *Prime times* of the day make the very best of routine opportunities to promote ‘tuning-in’ to the child emotionally and create opportunities for learning. We actively promote British values, inclusion, equality of opportunity and the valuing of diversity.
- We operate a positive behaviour management approach. Behaviour management procedures cover how staff should respond to all aspects of behaviour, including children who exhibit challenging behaviour towards other children. These procedures build on the Early Years Alliance’s approach to learning based on three key statements.
  1. Learning is a lifelong process, which enables children and adults to contribute to and shape their world.
  2. We want the curriculum we provide to help children to learn to:
    - be confident and independent.
    - be aware of and responsive to their feelings.
    - make caring and thoughtful relationships with other people.
    - become increasingly excited by, interested in, and knowledgeable and questioning about the world around them.

3. We provide a wide range of interesting child-chosen and adult-initiated experiences which:
- give children opportunities to use all their senses.
  - help children of different ages and stages to play together.
  - help children be the directors of their own learning.
  - help children develop an inquiring and questioning attitude to the world around them.

The *Early Years Foundation Stage* is used as a framework to provide care and learning opportunities for babies and children under two years.

### **Older Children (2-5 years)**

- To feel securely settled and ready to learn, children from two to five years need to form attachments with adults who care for them, primarily to a key person, but with other adults and children too. In this way children feel part of a community of learners; they can contribute to that community and receive from it. The three-stage model is applicable, but with some differences in the procedures for children moving up into the next group and for older children.

### **Waiting list and admissions**

Our provision is accessible to children and families from all sections of the local and wider community. We aim to ensure that all sections of the community receive accessible information and that our admissions procedures are fair, clear, and open to all parents who apply for places. The availability of a place at the setting considers staff/child ratios, the age of the child and registration requirements.

- We endeavour to operate in an inclusive manner which enables all children and families to access our services.
- We also have regard for the needs of parents who are:
  - looking to take up work, remain in work or extend their hours of work.
  - looking to commence training or education.
- We work in partnership with the local authority and other agencies to ensure that our provision is accessible to all sections of the community.

- Services are widely advertised and information is accessible to all sections of the community.
- Where the number of children wanting places exceeds the number of places available a waiting list is operated using clear criteria for allocation of places as detailed in section 09.01 Waiting list and admissions procedure.

### **Funded places – free entitlement**

All 3- and 4-year-olds in England are entitled to 15 hours (term time only) or 11 hours (stretched- all year round) free childcare and early education. Some 3- and 4-year-olds are entitled to extended hours, either 30 hours (term time only) or 22 hours (stretched- all year round) for eligible working parents in England. Some eligible two-year-olds are also entitled (either by 2 year offer/ or the new working parent entitlement for 2 year olds (April 2024). Funded places are offered in accordance with national and local codes of practice and adherence to the relevant Provider Agreement/Contract with the local authority.

### **Legal References**

Special Educational Needs and Disability Act 2001

Special Educational Needs and Disability Code of Practice (DfE and DHSC 2014)

Equality Act 2010

Childcare Act 2006

## 0.9 Early years practice procedures

### **09.01 Waiting list and admissions**

We aim to ensure that all sections of the community receive accessible information, and that our admissions procedures are fair, clear, and open to all parents who apply for a place.

- The setting is widely advertised in places accessible to all sections of the community.
- Information about the setting is accessible, using plain English, in written and spoken form and, where appropriate, provided in different community languages and in other formats on request.
- Children with disabilities are supported to take full part in all experiences within the setting and the setting makes reasonable adjustments to ensure that this will be the case from the time the child is placed on the waiting list.
- The waiting list is arranged in birth order and in addition may consider the following:
  - the age of the child with priority being given to children eligible for the free entitlement.
  - length of time on the waiting list.
  - the vicinity of the home to the setting.
  - siblings already attending the setting.
  - the capacity of the setting to meet the individual needs of the child.
- Funded places are offered in accordance with the Early Years Entitlements: Operational Guidance for local authorities and providers (DfE 2018) and any local conditions in place at the time.
- Where it is financially viable to do so, a place is kept vacant for an emergency admission.
- The setting and its practices are welcoming and make it clear that fathers, mothers, other relations and carers and childminders are all welcome.
- The setting and its practices operate in a way that encourages positive regard for and understanding of difference and ability, whether gender, family structure, class,

background, religion, ethnicity, or competence in spoken English.

- The needs and individual circumstances of children joining the setting are monitored on 09.01b Childcare and early education registration form, to ensure that no accidental or unintentional discrimination is taking place and that reasonable adjustments are made as required.
- Section 05 Equality procedures is shared and widely promoted to all.
- Places are provided in accordance with 09.01c Childcare and early education terms and conditions issued to every parent when the child takes up their place. Failure to comply may result in the provision of a place being withdrawn.

### **Admissions**

- Once a childcare and early education place has been offered the relevant paperwork is completed by the setting manager/deputy before the child starts. Forms completed include:
  - 07.01a Privacy notice - explains what personal data we collect, why we collect it, how we use it, the control parent/carers have over their personal data and the procedures we have in place to protect it.
  - 09.01c Childcare and early education terms and conditions - govern the basis by which we provide childcare and early education.
  - 09.01b Childcare and early education registration form - contains personal information about the child and family that must be completed in full prior to the child commencing.

### **Children with SEND**

- The manager/deputy must seek to determine an accurate assessment of a child's needs at registration. If the child's needs cannot be met from within the setting's core budget, then an application for SEN inclusion funding must be made immediately.
- Children with identified SEND must be offered a place when one becomes available as with any other child. However, the start date for children with more complex SEND will be determined by the preparations made to ensure the child's safety, well-being, and accessibility in the setting. If a child's needs determine that adjustments need to be made, the manager/deputy must outline a realistic

timeframe for completion, detailing the nature of adjustments e.g. risk assessment, staff training, health care plan and all other adjustments required. The child's safety at all times is paramount.

- At the time of registration, the manager/deputy must check to see if a child's family is in receipt of Disability Living Allowance, if so, the manager/deputy must ask for evidence to enable them to claim the Disability Access Fund directly from the local authority. If the family is eligible but not in receipt of the allowance, the setting manager/deputy will support the family in their application. More information can be found at [www.gov.uk/disability-living-allowance-children/how-to-claim](http://www.gov.uk/disability-living-allowance-children/how-to-claim).
- Preparation for admitting a child with SEND must be made in a reasonable amount of time and any delay in the child starting is scrutinised by the setting manager/deputy to avoid discrimination and negative impact on the child and family. During a preparation period the family and relevant agencies and the local authority must be regularly updated on the progress of the preparations.

### **Safeguarding/child protection**

If information is provided by the parents that a child who is starting at the setting is currently, or has had involvement with social care, the designated safeguarding lead will contact the agency to seek further clarification.

Parents are advised on how to access the setting's policies and procedures.

### **Further guidance**

Early Years Entitlements: Operational guidance for local authorities and providers (DfE 2018)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/718181/Early\\_years\\_entitlements-operational\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/718181/Early_years_entitlements-operational_guidance.pdf)

## **09.01a About our childcare and early education**

Welcome to New Life Pre-School and Nursery and thank you for registering your child with us.

We know how important your child is and aim to deliver the highest quality of care and education to help them to achieve their best.

This document aims to provide you with an introduction to New Life Pre-School and Nursery, our routines, our approach to supporting your child's learning and development and how we aim to work together with you to best meet your child's individual needs. This should be read alongside our Childcare and Early Education Terms and Conditions for a full description of our services.

### **Our setting aims to:**

- provide high quality care and education for children.
- work in partnership with parents to help children to learn and develop.
- add to the life and well-being of the local community.
- offer children and their parents a service that promotes equality and values diversity.

### **Parents**

You are regarded as members of our setting who have full participatory rights. These include a right to be:

- valued and respected.
- kept informed.
- consulted.
- involved.
- included at all levels.

### **Children's development and learning**

We aim to ensure that each child:

- is in a safe and stimulating environment.

- is given generous care and attention, because of our ratio of qualified staff to children, as well as volunteer helpers.
- has the chance to join in with other children and adults to live, play, work and learn together.
- is helped to take forward her/his learning and development by being helped to build on what she/he already knows and can do. (Knowledge and Skills).
- has a personal key person who makes sure each child makes satisfying progress.
- is in a setting that sees parents as partners in helping each child to learn and develop.
- is in a setting in which parents help to shape the service it offers.

### *The Early Years Foundation Stage*

Provision for the development and learning of children from birth to five years is guided by the Early Years Foundation Stage. Our provision reflects the four overarching principles of the *Statutory Framework for the Early Years Foundation Stage* (DfE 2021):

- *A Unique Child*

Every child is a unique child who is constantly learning and can be resilient, capable, confident and self-assured.

- *Positive Relationships*

Children learn to be strong and independent through positive relationships.

- *Enabling Environments*

Children learn and develop well in enabling environments with teaching and support from adults, who respond to their individual interests and needs and help them to build their learning over time. Children benefit from a strong partnership between educators, parents and/or carers.

- *Learning and Development*

- Children develop and learn at different rates. The framework covers the education and care of all children in early years provision including children with special educational needs and disabilities (SEND).

### **How we provide for learning and development**



Children start to learn about the world around them from the moment they are born. The care and education offered by our setting helps children to continue to do this by providing all the children with interesting experiences that are appropriate for their age and stage of development.

*The Areas of Learning and Development comprise:*

- *Prime Areas*
  - Personal, social, and emotional development.
  - Physical development.
  - Communication and language.
- *Specific Areas*
  - Literacy.
  - Mathematics.
  - Understanding the world.
  - Expressive arts and design.

For each area, the level of progress that children are expected to have attained by the end of the Early Years Foundation Stage is defined by the Early Learning Goals. These goals state what it is expected that children will know, and be able to do, by the end of the reception year of their education.

We refer to non-statutory curriculum guidance and the progressive framework of 'Birth to 5 Matters' to support our professional judgment as we assess each child's progress and level of development as they progress towards the Early Learning Goals. We have regard to these when we assess children and plan for their learning by creating a curriculum that is ambitious and meets every child's needs. Our educational programmes support children to develop the knowledge, skills and understanding they need for:

*Personal, social, and emotional development*

- making relationships.
- sense of self.
- understanding emotions.

### *Communication and language*

- listening and attention.
- understanding.
- speaking.

### *Physical development*

- moving and handling.
- health and self-care.

### *Literacy*

- reading.
- writing.

### *Mathematics*

- number.
- spatial awareness.
- shape.
- pattern.
- measures.

### *Understanding the world*

- people and communities.
- the world.
- technology.

### *Expressive arts and design*

- creating with materials.
- being imaginative and expressive.

## **Our approach to learning and development and assessment**

### *Learning through play*

Being active and playing supports young children's learning and development through doing and talking. This is how children learn to think about and understand the world around them. We use the EYFS statutory education programmes to plan and provide opportunities which will help children to make progress in all areas of learning. This programme is made up of a mixture of experiences that children lead and organise for themselves as well as experiences that can be led by educators.

### *Characteristics of effective learning*

We understand that all children engage with other people and their environment through the characteristics of effective learning that are described in the Early Years Foundation Stage as:

- playing and exploring – engagement.
- active learning – motivation.
- creating and thinking critically – thinking.

We aim to provide for the characteristics of effective learning by observing how a child engages with learning and being clear about what we can do and provide to support each child to remain an effective and motivated learner.

### *Assessment*

We assess how young children are learning and developing by observing them. We use information that we gain from formative observations of the children, to understand their progress and where this may be leading them. We believe that parents know their children best and we will ask you to contribute to assessment by sharing information about what your child likes to do at home and how you, as parents, are supporting development.

We may make periodic assessment summaries of children's achievement based on our on-going formative observations. These help us to build a picture of a child's progress during their time with us and form part of children's records of achievement/learning stories. We undertake these assessment summaries at regular intervals, as well as at times of transition, such as when a child moves into a different group or when they go on to school.

### *The progress check at age two*

The Early Years Foundation Stage requires that we supply parents and carers with a short-written summary of their child's development in the three prime areas of learning

and development (summative assessment) - personal, social, and emotional development; communication and language and physical development - when a child is aged between 24 - 36 months. Your child's key person is responsible for completing the check using information from on-going formative observations carried out as part of our everyday practice, taking account of the views and contributions of parents and other professionals.

### **Records of achievement/learning stories**

We keep a record of achievement/learning story for each child. Your child's record of achievement/learning story helps us to celebrate together her/his achievements and to work together to provide what your child needs for her/his well-being and to make progress.

Your child's key person will work in partnership with you to keep this record. To do this you and she/he will collect information about your child's needs, experiences, interests, and achievements. This information will enable the key person to identify your child's progress. Together, we will then decide on how to further support your child's learning and development.

### **Working together for your children**

We maintain the ratio of adults to children in the setting that is set by the Safeguarding and Welfare Requirements. We also have volunteer/parent helpers, where possible, to complement these ratios (when necessary). This helps us to:

- give time and attention to each child.
- talk with the children about their interests and experiences.
- help children to experience and benefit from the experiences we provide.
- allow the children to explore and be adventurous in safety.

The staff who work at our setting are:

<b>Name</b>	<b>Job Title</b>	<b>Qualifications</b>
Lisa Brown	Manager / Early Years Professional	-BA Honours Degree – Early Years -Early Years Professional Status

Rachel Parker	Deputy Manager / Early Years Teacher	-BA Honours Degree – Early Childhood Studies -Master’s Degree – Early Childhood Education -Early Years Teacher Status
Sarah Wood	0-2 years Room Leader	-Lever 3 Children and Young Peoples Workforce
Kelsey Easton	2-4+ years Room Leader/Forest School Leader	-Level 3 Children and Young Peoples Workforce -Level 3 Forest School Leader
Kimberley Yates	2-4+ years Room Leader	-Level 3 Early Years Educator *WT -BA Honours Degree – Childhood studies
Amy Smith	2-4+ years Educator	-BA Honours Degree – Early Childhood Studies
Janna Crompton	2-4+ years Educator	-Level 3 Early Years Educator
Evie Baines	0-2 years Educator	-Level 3 Early Years Educator *WT -BA Honours Degree – Early Years
Svetlana O’Brien	2-4+ years Educator	-Level 2 Childrens Workforce
Julie Harbour	Cook	-Advanced Food Safety and Hygiene (Level 3)

\*WT (working towards)

- We are open for 51 weeks each year.
- We are closed during the Christmas break (dates vary each year).
- We are open for 5 days each week (Monday-Friday excluding bank holidays).
- The times we are open are 7.30am-6.00pm.
- We provide care and education for young children between the ages of 3 months (after vaccinations if chosen to immunise) and 5 years.

### **How parents take part in the setting**

Our setting recognises parents as the first and most important educators of their children. All our staff see themselves as partners with parents in providing care and

education for their children. There are many ways in which parents take part in making our setting a welcoming and stimulating place for children and parents, such as:

- exchanging knowledge about their children's needs, experiences, interests, and progress with our staff.
- contributing to the progress check at age two (summative assessment).
- helping at sessions of the setting.
- sharing their own special interests with the children.
- helping to provide and look after the equipment and materials used in the children's play experiences.
- taking part in events and informal discussions about the experiences and curriculum provided by the setting.
- joining in community experiences, in which the setting takes part.
- building friendships with other parents in the setting

### **Joining in**

At our setting parents can offer to take part in a session by sharing their own interests and skills with the children. We also welcome parents to drop into the setting sessions, as this enables parents to see what the day-to-day life of our setting is like and to join in helping the children to get the best out of their experiences.

### **Key person and your child**

Our setting uses a key person approach. This means that each member of staff has a group of children for whom she/he is particularly responsible. Your child's key person will be the person who works with you to make sure that the childcare and early education that we provide is right for your child's particular needs and interests. When your child first starts at the setting, she/he will help your child to settle and throughout your child's time at the setting, she/he will help your child to benefit from our experiences. Each key person will also demonstrate professional love to nurture each child positively.

### **Learning opportunities for adults**

As well as gaining relevant qualifications, our staff take part in further training to help them to keep up-to date with thinking about early years care and education. We also keep up-to-date with best practice, as a member of the Early Years Alliance, through *Under 5* magazine and other publications produced by the Alliance. The current copy of *Under 5* is available for you to read. Occasionally, we hold learning events for parents. These usually look at how adults can help children to learn and develop in their early years.

### **The setting's timetable and routines**

Our setting believes that care and education are equally important in the experience which we offer children. The routines and experiences that make up the day in our setting are provided in ways that:

- help each child to feel that she/he is a valued member of the setting.
- ensure the safety of each child.
- help children to gain from the social experience of being part of a group.
- provide children with opportunities to learn and help them to value learning.

### **The session**

We organise our sessions so that the children can choose from, and work at, a range of experiences and, in doing so, build up their ability to select and work through a task to its completion. The children are also helped and encouraged to take part in adult-led small and large group experiences, which introduce them to new opportunities and help them to gain new knowledge and skills, as well as helping them to learn to work with others. Outdoor experiences contribute to all areas of learning and development, including their health and their knowledge of the world around them. The children have the opportunity, and are encouraged, to take part in outdoor child-chosen and adult-led experiences, as well as those provided in the indoors. These take account of children's changing energy levels throughout the day. We cater for children's individual needs for rest and quiet experiences during the day.

### **Snacks and meals**

We make snacks and meals a social time at which children eat together and interact with adults. We plan the menus for snacks and meals so that they provide the children with healthy and nutritious food. Please tell us about your child's dietary needs, particularly any known allergies or food intolerance and we will plan accordingly.

## **Clothing**

We provide protective clothing for the children when they play in messy experiences. We encourage children to gain the skills that help them to be independent and look after themselves. These include taking themselves to the toilet and taking off, and putting on, outdoor clothes. Clothing that is easy for them to manage will help them to do this.

## **Policies**

Our staff can explain our policies and procedures to you. Copies of which are available within our settings entrance and on our settings website.

Our policies help us to make sure that the service we provide is of high quality and that being a member of the setting is an enjoyable and beneficial experience for each child and her/his parents.

Our staff and parents work together to adopt the policies and they all can take part in the annual review of the policies. This review helps us to make sure that the policies are enabling our setting to provide a quality service for its members and the local community.

## **Information we hold about you and your child**

We have procedures in place for the recording and sharing of information [data] about you and your child that is compliant with the principles of the General Data Protection Regulations (2018) as follows:

The data is [I/we] collect is:

1. processed fairly, lawfully and in a transparent manner in relation to the data subject [you and your family].
2. collected for specified, explicit and legitimate purposes and not further processed for other purposes incompatible with those purposes.
3. adequate, relevant, and limited to what is necessary in relation to the purposes for which data is processed.
4. accurate and, where necessary, kept up-to-date.
5. kept in a form that permits identification of data subjects [you and your family] for no longer than is necessary for the purposes for which the personal data is processed.





For your child to keep her/his place at New Life Pre-School and Nursery, you must pay the fees. We are in receipt of nursery education funding for two-, three- and four-year-olds; and where funding is not received, then fees may apply.

### **Starting at our setting**

#### *The first days*

We want your child to feel happy and safe with us. To make sure that this is the case, our staff will work with you to decide on how to help your child to settle into the setting. Our policy on the role of the key person and settling-in is available from (Lisa Brown – Manager) or (Rachel Parker – Deputy Manager).

We hope that you and your child enjoy being members of our setting and that you both find taking part in our experiences interesting and stimulating. Our staff are always ready and willing to talk with you about your ideas, views or to respond to any questions.

## 09.01b Childcare and early education registration form

### New Life Pre-School and Nursery's Childcare and early education registration form

#### Child's details

Child's first name: \_\_\_\_\_ Surname: \_\_\_\_\_

Middle name(s): \_\_\_\_\_ Name known by: \_\_\_\_\_

Child's full address: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Birth certificate seen Yes  No

#### Family details

Who does the child live with? \_\_\_\_\_

*Contact details 1 (including emergency information)*

Parent/carer full name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Daytime/work telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Home address: \_\_\_\_\_

Does this parent have parental responsibility for the child? Yes  No

Parent NI number \_\_\_\_\_ (for funding purposes only)

*Contact details 2 (including emergency information)*

Parent/carer full name:

---

Relationship to child:

---

Daytime/work telephone:

Mobile:

---

Email:

---

Home address:

---

Does this parent have parental responsibility for the child? Yes  No

Parent NI number

(for funding purposes only)

---

**Other person(s) with legal contact:** *(To be completed where those persons with parental responsibility are separated and/or an S8 Order is in place).*

Name:

---

Address:

---

Contact telephone numbers:

---

Relationship to child:

---

Please give details of the legal contact arrangements that we need to be aware of:

---

**Child's ethnicity data** gathered for monitoring purposes only. Parents are not obliged to give this information. Ethnic origin is classified as special category of data under data protection legislation and we require your consent to process and store this information. The Privacy Notice explains how the data provided in this form will be processed and explains your rights with respect to the information given.

## Privacy Notice

I confirm that I have received a copy of the Privacy Notice and give my consent to the processing of special category data.

Signed:

Dated:

White British

Pakistani

White Irish

Indian

White other

Asian other

Black British

Chinese

Black African

Chinese other

Black Caribbean

White and Black  
Caribbean

Black Other

White and Black African

Bangladeshi

White and Black Asian

Other please state:

---

## Collection permission authorisation/emergency contact (other than parents)

*Only those over the age of 16 years can be named as an authorised person/emergency contact.*

**Authorised Person 1 – Name:**

---

Relationship to child:

---

Full address:

---

Daytime/work telephone:

---

Home telephone:

Mobile:

---

**Authorised person 2 – Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full address: \_\_\_\_\_

Daytime/work telephone: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Authorised person 3 – Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full address: \_\_\_\_\_

Daytime/work telephone: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Password for the collection of the child by an  
authorised person/emergency contact:**

### **Emergency treatment declaration**

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me and the emergency services will be called as necessary. I understand that my child may be taken to hospital accompanied by the manager or authorised deputy for emergency treatment. I understand that health professionals will be responsible for decisions about medical treatment in my absence.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*For inhalers/auto-injectors (e.g., EpiPens) only*

I give permission for a named member of staff who has been trained to administer the inhaler/EpiPen (supplied by me) to *(name of child)* \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Printed name: \_\_\_\_\_

**Medical details**

Has your child received the following immunisations, this enables us to effectively manage any special education, health, or medical needs of your child (please confirm and date);

- |                        |   |   |
|------------------------|---|---|
| <b>Two months</b>      | 5-in-1 (DTaP/IPV/Hib) vaccine – diphtheria, tetanus, whooping cough (pertussis), polio and Haemophilus influenzae type b (known as Hib); Pneumococcal (PCV) vaccine; Rotavirus vaccine; Men B vaccine | Yes <input type="checkbox"/> No <input type="checkbox"/> Dated: _____ |
| <b>Three months</b>    | 5-in-1 (DTaP/IPV/Hib) vaccine, second dose; Men C vaccine; Rotavirus vaccine, second dose   | Yes <input type="checkbox"/> No <input type="checkbox"/> Dated: _____ |
| <b>Four months</b>     | 5-in-1 (DTaP/IPV/Hib) vaccine, third dose; Pneumococcal (PCV) vaccine, second dose; Men B vaccine second dose   | Yes <input type="checkbox"/> No <input type="checkbox"/> Dated: _____ |
| <b>12 to 13 months</b> | Hib/Men C booster, given as a single jab containing   | Yes <input type="checkbox"/> No <input type="checkbox"/> Dated: _____ |

meningitis C (second dose) and Hib (fourth dose); Measles, mumps and rubella (MMR) vaccine, given as a single jab; Pneumococcal (PCV) vaccine, third dose; Men B vaccine third dose

**Eligible pediatric age groups** Children’s flu vaccine (annual) Yes  No  Dated:

**Three years and four months to five years** Measles, mumps, and rubella (MMR) vaccine, second dose; 4-in-1 (DTaP/IPV) Pre-School booster, diphtheria, tetanus, whooping cough (pertussis) and polio Yes  No  Dated:

*For internal use:*

Has the child’s health record book been seen to confirm immunisation dates? Yes  No

Signed by Management: Dated:

### Health and development

Was your child born prematurely, if so, how many weeks early?

Special notes:

---

Does your child have any on-going medical conditions? If so, please specify:

---

If yes, please specify which external agencies are involved e.g., paediatrician, consultant, dietician, speech, and language therapist, etc:

---

Does your child require a health care plan? Yes  No



Special notes

Does your child have care or mobility needs that may mean they are eligible for, or are in receipt of Disability Living Allowance? Yes  No

Special notes:

---

Do you have any concerns about your child's learning and development? Yes  No

If yes, special notes:

---

Is your child known to have any allergies or food intolerances? If so, please specify:

Special notes:

---

*A risk assessment is completed and kept on the child's file for any known allergies or food intolerance as mentioned above.*

What are your child's dietary requirements? Please specify:

---

*Is our usual practice to provide both a meat and vegetarian option. If this is not in keeping with your child's dietary requirements, please discuss this with the setting manager/deputy to ensure that we are working in partnership with you to meet your child's needs. Please refer to our nutrition procedures.*

### **Details of professionals involved with your child**

*GP*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

---

*Health Visitor (if applicable)*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address

---

*Social Care Worker (if applicable)*

Name:

Telephone:

Special notes:

---

*Dentist (if applicable)*

Name:

Telephone:

Address:

---

*Any other professional who has regular contact with the child*

Name:

Role:

Agency:

Telephone:

Address:

---

### **Two-year-old progress check/Integrated health check**

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-30 months. We will ask you to be involved in completing the check and to share it with your child's health visitor. Please note that where a local authority has arrangements in place, we complete an integrated check with you and your child's health visitor.

If your child is aged between 24-36 months, has a two-year-old progress check already been completed for your child? Yes  No

Setting completing check:

Date completed:

---

### **Parental permissions**

*E-safety (staff and children)*

There are procedures in place that govern the use of IT equipment on site.

Where iPad's or similar are used by staff to record children's learning and development or as a management tool, a risk assessment is completed and only equipment owned by the setting is used. Visitors to the setting using IT equipment, such as Ofsted or Social Care, are advised of the procedure for its use and must seek prior permission from the setting manager/deputy.

In some instances, children will use ICT equipment to promote their learning and development under the supervision of staff. Children do not normally have access to the internet and never have unsupervised access to the internet.

**I give permission for my child to use ICT equipment for the purposes stated above. I understand that there are procedures and risk assessment in place to govern its use and that staff and visitors may also use ICT equipment to record and monitor children's learning and development.**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

*Teething gel (babies)*

I give permission for staff to administer teething gel (supplied by me) to my child when required in accordance with the manufacturer's instructions and to record and inform me of when it was administered.

*Name of child:*

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

*Nappy cream*

I give permission for non-medicated nappy cream (supplied by me) to be administered to my child when required in accordance with manufacturer's instructions. If medicated nappy cream is supplied by me, I give permission for it to be applied as above and to record its use and inform me of when it was administered.

*Name of child:*

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

*Paracetamol based medicine (e.g., Calpol, Piriton)*

I give permission for staff to administer paracetamol to my child in the case of a raised temperature/allergy condition and on the understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with the setting's policies and procedures.

*Name of child:* \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

*Suncream*

I give permission for staff to administer hypoallergenic suncream (supplied by me) to

*Name of child:* \_\_\_\_\_ when necessary and to record its use.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

*Short trip - general outings*

I give permission for my child to take part in short trips or general outings. I understand that individual risk assessments are carried out for each type of trip or outing and are available for me to see as required.

*Name of child:* \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

*Photographs and videos*

To record aspects of our curriculum and for children's individual development records, staff often take photographs or videos of children during their play. Only equipment supplied by us is used for this purpose and images taken are for display and for your child's learning stories. Images are saved and stored on our equipment securely, and only kept for the period your child is with us. If we wish to use any images of your child for publicity or marketing purposes, we will seek your written consent for each image we wish to use.

I give permission for my child to be photographed/recorded as per the conditions above.

Name of child:

\_\_\_\_\_

Signed:

Dated:

\_\_\_\_\_

*Social Media (Facebook) Parents only page*

We are keen to share your child's day with you and therefore seek your permission to post photographs of group experiences. I give permission for my child's photograph to be posted on the 'New Life Pre-School and Nursery' private page.

Name of child:

\_\_\_\_\_

Signed:

Dated:

\_\_\_\_\_

*Animals*

We may occasionally have supervised visits of animals to our setting or have pets on site. We will ensure that our pets are healthy and are inoculated as appropriate and that animals showing any signs of disease are treated. Risk assessments will be carried out for visiting animals and will be made available to parents on request. Please state here any known allergies or aversion your child has to animals:

Name of child:

\_\_\_\_\_

Signed:

Dated:

\_\_\_\_\_

**Key persons**

Your child will have a key person assigned to them. It is the key person's responsibility to ensure your child receives the best possible care and attention and to ensure that their records are kept up to date whilst they are with us. Your child's key person may change as they progress through the setting, but you will be notified of these changes in advance. The key person should be the first point of contact for anything you wish to discuss about your child.

Your child's key person is:

\_\_\_\_\_

Your child's secondary key person is:

\_\_\_\_\_

## About your child

The following information will tell us a little more about your child.

Does your child have previous experience of attending an early years setting? If so, please give details:

---

Does your child have difficulty with walking, talking or socialising? If so, please give details:

---

Is your child disabled? Yes  No

---

Does your child require a care plan? Yes  No

---

What languages does your child speak at home?

---

What religion does your family follow (if applicable)?

---

How would you describe your family's cultural background?

---

Are there any religious or cultural festivals that your child takes part in?

---

What is your child's usual sleep pattern?

---

Does your child have a feeding routine (for children under 2 years)?

Yes  No

Does your child have any food preferences?

Yes  No



Does your child have a dummy? Yes  No

Does your child have a special toy or object they might bring with them? Yes  No

What sort of interests does your child enjoy doing at home, i.e., drawing or cooking?

---

Is there any other background information about your child that may be useful for us to know? For example, how do they prefer to be comforted when they are upset?

---

### **Transfer of records**

With your consent we will transfer your child's records to the receiving school when they leave our setting. This will enable the school to continue to effectively manage any special education, health, or medical needs, and to continue with their development.

I agree for my child's records to be transferred to their receiving school.

Name of child: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

### **Further information**

I confirm that information about the setting's policies and procedures has been made available and explained to me, and I understand I can find more information as to how my personal data is handled through the Privacy policy.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

## Session request

Preferred start date: \_\_\_\_\_

*Please tick the sessions you would like your child to attend:*

[Morning]\*

8.00am-1.00pm  Monday  Tuesday  Wednesday  Thursday  Friday

[Afternoon]\*

1.00pm-6.00pm  Monday  Tuesday  Wednesday  Thursday  Friday

[Full day]\*

8.00am-6.00pm  Monday  Tuesday  Wednesday  Thursday  Friday

[Early drop off]

7.30am-8.00am  Monday  Tuesday  Wednesday  Thursday  Friday

\*When your child is in receipt of funding, session time arrangements can be discussed prior to the start date.

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available.

**Please note that completion of this form does not guarantee a place for your child,**

Once your child is offered a place and you accept it, your child's birth certificate is required at this point. If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice).

Signed parent/carer (1): \_\_\_\_\_

Date: \_\_\_\_\_

**Please be advised that this application form and offer of a place is subject to [our/my] terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood, and agree to these terms and conditions.**



## **09.01c Childcare and early education terms and conditions**

### **New Life Pre-School and Nursery Terms and Conditions**

This document and the terms and conditions within it govern the basis on which *New Life Pre-School and Nursery* (referred to here as 'we' / 'our' / 'us' agree to provide childcare and early education services to parent(s)/guardian(s) (referred to as 'you').

Only a parent/guardian with parental responsibility for a child can register that child for a childcare and early education place with us. We will ask to see your child's birth certificate, or other relevant documentation, to confirm that you have parental responsibility for the child as part of our registration process.

#### **Our details:**

**Early Years Setting:** New Life Pre-School and Nursery

**Ofsted Registration Number:** 322039

**Registered Address:** 42 George Street, Wakefield, WF1 1DL

**Telephone:** 01924 375060

**Email:** newlifepreschoolandnursery@yahoo.co.uk

**Insured by:** Aviva

**Registered Person:** New Life Christian Centre

**Nominated/Chairperson:** Luke Crompton

**Manager:** Lisa Brown

**Deputy Manager:** Rachel Parker

## Childcare and early education terms and conditions

The following terms and conditions govern the basis on which we agree to provide childcare and early education services to you.

### 1.0 Our obligation to you

- 1.1 We will inform you as soon as we know that a place is available for your child. You are required to confirm that you still wish to take up a place within one week of receiving notification from us. If you fail to notify us then the offer of a place may be withdrawn. Once you confirm a fee-paying place a deposit payment of £25 is required to hold the place for your child. The deposit will be credited onto your account and deducted from your first invoice at the beginning of your child's attendance at the setting. If you fail to take up a place, the deposit is non-refundable.
- 1.2 We provide agreed childcare and early education facilities for your child during the official opening hours (7.30am-6.00pm Mon-Fri). If we change the opening hours, we will give parents as much notice as possible, and, if necessary, will work with you to agree a change to your child's hours of attendance.
- 1.3 We will try to accommodate any requests you may make for additional sessions and/or extended hours of childcare and early education.
- 1.4 We will notify parents as early as possible when the setting will be closed.
- 1.5 We will provide you with regular updates about your child's progress.
- 1.6 We will try to make a place available to any of your other children. However, we cannot guarantee that a place will be available.

### 2.0 Your obligation to us

- 2.1 You are required to fully complete and return the *Childcare and Early Education Registration* form to us before your child can start.
- 2.2 You are required to inform us immediately of any changes to your contact details or other changes to the information on your child's registration form.
- 2.3 The *Childcare and Early Education Registration* form includes medicine consent and emergency treatment authorisations which you are required to complete before your child attends.
- 2.4 You are required to immediately inform us if your child is suffering from any contagious disease, or if your child has been diagnosed by a medical practitioner

with a notifiable disease. We need to protect other children at the setting so you cannot bring or allow your child to attend at these times. When your child is contagious, they pose a risk to other children during normal daily experiences.

- 2.5 You are required to inform us of the identity of the person(s) who will be collecting your child. We will require proof of identity and a secret password if a person collecting your child is not usually responsible. You should let us know in advance about these changes. If we are not reasonably satisfied that the person collecting your child is expected, we will not release your child into their care until we have checked with you.
- 2.6 You are required to inform us immediately if you are not able to collect your child by the official collection time. You should make arrangements for an authorised person (recorded on your registration form) to collect your child as soon as possible and confirm who they are. A late collection charge of £10 will be applied. If you fail to collect your child by the official collection time and we have reason to be concerned about your child's welfare we will contact social care direct.
- 2.7 You are required to inform us as far in advance as possible of any dates when your child will not be attending.
- 2.8 You are required to provide at least one month's notice of your intention to decrease the number of hours your child attends and similarly, should you decide to withdraw your child completely and end this agreement. If you give insufficient notice, you will still be required to pay full fees for one month from the date of notice. If you would like to end this agreement, please speak to the setting manager/deputy.
- 2.9 If your child is the subject of a court order, you are required to inform us and provide a copy of the order on request.
- 2.10 You should read our policies and procedures provided for parents - available for you at the setting or on our website.

### **3.0 Payment of fees**

- 3.1 Our fees are based on a daily fee which is the full fee payable before applying any funded entitlements. Meal charges will be invoiced alongside private fees or Early Years Funding Entitlement. Before your child starts, we will notify you of the

payment required. We may review the fees at any time but will inform you of the revised amount at least one month before it takes effect. If you do not wish to pay the revised fee, you may end the agreement by giving us one month's notice.

- 3.2 Fees are required to be paid monthly and in advance.
- 3.3 All payments made under this agreement should be made by bacs payment (bank transfer). Late payments could incur late payment fees, and if further action is required to recover unpaid fees, e.g., admin, additional charges may be made in lieu of any costs incurred.
- 3.4 If the payment of fees referred to in 3.3 is outstanding for more than 14 days then we may terminate the agreement. Once the contract has been terminated, the child shall cease to be admitted, and the notice of termination shall be regarded as a formal demand for outstanding monies.
- 3.5 If you require additional sessions or have been unable to collect your child by the official collection time, we will inform you of the extra amount payable and add these additional charges to your regular fees. In the event of late collection of your child, we reserve the right to charge a late collection fee of £20 for the first 15 minutes and £10 every five minutes thereafter.
- 3.6 No refund will be given for periods when children do not attend a session due to illness or holidays. Please note that we are closed on bank holidays, no refunds are given for these closures as they are already taken into account via billing dates.
- 3.7 If you are in receipt of any funded entitlement such as two-year-old funding you will not be charged for the funded hours taken.\* Funded entitlement can be taken either term-time only or all year round.
- 3.8 Where your child is in receipt of funded early years entitlement and/or extended entitlement (additional 15 hours/11 hours) we may also ask for additional information recorded on your child's registration form that will assist HMRC in making a decision about eligibility for certain entitlements.

#### **4.0 Suspension of a child**

- 4.1 We may suspend providing childcare and early education to your child at any time if you fail to pay any fees due.

- 4.2 If the period of suspension for non-payment of fees exceeds one month, either of us may terminate this agreement by giving written notice. This takes effect on receipt of the notice.
- 4.3 We do not support the exclusion of any child on the grounds of behaviour. However, if your child's behaviour is deemed by us to endanger the safety and well-being of your child and/or other children and adults, it may be necessary to suspend childcare and early education while we try to address these issues with you. It may also be necessary to share our concerns with other external agencies as appropriate. The decision to suspend your child will be made with the agreement of the manager/deputy/nominated/chairperson.
- 4.4 During any period of suspension for behaviour-related issues, we will work with the local authority and where appropriate other welfare agencies to identify appropriate provision or services for your child.
- 4.5 If your child is suspended part way through the month, under the conditions stated in clause 4.3, we will give you a credit for any fees you have already paid for the remaining part of that month. This sum may be offset against any sums payable by you to us.

## **5.0 Termination of the Agreement**

- 5.1 You may end this agreement at any time, by giving us at least one month's notice.
- 5.2 We may immediately end this agreement if:
- 5.2.1 You fail to pay your fees.
- 5.2.2 You breach any of your obligations under the agreement and you have not or cannot put right that breach within a reasonable period of time.
- 5.2.3 You behave unacceptably; we do not tolerate any physical or verbal abuse or threats towards staff or other parents.
- 5.2.4 We take the decision to close. We will give you as much notice as possible in the event of such a decision.
- 5.3 It may become apparent that the support we can offer your child is not sufficient to meet his or her needs. Under these circumstances we work with you, the local authority and other welfare agencies as per our procedures to identify appropriate support, at which point we may end this agreement.

5.4 You may end this agreement if we have breached any of our obligations under this agreement and we have not or cannot put right that breach in a reasonable period after you draw it to our attention.

## **6.0 General**

6.1 If we close or take the decision to close due to events or circumstances beyond our control such as extreme weather conditions, the daily fee will be credited back to you in full. We will be under no obligation to provide alternative childcare and early education to you.

6.2 If you have any concerns about the childcare and early education we provide, please discuss them with your child's key person. If your concerns are not resolved to your satisfaction, please contact the setting manager/deputy. Your satisfaction with our service is very important to us and any concerns or complaints will be reported to the nominated/chairperson for review.

6.3 From time to time, we may take images or video of the children who attend. These images or video will never be used by the setting for promotional purposes. If you do not wish your child to be included in any images or videos, you should record this when you complete the registration form.

6.4 While food and drink are provided on the premises, we are not a commercial kitchen and may not be able to cater for the individual needs of every child. We provide a meat and vegetarian option. Every effort is made to follow recommended food preparation guidance and to ensure that all setting staff involved in the preparation and serving of food are suitably trained.

6.5 Normally we will seek your consent before sharing information about your child with another professional or agency. We are required to share any information with the local authority and other relevant agencies if there are any safeguarding concerns about your child. In certain situations, we may not seek consent prior to sharing information, or we may, in certain specified circumstances override a refusal to give consent.

1.1 You must avoid making any social media communications that could damage our business interests or reputation, even indirectly or link us to any political movement or agenda.

1.2 You must not use social media to defame or disparage us, our staff or any

third party; to harass, bully or unlawfully discriminate against staff or third parties; to make false or misleading statements; or to impersonate staff members of the setting or other related third parties.

- 6.6 We reserve the right to vary the terms and conditions contained in this agreement giving at least one month's notice.
- 6.7 This agreement contains the full and complete understanding between the parties and supersedes all prior arrangements and understanding whether written or oral relating to the subject of the agreement except to the extent that we vary terms from time to time.
- 6.8 Acceptance of a place will be deemed as acceptance by you of these terms and conditions.

\* For an illustrative example of the sessions you require, please discuss with your manager/deputy.

### **Acceptance of our offer of a childcare and early education place**

Please sign below to indicate that you have read and understood the above terms and conditions and to confirm your acceptable of a childcare and early education place with us for your child.

For parent(s)/guardian(s) under the age of 18, a guarantor aged over 18, must also sign the contract on your behalf. The contract would therefore be between *New Life Pre-School and Nursery*, you, and the guarantor.

A copy of this completed and signed contract will be provided to each signatory.

Parent name 1: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent name 2: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor name: (where applicable) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Home address: \_\_\_\_\_

Daytime/work telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Signed on behalf of *New Life Pre-School and Nursery*:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_



## 0.9 Early years practice procedures

### **09.02 Absence**

We take steps to ensure that children are kept safe, that their wellbeing is promoted, and they do not miss out on their entitlements and opportunities. At the very least, good attendance promotes good outcomes for children. In a small minority of cases, good attendance may also lead to early identification of more serious concerns for a child or family.

There are several reasons why a child may be absent from a setting. In most cases it is reasonable to expect that parents/carers alert the setting as soon as possible, or in the case of appointments and holidays give adequate notice. Parents are advised that they should contact the setting within one hour of the time the child would have been expected to advise of their absence. Designated safeguarding leads must also adhere to Local Safeguarding Partners (LSP) requirements, procedures and contact protocols for children who are absent or missing from the provision.

- If a child who normally attends fails to arrive and no contact has been received from their parents, the designated lead, takes immediate action to contact them to seek an explanation for the absence and be assured that the child is safe and well.
- Attempts to contact the child's parents or other named carers continue throughout the day on the first day of absence.
- If no contact is made with the parents and there is no means to verify the reason for the child's absence i.e., through a named contact on the child's registration form, this is recorded as an unexplained absence and is followed up by the manager/deputy each day until contact is made.
- If contact has not been made within three working days, children's services will be contacted for advice about making a referral. Other relevant services maybe contacted as per LSP (Local Safeguarding Partners) procedures.
- All absences are recorded on the child's personal file with the reason given for the absence, the expected duration and any follow up action taken or required with timescales.
- Absence records are retained for at least three years, or until the next Ofsted inspection following a cohort of children moving on to school.

If at any time further information comes to light that gives cause for concern, procedure 06.01 Responding to safeguarding or child protection concerns is immediately followed.

### **Safeguarding vulnerable children**

- The designated safeguarding lead or key person attempts to contact the parents to establish why the child is absent. If contact is made and a valid reason given, the information is recorded as part of the child's data.
- Any relevant professionals involved with the child are informed, e.g., social worker/family support worker.
- If contact is made and the designated person is concerned that the child is at risk, the relevant professionals are contacted immediately. The events, conversation and follow-up actions are recorded. If contact cannot be made, the designated lead contacts the relevant professionals and informs them of the situation.
- If the child has current involvement with social care, the social worker is notified on the day of the unexplained absence.
- If at any time information comes to light that gives cause for concern, 06 Safeguarding children, young people and vulnerable adults procedures are followed immediately.

### **Safeguarding**

- If a child misses three consecutive sessions and it has not been possible to make contact, the designated lead calls Social Care and makes a referral if advised.
- If there is any cause for concern i.e., the child has a child protection plan in place or there have been previous safeguarding and welfare concerns, the designated safeguarding lead attempts to contact the child's parent/carer immediately. If no contact is made, the child's absence is logged on a 'Safeguarding incident reporting form,' and Social Care are contacted immediately, and safeguarding procedures are followed.

### **Poor/irregular attendance**

Whilst attendance at an early year's setting is not mandatory, regular poor attendance may be indicative of safeguarding and welfare concerns that should be followed up.

- In the first instance the setting manager/deputy should discuss a child's attendance with their parents to ascertain any potential barriers i.e., transport, working patterns etc and should work with the parent/s to offer support where possible.
- If poor attendance continues and strategies to support are not having an impact, the setting manager/deputy must review the situation and decide if a referral to a multi-agency team is appropriate.
- Where there are already safeguarding and welfare concerns about a child or a child protection plan is in place, poor/irregular attendance at the setting is reported to the Social Care worker without delay.

In the case of funded children, the local authority may use their discretion, where absence is recurring or for extended periods, considering the reason for the absence and impact on the setting. The setting manager/deputy is aware of the local authority policy on reclaiming refunds when a child is absent from a setting.

## 0.9 Early years practice procedures

### **09.03 Prime times – The role of the key person**

*'Each child must be assigned a key person' (EYFS 2023)*

Babies and young children need to form a secure attachment to a key person when they join the setting to feel safe, happy, and eager to participate and learn.

#### **The key person role**

- A key person builds an on-going relationship with the child and his/her parents and is committed to that child's well-being while in the setting.
- Every child that attends is allocated a key person as they begin their settling in.
- Where possible a secondary key person is also identified for each child so that they can fulfil the role in the absence of the main key person, for example, during annual leave or sickness.
- The key person conducts the progress check (summative assessment) at age two for their key children.
- The role is fully explained to parents on induction and the name of the child's key person and secondary key person is recorded and placed on to the child's registration form.
- The key person is central to settling a child into the setting. The setting manager/deputy and key person explain the need for a settling in process and agree a plan with the parents.
- Shift patterns and staff absence can affect a child who is just settling in; where possible, settling in should be matched to when the key person is working.
- The number of children for each key person considers the individual needs of children and the capacity of the key person to manage their cohort.
- Photographs of key persons are displayed clearly.
- The key person spends time daily with his or her key group to ensure their well-being.

#### **Parents**

- Key persons are the first point of contact for parents regarding matters concerning their child and any concerns parents may have, are addressed with the key person in the first instance.
- Key persons support parents in their role as the child's first and most enduring educators. This is to promote parent partnerships.
- The key person is responsible for the child's developmental records, completing the progress check (summative assessment) at age two, and for sharing information about progress with the child's parents.

### **Learning and development**

- The key person helps to ensure that every child's learning and care is tailored to meet their individual needs. This is achieved through regular observation and assessment of children, using information gathered about their achievements, interests and learning styles to plan for each individual child's learning and development.
- If a child's progress in any of the prime areas gives cause for concern, the key person must discuss this with the setting manager/deputy or SENCO and the child's parents.

### **Secondary key person**

- The role of the secondary key person is to step in when the main key person is absent or unavailable to provide a stable and consistent care relationship for the child.
- The secondary key person is identified when the child starts but is not introduced to the child until an attachment is beginning to form with the key person.
- The secondary key person gradually forms a relationship with the child until the child is happy to be cared for by this person.
- The secondary key person shares information with parents in the key person's absence and makes notes in the child's records where appropriate.
- The secondary key person ensures information is shared with the key person.

### **Safeguarding children**

- The key person has a responsibility towards their key children to report any concern about their development, welfare, or child protection matter to the setting manager/deputy and to follow the procedures in this respect.
- Regular supervision meetings are held with the setting manager/deputy which provides further opportunities to discuss the progress and welfare of key children.
- The secondary key person has a duty likewise.

### **Further guidance**

[Being a Key Person in an Early Years Setting](#) (Alliance Publication)

## 0.9 Early years practice procedures

### **09.04 Prime times – Settling in and transitions**

To feel securely settled and ready to learn, children need to form attachments with the adults who care for them, primarily a key person, but others too. In this way they feel part of a community; they can contribute to that community and receive from it. Very young children, especially two- to three-year-olds, approach separation from their parent with anxieties, older children have a more secure understanding of ‘people permanence’ and can approach new experiences with confidence; but also need time to adjust and feel secure. It is the entitlement of all children to be settled comfortably into a new environment.

We follow a three-stage model of settling in based on three key needs:

1. *Proximity* - Babies and young children feel safest when a familiar adult, such as a parent, is present when they are getting used to a new carer and new surroundings. In this way they can become confident in engaging with those experiences independently later.
2. *Secure base* – Because the initial need for proximity of the parent has been met, babies and young children gradually begin to feel secure with a key person in a new surrounding so that they are able to participate independently for small periods of time.
3. *Dependency* – Babies and young children can separate from parents’ and main carers when they have formed a secure attachment to their key person who knows and understands them best and on whom they can depend for their needs to be met.

#### **Settling-in for babies, children under two and those with SEND**

- Start times for babies are staggered to allow sufficient one to one time with each child and parent.
- Babies should at least be at stage 2 of settling before the key person begins settling another child.
- Where several babies need to start – key persons can start settling one child in the morning and another in the afternoon. In their first week, children who are settling in will not stay all day.

- If a child has been identified as having SEND then the key person/SENCO and parents will need to identify and address potential barriers to settling in e.g., timings of medication and invasive procedures, specific routines and levels of support.

### **Promoting proximity**

- One to two hours is sufficient for a baby and parent to attend on any one day initially.
- On the first day, the key person shows the parent around, introduces members of staff, and explains how the day is organised, making the parent and child feel welcome and comfortable.
- The key person always greets the parent and child. (Shift patterns may need to be adjusted when settling in.)
- The parent is invited to play with their child and the key person spends time with them. As much time as possible is allowed for the key person to do this.
- The key person will engage the baby in eye contact but not rush to handle or hold the baby if this causes them distress.
- The key person observes to see if the baby is recognising them, beginning to explore the environment (if able), noting what they seem to like and making sure it is available the next day.

### **Promoting dependency**

- Attachment can be seen when the baby shows signs that they are happy to transfer their need to be dependent onto the key person. Key persons look for signs such as the baby being pleased to see them, looking for them when distressed, holding out their arms to be held, establishing eye contact, responding to play, feeding, and taking comfort from the key person.
- Parents can now leave their baby for longer, until the baby can cope with a longer day.
- After 4-6 weeks, the key person reviews and discusses how the child is settling in with the parents. They discuss problems that may have arisen and plan how they will be overcome. As babies and toddlers grow and change so rapidly, meeting every 6 weeks for a parental consultation is recommended.



### **When babies do not seem to settle**

- It is not good for babies to be in a setting when they are acutely distressed and anxious. A baby who is not securely attached and settled is overwhelmed with fear. They are unable to participate in any experience and do not learn. It is not in their immediate or long-term interest to attempt to prolong what is an agonising experience for them.
- A highly distressed baby will need 1:1 attention consistently; their distress will upset other babies and put stress on staff. If this is the case, the key person has a discussion with the manager/deputy.
- Attempts are made to reduce anxiety and distress through a planned approach with the parent.
- The three stages of settling-in are reviewed and the plan is pitched back at the appropriate stage.
- Triggers of distress are discussed to see what can be done to alleviate it.
- If all attempts have been made and the baby or toddler still cannot cope without the parent, then the place is offered only with the parent attending. In some cases, it may be appropriate to withdraw the place and help the parent consider alternatives. For a child 'in need' this may need to be discussed with the social care worker, where one is allocated to the child, health visitor or referring agency.

### **Prolonged absences**

- If babies or toddlers are absent from the setting for any for periods of time beyond one or two weeks, their attachment to their key persons will have decreased and will need to be built up again.
- Parents are made aware of the need to 're-settle' their children and a plan is agreed.

### **Moving up from baby room to the main room**

- One-year olds are not moved to the main room before their second birthday or before they can cope; they are given the opportunity to visit the main group as part of a normal day and participate in play and join in at mealtimes, becoming familiar with adults, children, and the environment.

- When approaching their second birthday, and when a vacancy arises, a new key person is identified. The key person discusses the transition for the child moving up with the parents.
- The baby room key person and the parents agree how the child will be settled; ideally parents spend time with their child and new key person before the move takes place.
- The current key person will spend time with the child in the new group, liaising with the new key person and ensuring that the child is familiar with all the main times of the day.
- The child gradually spends more time with the new key person until they can cope in their new room.

### **Two-year-olds starting a setting for the first time**

- A two-year-old may have little or no experience of group care. As part of gathering information from parents, it is important to find out about the child's experience of non-parental care, for example grandparents, or childminder; this informs staff as to how a child may respond to a new situation.
- To settle in a two-year-old, the setting will go through the same process of gradually increasing the time a child attends with a parent/carer during the proximity stage.
- If it is evident that the child is developing a sense of secure base when he or she shows interest in experiences and begins to engage with the key person and other children, then the parent/carer may gradually start to spend short periods of time in another room to see how the child responds.
- Separation causes anxiety in two-year-olds, as they have no concept of where their parents have gone. Parents should always say goodbye and tell them when they will return. Patience with the process will ensure children are happy and eager to come to play and be cared for in the setting.

### **Three- and four-year-olds**

- Most children of this age can move through the stages more quickly and confidently.
- Some children take longer, and their needs for proximity and secure base stages should be accommodated as much as possible.

- Some children appear to leap to dependency/independence within a couple of days. In most cases, they will revert to the need for proximity and secure base. It can be difficult to progress to true dependency/independence and this can be frustrating.
- If the child shows an interest in the experiences and is beginning to engage with the key person and other children, the parent can spend time in another room (if available) to see how the child responds.
- Parents are encouraged to explain to their child where they are going, and that they will return.

### **For children whose first language is not English**

- For many children learning English as an additional language, the stage of proximity takes longer as the child is dependent upon the parents' input to make sense of what is going on.
- If the parent does not speak English, efforts are made to source an interpreter for induction; it will be helpful for them to see around the setting and be clear about their role in interpreting in the play space/setting.
- The settling-in programme is explained to the parent, and it is emphasised how important it is that they stay with the child and talk to him/her in the home language to be able to explain things.
- Through the interpreter, the key person will try to gauge the child's level of skills in their home language; this will give the key person an idea of the child's interests and levels of understanding.
- The need for the parent to converse in the child's home language is important.
- The key person makes the parent feel welcome using smiles and gestures.
- With the parent, make a list of key words in the child's home language; sometimes it is useful to write the word as you would pronounce it. These words will be used with the child and parents will be addressed with 'hello' and 'goodbye' in their language.
- The key person prepares for the child's visits by having a favourite experience ready for the child to provide a means to interact with the child.

- Children will be spoken to as per any other child, using gestures and facial expressions to help.
- When the child feels happy to spend time with the key person (secure base), the parent should spend time outside of the room.
- Progress with settling in will be done as with any other child; it just takes a little longer to reach dependency/independence.

## 0.9 Early years practice procedures

### **09.05 Establishing children's starting points**

When children start at the setting they arrive at different levels of learning and development. To help them to settle and make rapid progress it is important that they are provided with care and learning opportunities that are suited to their needs, interests, and abilities. This means establishing and understanding their starting points and whether there are any obstacles to their learning, so that teaching can be tailored to the 'unique child'.

- The aim of establishing a child's starting points is to ensure that the most appropriate care and learning is provided from the outset.
- Starting points are established by gathering information from the first contact with the child's parents at induction and during the 'settling in' period. Staff do not 'wait and see' how the child is settling before they begin to gather information.
- The key person is responsible for establishing their key children's starting points by gathering information in the following ways:
  - observation of the child during settling in visits.
  - discussion with the child's parents.
  - building on information that has been gathered during registration by referring to the registration form.

The information gathered is recorded within two weeks of the child's official start date and sooner where possible.

- The key person must make a 'best fit' judgment about the age range the child is working in, referring to 'Birth to Five Matters'.

If the initial assessment raises any concerns that extra support may be required procedure 09.13 Identification, assessment, and support for children with SEND is followed.

## 0.9 Early years practice procedures

### **09.06 Prime times – arrivals and departures**

Prime times of the day make the very best of routine opportunities to promote ‘tuning-in’ to the child emotionally and to create opportunities for learning. Arrivals and departures are key times in the day when children need support from their carer to make the transition smooth and happy; these times of day also pose a certain level of risk as parents and carers come and go. All staff are aware of the potential risks and take measures to minimise them.

#### **Arrivals**

- Whenever possible the key person or secondary key person always greets young children. This ensures that young children are received into the setting by a familiar and trusted adult.
- The key person who greets the child marks their presence and time of arrival on the notice board, the manager, deputy manager or a room leader will then mark them in correctly onto the named register for ratios and overall numbers.
- If a child who is expected fails to arrive, this is recorded and the setting manager/deputy is immediately notified so that they can contact the child’s parents to find out why the child is absent following procedure 09.02 Absence.
- The key person ensures that there is a clear indication of who will be collecting the child, and at what time.
- The key person greets the parents and takes time to hear information the parents need to share. They inform the parents of aspects of the day, such as if there is an agency member of staff or flexible worker in, which members of staff will be around later when parents collect their child, any planned outings, or special planned event. Any consent forms are signed.
- The key person receives the child physically and tunes in to how he or she is feeling and prepares to meet his/her needs.
- Parents should spend a few minutes with their child and key person at drop off. Many parents will be in a hurry, but this can have an unsettling effect.

- Always ensure that the parents say goodbye to their child and say when they are coming back, such as ‘after tea’, rather than just ‘later’.
- If the member of staff receiving the child is not the key person, the member of staff will hand over the information shared by the parents to the key person when they arrive.

### **Injuries noted on arrival**

- If a child is noted to have visible injuries when they arrive at the setting procedure 6.01 is followed.

### **Changing shifts and handing over information**

- When the key person leaves or goes on a break, they handover the care of the child to a secondary key person.
- If someone other than the key person receives the child, he/she will share any information from the parent and write a note for the key person. Confidential information should be shared with the setting manager/deputy to pass on.
- The key person shares information with the secondary key person, in this way they ensure that all information is passed on to the parent in the key person’s absence.

### **Departures**

- Children are prepared for home, with clean faces, hands and clothes if required.
- The key person always aims to greet parents when they arrive, ensuring that the person who has arrived to collect the child is named on the child’s registration form and where necessary a password is provided. They hand over the child personally and enter the time of departure onto the notice board, the manager, deputy manager or a room leader will then mark them out correctly onto the named register for ratios and overall numbers.
- Only persons aged 16 years or over should collect children.
- Educators verbally exchange information with parents.
- If someone other than the key person is with the child at the end of the day, the key person should pass general information to the other staff or write a note for the parents. Confidential information should be shared with the setting manager/deputy to pass on.

## **Maintaining children's safety and security**

Arrivals and departures pose a particular threat to the safety and security of the children, particularly when parents arrive at the same time or when in shared premises. To minimise the risk of a child leaving the building unnoticed, the setting manager/deputy conducts a risk assessment that identifies potential risks and the measures put in place to minimise them, such as staff busy talking to individual parents or doors left ajar. The risk assessment is shared with the nominated/chairperson and is updated as and when required.



## 0.9 Early years practice procedures

### **09.07 Prime times – Baby and toddler mealtimes**

Feeding and mealtimes are key times in the day for being close and to promote security, as well as for exploration and learning. We understand the importance of a healthy balanced diet for young children.

#### **Bottle fed babies**

- Babies' hands are washed prior to being given their bottle.
- Babies are fed by their key person or secondary key person if they are not in.
- Bottles are warmed and ready in time; babies should not be left hungry and crying while bottles are being prepared.
- The key person sits in a comfortable chair, or on cushions to feed the baby; the key person needs to be relaxed and calm.
- Babies should be held close so that eye contact can be made. Key persons are responsive to their communication gestures during feeding, talking quietly to them, stroking, or holding their hands.
- Babies are winded after feeding, nappies are changed and the baby is settled to sleep or play.
- Other key children may want to be close to their carer when a baby is being fed. This may allay any anxiety or feelings of jealousy, especially for toddlers.
- Planning for feeding times should be done to try to avoid overlap so that one-to-one attention can be given. If this cannot be avoided the feeding times should be arranged so that the key person can comfortably be with both babies at the same time. Unless in extreme circumstances, feeding should not be regarded as a shared task; unfamiliar carers should not take over feeding times just to 'get it done'.
- Babies will want to hold their own bottles, but they are never left propped up with a bottle to feed themselves.

#### **Toddler mealtimes**

- For the most part, older babies and toddlers who are feeding themselves have their meals in their space, with their key group and key person where possible.

- Staff who are eating with the children must role-model hygiene, healthy eating and best practice at all times, for example not drinking cans of fizzy drinks in front of the children.
- Food is brought to their room in serving dishes on a trolley.
- Staff arrange the table before toddlers sit down; there should be no waiting time.
- Babies' and toddlers' hands are washed and clean before their meal.
- Key persons serve their children; they ask their children what they want; they do not put food on plates if the toddler indicates that they do not want it. Toddlers can get very upset if their detested food is put in front of them; they do not understand 'try a little bit' in the way an older child does.
- Babies and toddlers are not discouraged from eating with their fingers; this exploration of their food with their hands is the beginning of self-feeding. When they have finished, they may wish to 'play' further with any remaining food. It is fine for them to get a bit messy; they, and their table can be cleaned afterwards.
- Babies and toddlers are given time to eat at their own pace and are not hurried to fit in with adults' tasks and breaks.
- Mealtimes are relaxed opportunities for social interaction of babies and toddlers with their group and the adults who care for them. It is a time of sensory learning and learning skills, as well as for the fundamental satisfaction of being fed.
- To protect children with food allergies or specific dietary requirements, children are discouraged from sharing and swapping their food with one another.
- While babies and toddlers are mainly fed in their rooms, opportunities should be open for older children to be invited into their room for lunch, especially siblings, or children who have just moved up into the older group. There should also be opportunities for babies and toddlers to join the older children for, providing they do not find this unsettling or distressing.
- Information for parents is displayed on the parent's notice board, including:
  - Ten Steps for Healthy Toddlers  
[https://infantandtoddlerforum.org/media/upload/pdf-downloads/HR\\_toddler\\_booklet\\_green.pdf](https://infantandtoddlerforum.org/media/upload/pdf-downloads/HR_toddler_booklet_green.pdf)

- Daily menus including identification of any foods containing allergens

## 0.9 Early years practice procedures

### **09.08 Prime times – Snack-times and mealtimes (older children)**

Children are supervised during mealtimes and always remain within sight and hearing of staff.

#### **Snack times**

- A healthy snack is prepared mid-afternoon and can be organised according to the discretion of the setting manager/deputy e.g., picnic on a blanket.
- Children may also take turns to help set the table and prepare their own snacks.
- Children have easy access to their own water bottles for hydration throughout the day.
- Children wash their hands before and after snack-time.
- Children are only offered full-fat milk until they are at least two years old because they may not get the calories they need from semi-skimmed milk. After the age of two, children can gradually move to semi-skimmed milk as a main drink, if they are eating a varied and balanced diet.
- Fruit or vegetables, are offered in which children should be encouraged to help in preparing. Bananas and other foods are not cut as rounds, but are sliced to minimise a choking hazard.
- Portion sizes are gauged as appropriate to the age of the child.
- Biscuits should not be offered, but toast, rice cakes or oatcakes are good alternatives.
- Children arrive as they want a refreshment and leave when they have had enough. Children are not made to leave their play if they do not want to have a snack.
- Staff join in conversation and encourage children's independence by allowing them to pour drinks, butter toast, cut fruit etc.

#### **Mealtimes**

- Tables are never overcrowded during mealtimes.
- Children help staff set tables.

- Their food is brought to their room in serving dishes for each table on a trolley. Dishes are not kept in a food warmer or oven so will not be too hot to touch.
- Children wash their hands and sit down as food is ready to be served.
- Staff who are always eating with the children role-model healthy eating and best practice, for example good table manners.
- Children are given time to eat at their own pace and are not hurried to fit in with adults' tasks and breaks. They are not made to eat what they do not like and are only encouraged to try new foods slowly.
- To protect children with food allergies or specific dietary requirements, children are discouraged from sharing and swapping their food with one another.
- If children do not eat their main course, they are not denied pudding. Food is not used as a reward or punishment.
- Mealtimes are relaxed opportunities for social interaction between children and the adults who care for them.
- There are sometimes opportunities for children to eat with friends on other tables. Children may be invited to the babies' room for lunch, to join a sibling or be with their previous carer if they have just moved up into the older group. There should also be opportunities for babies and toddlers to join the older children for lunch, providing they do not find this unsettling or distressing.
- After lunch children are encouraged to scrape their plates and help wipe the table and sweep the floor.
- Information for parents is displayed on the parent's notice board, including:
  - Ten Steps for Healthy Toddlers  
[https://infantandtoddlerforum.org/media/upload/pdf-downloads/HR\\_toddler\\_booklet\\_green.pdf](https://infantandtoddlerforum.org/media/upload/pdf-downloads/HR_toddler_booklet_green.pdf)
  - Daily menus including identification of any foods containing allergens

## 0.9 Early years practice procedures

### **09.09 Prime times – Intimate care and nappy changing**

Prime times of the day make the very best of routine opportunities to promote ‘tuning-in’ to the child emotionally and to create opportunities for learning. Nappy changing times are key times in the day for being close and promoting security as well as for communication, exploration, and learning.

#### **Babies**

- Babies/young children are usually changed within sight or hearing of other staff whilst always maintaining their dignity and privacy. Where the layout of the setting makes this difficult to achieve, the setting manager/deputy completes a risk assessment to ensure that alternative arrangements are in place.
- Staff have a list of personalised changing or checking times for the babies and toddlers in their care.
- Nappy changing areas are warm; there are no bright lights shining down in babies’ eyes.
- There are mobiles or other objects of interest to take the baby’s attention.
- Each baby has their own box to hand, containing their nappies and changing wipes; there may also be a special toy for the baby to play with.
- Members of staff put on aprons before changing starts and the area is prepared, gloves are always worn for nappies.
- All members of staff are familiar with the hygiene procedures and carry these out when changing nappies.
- Staff ensure that nappy changing is relaxed and a happy time for babies.
- Staff never turn their back on a child or leave them unattended on a changing mat or table.
- Staff are gentle when changing; they allow time for communicating with the baby, talking, and responding to the baby’s sounds. They allow time for play and ‘rituals’ that the baby enjoys, such as gently tickling tummies or toes.
- Staff avoid pulling faces and making negative comments about the nappy contents.

- Staff do not make inappropriate comments about babies' genitals, nor attempt to pull back a baby boy's foreskin to clean unless there is a genuine need to do so for hygiene purposes.

### **Nappy changing records.**

- Staff record when they have changed a baby and whether the baby passed a stool and if there was anything unusual about it e.g., hard, and shiny, soft, and runny or an unusual colour.
- If the baby does not pass a stool, or if he/she strains to do so, or is passing hard or shiny stools, the parents will be informed. The baby may be constipated so their feed may need to be adjusted. Constipation in babies is not 'normal' and every effort is made with the parent to help them adjust the diet until soft, formed stools are passed.
- A stool that is an unusual colour can usually be related to the food that was eaten, so it is important that this is noted. However, a stool that is black, green or very white indicates a problem, and the child should be taken to the doctor.
- Very soft, watery stools are signs of diarrhoea; strict hygiene needs to be carried out in cleaning the changing area to prevent spread of infection. The parent should be called to inform them, and that if any further symptoms occur, they may be required to collect their child.
- Sometimes a baby may have a sore bottom. This may have happened at home because of poor care; or the baby may have eaten something that, when passed, created some soreness. The baby also may be allergic to a product being used. This must be noted and discussed with the parent and a plan devised and agreed to help heal the soreness. This may include use of nappy cream, if a medicated nappy cream such as Sudocrem is used, this must be recorded on the nappy change register.
- **Young children, intimate care, and toileting**
- Young children from two years may be put into 'pull ups' as soon as they are comfortable with this and if parents agree.
- Changing areas are warm, appropriately sited and there are safe areas to lay young children if they need to have their bottoms cleaned.

- If children refuse to lie down for nappy change, they can be changed whilst standing up, providing it is still possible to clean them effectively.
- Each young child has his/her own box to hand with their nappies/pull ups and changing wipes.
- Staff ensure that nappy changing is relaxed and a time to promote independence in young children.
- Young 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.
- They are encouraged to wash their hands and have soap and paper 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 by young children, as they are no more effective than ordinary soap and water.
- Staff are gentle when changing and avoid pulling faces and making negative comments about the nappy contents.
- Wipes or cotton wool and water are used to clean the child. Where cultural practices involve children being washed and dried with towels, staff aim to make reasonable adjustments to achieve the desired results in consultation with the child's parents. Where this is not possible it is explained to parents the reasons why. The use of wipes or cotton wool and water achieves the same outcome whilst reducing the risk of cross infection from items such as towels that are not 'single use' or disposable.
- Staff do not make inappropriate comments about young children's genitals when changing their nappies.
- The procedure for dealing with sore bottoms is the same as that for babies.
- Older children use the toilet when needed and are encouraged to be independent.
- Members of staffs do not wipe older children's bottoms unless there is a need, or unless the child has asked.
- Parents are encouraged to provide enough changes of clothes for accidents when children are potty training.



- If spare clothes are kept by the setting, they are ‘gender neutral’ i.e., neutral colours, and are clean, in good condition and are in a range of appropriate sizes.
- If young children are left in wet or soiled nappies/pull-ups in the setting, this may constitute neglect and will be a disciplinary matter.

Nappy changing is always done in an appropriate/designated area. Children are not changed in play areas or next to snack tables. If there are limitations for nappy change areas due to the lay-out of the room or space available this is discussed with the nominated/chairperson so that an appropriate site can be agreed that maintains the dignity of the child and good hygiene practice.

## 0.9 Early years practice procedures

### **09.10 Prime times – Sleep and rest time**

Sleep and rest times are key times in the day for being close and promoting security. Younger children will need to sleep but older children do not usually need to. No child is made to sleep.

#### **Babies under one year**

- Babies have a designated place to sleep and personalised bedding. This consists of top and bottom cotton sheets, a cotton blanket, or growbag. Pillows are not used.
- Babies have their own place to put their clothes in as well as any special toy or comforter that they need for sleep.
- Babies are prepared by staff. Nappies are changed and heavier clothing removed.
- Babies are soothed to sleep by their key person. If they are distressed, their key person comforts them. Key persons very gently stroke or pat babies.
- The sleep area is made quiet, perhaps with soft music playing and curtains drawn.
- Sleeping babies are supervised at regular intervals, at last every ten minutes; this is recorded with the time checked and the initials of the person responsible for checking.

#### **Children over 2yrs old**

- Children sleep on rest mats and have their own personalised bedding.
- Children have a suitable place or basket to store clothes, shoes and a special toy, book, or comforter for sleep.
- Nappies are changed and any heavier clothing is removed.
- Hair accessories that may come lose or detach are removed before sleep/rest time.
- A separate area is made quiet, perhaps with soft music playing and curtains drawn.
- Children are settled by staff and comforted to sleep. Staff may gently stroke or pat children.
- If children fall asleep in play, it may be necessary to move or wake them to make sure they are comfortable, they are not left to sleep in a buggy or bouncy chair.

- Sleeping children are regularly checked at least every ten minutes and are within sight and/or hearing of staff.

**Further guidance**

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

## 0.9 Early years practice procedures

### **09.11 Managing separation anxiety in children under 2 years old**

Separation anxiety occurs when babies and toddlers do not feel securely attached to their key person. Taking steps to reduce anxiety and promote attachment is a priority task for the key person in partnership with the parent.

- Separation anxiety can be identified when signals are clearly understood by members of staff.
- Distress in children produces high levels of corticosteroids (neurochemicals) which hinder brain functioning. It is detrimental for babies to experience prolonged distress. Signals include:
  - crying inconsolably for extended periods; causing coughing or difficulty to breathe or vomiting.
  - holding breath.
  - head banging or rocking.
  - ambivalent feelings towards the key person, i.e., wanting to be picked up then struggling free.
  - frantic movement or lashing out with arms and legs.
  - biting, tantrums and snatching from others.
  - jealousy shown towards other children in the key group.
  - refusing food or drink or showing signs of digestive problems.
  - temporary interest in toys or others, then crying again.
  - prolonged periods of sleep.
  - switching off, staring blankly.
  - anxiousness about who is coming in and out of a room, standing by the door for long periods.
  - being held, but not responding or smiling.

- crying when the parent collects or cheering up and eager when parent collects.
- A picture of evidence builds up which may suggest that the baby/toddler is experiencing separation anxiety. This needs to be discussed with the parent and a plan made to help the child settle.
- The parent and key person discuss the reasons that the separation anxiety has developed or been made worse. It could be due to:
  - hurried settling-in due to pressures on parents.
  - inadequate settling in due to the key person being absent or the baby not being brought in each day to complete the settling-in period.
  - the key person's absence during settling in period.
  - changes of staff.
  - part time attendance not allowing sufficient continuity for the baby to become familiar with the surroundings and to make an attachment to the key person.
  - change of key person in the setting.
  - changes at home – stress events in the family.
  - baby's illness.
  - family having been away on holiday.
  - previous distressing experiences with another setting.
- The goal of any plan is to ensure the child is secure through forming an attachment with the key person.
- The settling in process is reviewed; if any aspect has been missed, this needs to be re-planned. This may include the need for the parent to stay or find a close relative or friend whom the child feels safe with if the parent cannot be there.
- A baby who will be attending on a part-time basis will need to come in daily until he/she is familiar and beginning to settle.

## 0.9 Early years practice procedures

### **09.12 Promoting positive behaviour**

Positive behaviour is located within the context of the development of children's personal, social, and emotional skills and well-being. A key person who understands children's needs, their levels of development, personal characteristics, and specific circumstances, supports this development. This ensures children's individual needs are understood and supported. Settling into a new environment is an emotional transition for young children especially as they learn to develop and master complex skills needed to communicate, negotiate, and socialise with their peers. Skills such as turn taking and sharing often instigate minor conflicts between children as they struggle to deal with powerful emotions and feelings. During minor disputes, key persons help children to reflect and regulate their actions and, in most instances, children learn how to resolve minor disputes themselves. However, some incidents are influenced by factors, requiring a strategic approach especially if the behaviour causes harm or distress to the child or others. These situations are managed by the SENCO/key person using a stepped approach which aims to resolve the issue and/or avoid the behaviour escalating and causing further harm.

This is an unsettling time for young children. Educators are alert to the emotional well-being of children who may be affected by the disruption to their normal routine. Where a child's behaviour gives cause for concern, educators take into consideration the many factors that may be affecting them. This is done in partnership with the child's parents/carers and the principles of this procedure are adhered to.

The setting manager/deputy/SENCO will:

- ensure that all new staff attend training on behaviour management such as *Understanding and Addressing Behaviour in the Early Years* (EduCare).
- help staff to implement procedure 09.12 Promoting positive behaviour in their everyday practice.
- advise staff on how to address behaviour issues and how to access expert advice if needed.

#### **Rewards and sanctions**

Children need consistent messages, clear boundaries, and guidance to intrinsically manage their behaviour through self-reflection and control.

Rewards such as excessive praise may provide immediate results for the adult but do not teach a child how to act when a 'prize' is not being given or provide the skills to manage situations and emotions themselves. Instead, a child is taught to be 'compliant' and respond to meet adult expectations to obtain a positive reward (or for fear of a sanction). If used the type of rewards and their functions must be carefully considered.

Children are never labelled, criticised, humiliated, punished, shouted at, or isolated by removing them from the group to be left in 'time out' or on a 'naughty chair.' If a child is distressed or causing harm to others, it may help to remove them from the immediate environment where the incident occurred. They should be taken to a quiet area by their key person for up to 5 minutes to help them calm down. If appropriate, the key person can use this time to help the child reflect on what has happened. Physical punishment of any kind is never used or threatened which could adversely affect a child's well-being. If staff become aware that another person has given corporal punishment to a child, they follow 0.6 Safeguarding children, young people, and vulnerable adults' procedures. Physical intervention to safeguard a child/children must be carried out as per the guidance in this procedure.

### **Step 1**

- The setting manager/deputy/SENCo and other relevant staff members are knowledgeable with, and apply the procedure 09.12 Promoting positive behaviour.
- Unwanted behaviours are addressed using an agreed method and a consistently applied approach to deescalate situations.
- Behaviours that result in concern for the child and/or others must be discussed by the key person, SENCO/setting manager/deputy. During the meeting the key person must use their all-round knowledge of the child and family to share any known influencing factors such as a new baby in the family, child and/or parental illness, underlying additional needs to help place the child's behaviour into context.
- Appropriate adjustments to practice must be agreed within the setting. If relevant, a risk assessment should be carried out.
- If the adjustments are successful and the unwanted behaviour does not reoccur or cause concern then normal monitoring can resume.

### **Step 2**

- If the behaviour remains a concern, then the key person and SENCO must liaise with the parents to try to discover possible reasons for the behaviour and to agree next steps. If relevant and appropriate the views of the child must be sought and considered to help identify a cause.
- If a cause for the behaviour is not known or only occurs whilst in the setting, then the setting manager/deputy/SENCO must suggest using a focused intervention approach to identifying a trigger for the behaviour such as the ABC approach, i.e. Antecedents – what happened before; Behaviour – what was the behaviour observed; Consequences – what happened after the event.
- If a trigger is identified, then the SENCO and key person must meet with the parents to plan support for the child through a graduated approach via SEN support.
- Aggressive behaviour by children towards other children will result in a staff member intervening immediately to stop the behaviour and prevent escalation using the agreed initial intervention approach. If the behaviour has been significant or may have a detrimental effect on the child, the parents of the victim of the behaviour and the parents of the perpetrator must be informed. If the setting has applied a physical intervention, they must follow the guidance as set out below. The designated lead completes a ‘Safeguarding incident reporting form’ and contact Ofsted if appropriate. A record of discussions is recorded and parents are asked to sign.
- Parents must also be asked to sign risk assessments where the risk assessment relates to managing the behaviour of a specific child.
- If relevant, actions for dealing with the behaviour at home are agreed with parents and incorporated into the action plan. Other staff are informed of the agreed interventions and help implement the actions. The plan must be monitored and reviewed regularly by the key person/SENCO until improvement is noticed.
- Incidents and intervention relating to unwanted/challenging behaviour by children must be clearly and appropriately logged.

### **Step 3**

If despite applying initial intervention to deescalate situations and focused interventions to identify triggers the child’s behaviour continues to occur and/or is of significant concern, the SENCO and key person invite the parents to a meeting to



discuss external referral and next steps for supporting the child. It may be agreed that the setting request support from the Early Help team and/or other specialist services such as the Area SENCO. This will help address most developmental or welfare concerns. If the behaviour is part of other welfare concerns that include a concern that the child may be suffering or likely to suffer significant harm, safeguarding procedures 0.6 Safeguarding children, young people and vulnerable adults' procedures must be followed immediately.

- Advice provided by external agencies is incorporated as SEN support, and regular multi-disciplinary meetings are held to review the child's progress.
- If a review determines a statutory assessment may be needed then all relevant documentation must be collected in preparation for an Education Health and Care Assessment which may lead onto an Education, Health, and Care Plan.

### **Use of physical intervention**

Staff will already use different elements of physical contact with a child as part of their interaction in the setting especially when they are comforting a child or giving first aid. However, physical intervention to keep a child or other children safe is different and should only be applied in exceptional circumstances.

The EYFS states that physical intervention from a staff member towards a child may be used for the purposes of “averting immediate danger of personal injury to any person (including the child) or to manage a child's behaviour if it is absolutely necessary”.

Staff must do all they can to avoid using a physical intervention because this is not the preferred way of addressing children's behaviour.

To offer protection to children a range of appropriate graded interventions may be needed before physical intervention is applied. Most single incidents such as a child throwing a book on the floor or kicking a chair usually only require a verbal intervention from a member of staff. In other situations, an intervention can be applied through mechanical and environmental means such as locking doors and stair gates. This usually stops a situation escalating. However, there will be some situations where a child places themselves or others in danger which requires an immediate need for the use of both verbal and physical intervention. If a single or persistent incident requires a physical intervention such as physical handling from a staff member towards a child, then this is used intentionally to restrict a child's movement against their will. In most

cases this can be applied using the adult's body gently and safely blocking the child from access to danger or to prevent danger.

To physically intervene, an educator may use "reasonable force" to protect a child from injuring themselves or others. Legally an educator may also use reasonable force to prevent a child from damaging property. However, we would expect that in instances of damaging physical property a child would only experience a physical intervention if the broken property presented a risk or is high value.

If a situation arises which requires urgent physical hands-on intervention this is best applied by the staff who knows the child well such as their key person who is more able to calm them or use other known methods for defusing situations without physical intervention.

### **Physical handling**

We use the principle of applying reasonable minimal force and handling in proportion to the situation. Staff use as little force as necessary to maintain safety. This intervention should only be used for as short a period as possible to keep the child safe and maintain well-being by aiming for:

- keeping the child's safety and well-being paramount.
- a calm, gentle but firm approach and application of the intervention.
- never restricting the child's ability to breathe.
- side-by-side contact with the child.
- no gap between theirs or the child's body.
- keeping the adults back as straight as possible.
- avoiding close head-to-head positioning to avoid injury to the child and themselves (head butting).
- only holding the child by their 'long' bones to avoid grasping at the child's joints where pain and damage are most likely to occur.
- avoiding lifting the child unless necessary.
- reassuring the child and talking about what has happened.

- only applying a physical intervention on a disabled child if training or preferred method is provided from a reputable external source e.g. British Institute of Learning Disabilities [www.bild.org.uk/](http://www.bild.org.uk/)

## **Risks**

There are risks associated with any physical intervention and handling of a child. The younger and more vulnerable a child may be, the greater risk to the child of using physical intervention towards them. However, there are also risks to children associated with not intervening physically; for instance, if an educator did not take hold of a child by the wrist, they may have run into the path of a fast-moving car.

Before intervening physically to protect a child from immediate harm an educator needs to decision make in a split second, considering the following factors. This is described as dynamic risk assessment.

- What is the immediate risk to this child if I do not intervene now?
- What might the risks be if I do intervene? If this was my child, what would I want someone looking after them to do in this situation?
- What is the minimum level of intervention that will be effective here? How can I do this as gently as possible for as short a time as possible and how am I going to manage myself to stay calm?

## **Recording**

Any instance of physical intervention is fully recorded immediately and reported to the designated lead as soon as possible on a 'Safeguarding incident reporting form', ensuring that it is clearly stated when and how parents were informed. Parents are asked to sign a copy of the form which is then kept on the child's file. The designated lead decides who will notify the parent and when, ensuring that the parent signs to say they have been notified. An individual risk assessment should be completed after any physical intervention with a child which considers the risks and likelihood of such behaviour re-occurring and how this will be managed. The risk assessment should be agreed and signed by parents.

## **Temporary suspension (fixed term)**

Any decision to temporarily suspend a child must be carefully considered lawful, reasonable, and fair. If despite following the stepped approach for behaviour it is

necessary to temporarily suspend a child, for no more than five days, on the grounds of health and safety, the following steps are followed.

- The setting manager/deputy provides a written request to suspend a child to the nominated/chairperson; the request must detail the reason why the child must be suspended and the length of time of the proposed suspension.
- If the nominated/chairperson approves, the parents must be invited to a meeting to discuss next steps. Parents are invited to bring a representative along. Notes must be taken at the meeting and shared later with the parents. The meeting must aim for a positive outcome for the child and not to suspend.
- If no acceptable alternative to suspension is found then the setting manager/deputy must give both verbal and written notice of time related suspension to the parent, meanwhile the setting manager/deputy must ensure that continued resolution is sought and suitable adjustments are in place for the child's return.

### **Suspension of a disabled child**

We have a statutory duty not to discriminate against a child based on a protected characteristic. This includes suspending a child based on a disability. Ignorance of the law or claiming it was unknown that a child was disabled is no defence. However, if the child's behaviour places themselves or others at risk then the setting must take actions to avoid further harm. Time limited suspension may be applied to keep the child and/or others safe whilst finding a solution. Suspension is only used if reasonable steps and planned adjustments are first used to help resolve the situation. Without this action, suspension of a child with SEND may constitute disability discrimination (Equality Act 2010). A decision to suspend a disabled child must be clearly evidenced, specific, measurable, achievable, realistic, and targeted. Plans and intervention must be recorded. If little or no progress is made during the suspension period, the following steps are taken.

- The setting manager/deputy sends a written/electronic invite to the parents, a local authority representative and any relevant external agencies to attend a review meeting. Each attendee must be made aware that the meeting is to avoid the situation escalating further and to find a positive solution.
- After the meeting the setting manager/deputy continues to maintain weekly contact with the parents and local authority to seek a solution.

- Suitable arrangements offer the parent continued support and advice during the suspension. The setting manager/deputy reviews the situation fortnightly and provides the nominated/chairperson with a monthly update.

### **Expulsion**

In some exceptional circumstances a child may be expelled due to:

- a termination of their childcare and early education agreement as explained in 9.01c Childcare and early education terms and conditions.
- if despite applying a range of interventions (including reasonable adjustments), the setting has been unable to adequately meet the child's needs or cannot protect the health, safety, and well-being of the child and/or others.

### **Challenging unwanted behaviour from adults in the setting**

We do not tolerate behaviour demonstrating dislike, prejudice, discriminatory attitudes, or action towards any individual/group. This includes those living outside the UK (xenophobia). This also applies to behaviour towards specific groups of people and individuals who are British Citizens residing in the UK.

Allegations of discriminatory remarks or behaviour made in the setting by any adult will be taken seriously. The perpetrator will be asked to stop the behaviour and failure to do so may result in the adult being asked to leave the premises. Where a parent makes discriminatory or prejudice remarks to staff at any time, or other persons while on the premises, this is recorded and is reported to the setting manager/deputy. The procedure is explained and the parent is asked to comply while on the premises. An 'escalatory' approach will be taken with those who continue to exhibit this behaviour. The second stage comprises a letter to the parent requesting them to sign a written agreement not to make discriminatory remarks or behave in discriminatory or prejudice ways; the third stage may be considering withdrawing the child's place.

### **Further guidance**

[Behaviour Matters](#) (Alliance Publication)

## 0.9 Early years practice procedures

### **09.13 Identification, assessment, and support for children with SEND**

We have regard for the Special Educational Needs and Disability (SEND) (DfE and DoH 2015) which states that local authorities must ensure that all early year's providers that they fund in the maintained, private, voluntary, and independent sectors are aware of the requirement on them to meet the needs of children with SEN and disabilities. When securing funded early education for two, three- and four-year-olds local authorities should promote equality and inclusion for children with disabilities or SEN; this includes removing barriers that prevent access to early education and working with parents to give each child support to fulfil their potential.

The term SEN support defines arrangements for identifying and supporting children with special educational needs and/or disabilities. We are required to offer appropriate support and intervention and to promote equality of opportunity for children that we care for. Children's SEND generally falls within the following four broad areas of need and support:

- communication and interaction.
- cognition and learning.
- social, emotional, and mental health.
- sensory and/or physical needs.

#### **Graduated approach**

##### **Initial identification and support (identifying special educational needs)**

- Ongoing formative assessment forms part of a continuous process for observing, assessing, planning, and reviewing children's progress.
- Children identified as having difficulty with one or more area of development should be given support by applying some simple strategies and resources.
- For most children application of some simple differentiation approaches will be enough to build confidence and help the child develop.
- If despite applying differentiated strategies a child continues to struggle and is showing significantly more difficulty with learning than their peers or has a

disability which requires specific adjustments, then the key person should raise a concern with the setting's SENCO/setting manager/deputy and the child's parents.

### **Observation and assessment of children's SEN**

Where a child appears to be behind expected levels, or their progress gives cause for concern, educators should consider all the information about the child's learning and development from within and beyond the setting.

- Information can be collated from formal checks such as the progress check at age two, observations from parents and observation and assessment by the setting of the child's progress.
- When specialist advice has been sought externally, this is used to help determine whether a child has a special educational need (SEN).
- The child's key person and SENCO/manager/deputy use this information to decide if the child has a special educational need.
- If the decision is that the child does have a SEN and the parents are not already aware of a concern, then the information is shared with them. Once parents have been informed, they should be fully engaged in the process, contributing their insights to all future actions for their child.

### **Planning intervention**

- Everyone involved with the child should be given an opportunity to share their views. Parents should be encouraged to share their thoughts on the child's difficulties and be involved in the decision as to what will happen next.
- A first intervention option may be to carry on with applying differentiated support and to review the child's progress at an agreed date. If the child's needs are more complex, then the decision maybe to go straight ahead and prepare SEN support, with detailed evidence-based interventions being applied straight away and simultaneously external referrals made.
- If relevant, then the child should be appropriately included in development of the action plan but only at a level which reflects their stage of comprehension.

### **Involving the child**

- The SEND Code of Practice supports the rights of children to be involved in decisions

about their education.

- Inclusion of children with SEND helps build self-confidence and trust in others.
- Ascertaining children's views may not be easy, a range of strategies will be needed.
- Accurate assessment helps identify children's strengths and possible barriers to learning.
- The key person and setting manager/deputy/SENCo work in partnership with parents and other agencies to involve the child wherever appropriate.
- Children are involved at appropriate stages of the assessment and to their level of ability.
- Establishing effective communication is essential for the child's involvement.

### **SEN action plan**

- SEN support: An action plan, should show what support is required to help achieve outcomes for the child and detail the frequency of these interventions and who will apply them and with what resources.
- A review date (at least termly) should be agreed with the parents so that the child's progress can be reviewed against expected outcomes and next steps agreed.
- A copy of the plan is stored in the SENCO file so that any other member of staff or an inspector looking at the file will see how the child is progressing and what interventions have been or are being applied.
- If a child requires specific medical interventions during their time in the setting, a health care plan form should also be completed and integrated into the general plans to ensure the child's medical needs are known and safely met.
- The action plan should provide an accessible summary of the child's needs, which can be used if further assessment is required including a statutory Education Health and Care (EHC) Assessment, and development of an EHC plan.

### **Drawing up a SEN action plan**

- If external agencies are already involved at this stage, then they should also be invited to help decide on what appropriate interventions are needed to help meet outcomes for the child. The SENCo/setting manager/deputy should take the lead in coordinating further actions including preparation of the action plan and setting short-term targets.



- Where there are significant emerging concerns (or an identified special educational need or disability) targeted action plans are formulated that relate to a clear set of expected outcomes and stretching targets.
- SEN support: An action plan, highlights areas in which a child is progressing well; areas in which some additional support might be needed and any areas where there is a concern that a child may have a developmental delay (which may indicate a special educational need or disability). It describes the experiences and strategies the provider intends to adopt to address any issues or concerns.
- Planned intervention should be based on the best possible evidence and have the required impact on progress with longer-term goals covering all aspects of learning and development and shorter-term targets meeting goals.
- The plan should focus on the needs of the child, the true characteristics, preferences, and aspirations of the child and involvement of the parents with a clear set of targets and expected outcomes for the child. Effective planning at this stage should help parents and children express their needs, wishes, and goals:
  - focus on the child as an individual and not their SEN label.
  - be easy for children to understand and use clear ordinary language and images, rather than professional jargon.
  - highlight the child strengths and capacities.
  - enable the child, and those who know them best, to say what they have done, what they are interested in and what outcomes they are seeking in the future.
  - tailor support to the needs of the individual.
  - organise assessments to minimise demands on families.
  - bring together relevant professionals to discuss and agree together the overall approach.
- If the child fails to make progress and multi-agency support is sought, then it is at this point that Early Help/CAF assessment should be considered.

### **Record keeping**

If a child has or is suspected of having a SEN, a dated record should be kept of:

- the initial cause for concern and the source of this information, (the progress check at age two and/or outcomes of previous interventions). SEN support: Initial record of concern form can also be used for this purpose drawing information from other sources.
- the initial discussion with parents raising the possibility of the child's SEN.
- the views of the parents and other relevant persons including, wherever possible, the child's views.
- the procedures followed with regard to the Code of Practice to meet the child's SEND e.g., SEN action plan, referrals to external agencies and for statutory assessment.
- evidence of the child's progress and any identified barriers to learning.
- advice from other relevant professionals; and all subsequent meetings with parents and other persons and any subsequent referrals.

Records may include

- observation and monitoring sheets.
- expressions of concern.
- risk assessments.
- access audits.
- health care plans (including guidelines for administering medication).
- SEN action plans.
- meetings with parents and other agencies.
- additional information from and to outside agencies.
- agreements with parents.
- guidelines for the use of children's individual equipment; Early help CAF referrals.
- referral to the local authority identifying a child's special educational needs and request for statutory Education, Health, Care (EHC) needs assessment; and a copy of an EHC plan.

### **Seeking additional funding**

If a new or existing child is disabled, then the setting should check if the family is in receipt or have applied for Disability Living Allowance. If so, the setting will be able to apply to their local authority for the local Disability Access Fund.

## **Statutory education, health, and care (EHC) assessment and plan**

### **Statutory assessment**

- If a child has not made progress, then the next steps may be for the child to undergo an Education, Health, and Care Assessment.
- If a child is under compulsory school age, the local authority will conduct an EHC needs assessment if they consider that the child's needs cannot be met within the resources normally available to the early years setting.
- Children aged under age two are eligible where an assessment has indicated that the child is likely to have SEN which requires an EHC plan when they reach compulsory school age.
- When a child's needs appear to be sufficiently complex, or the evidence suggest specialist intervention then the local authority is likely to conclude that an EHC plan is necessary.
- The local authority should fully involve the parent and must seek advice from the setting in making decisions about undertaking an EHC assessment and preparing an EHC plan.
- Settings should prepare by collating information about the child's SEND including:
  - documentation on the child's progress in the setting.
  - interventions and support provided to date.
  - evidence of external agency assessment, support, and recommendations.
  - parental views and wishes (and where appropriate those of the child).

The information will then be submitted to the local authority to allow them to accurately assess the child in the context of the support already given.

- The local authority must inform the child's parents of their decision within six weeks of receiving a request for an assessment and give its reasons for their decision. If the local authority decides to conduct an assessment, it must ensure the child's parents are fully included right from the beginning and are invited to contribute their views.

If the local authority subsequently decides not to conduct an assessment it must then inform the parents of their right to appeal that decision, of the requirement for them to consider mediation should they wish to appeal.

- If the local authority decides that a statutory EHC plan is not necessary, it must notify the parents and inform the provider, giving the reasons for the decision. This notification must take place within 16 weeks of the initial request or of the child having otherwise been brought to the local authority's attention.
- If the decision following an assessment is to compile an EHC plan the local authority should consult collaboratively with the parents in the preparation of the plan ensuring that their views and their child's preferences are considered and that plans describe positively what the child can do and has achieved to date.
- Plans are evidenced based and focus on short term outcomes and long-term aspirations for the child including family and community support. Parents have the right to request a particular provision for their child to be named within their EHC plan.
- If an early year's setting is named, the local authority must fund this provision. They cannot force a setting to take a child and can only name the provision in the EHC if the setting agrees.
- Local authorities should consider reviewing an EHC plan for a child under age five at least every three to six months. Such reviews would complement the duty to carry out a review at least annually but may be streamlined and not necessarily require the attendance of the full range of professionals, depending on the needs of the child. The child's parents must be fully consulted on any proposed changes to the EHC plan and made aware of their right to appeal to the Tribunal.

### **External intervention and support**

Where external agency intervention has been identified to help support a child with SEND then this intervention should be recommended in writing by a suitably reliable source such as a speech and language therapist, paediatrician, or educational psychologist.

### **Further guidance**

[SEND Code of Practice: 0 to 25 years](#) (DfE and DoH 2015)

Ready, Steady, SENCO (Alliance Publication)

## 0.9 Early years practice procedures

### **09.14 Prime times – Transition to school**

Moving on to school is a major transition in a child's life involving separation from familiar adults and children. Older children have a more secure understanding of 'people permanence' and can approach new experiences with confidence. However, they need preparation if they are to approach transition to school with confidence and an awareness of what to expect.

#### **Partnership with schools**

- Details of the school that a child will be attending are recorded along with the name of the reception class teacher.
- Every effort is made to forge and maintain strong links with all schools that children may attend. The setting manager/deputy will approach schools to open lines of communication where these have not previously existed.
- Details of the school's transition or settling in procedures are kept by the setting and are referred to so that members of staff are familiar with them and can develop a consistent approach to transition with teachers, parents, and children.
- Teachers are welcomed into the setting and sufficient time is made for them to spend both with the child, their parents and with the key person, to discuss and share information that will support the child's transition to school.
- A child's learning story record is forwarded to the school (if requested) along with other information that will aid transition and settling in. Parents receive a copy of this.
- Any action plans relating to a child's additional needs are also shared, where this is in place.
- Other formal documentation such as safeguarding information is prepared in line with procedure 07.06 Transfer of records.

#### **Partnership with parents**

- Key persons discuss transition to school with parents and set aside time to discuss learning and development summaries. Parents are encouraged to contribute to summaries.

- Key persons will discuss with parents how they are preparing their child for school and will share information about how the setting is working in partnership with the school to aid transition.
- Key persons will make clear to parents the information that will be shared with the school, for example, information regarding child protection and work that has taken place to ensure the child's welfare.

### **Increasing familiarity for children**

- Where possible, the key person may visit the new school along with the child and their parents/carers, if this is the school's transition policy.
- If there are several schools in a catchment area, or the setting is not within a reasonable distance of the school, other means of familiarisation will be explored. This could be through videos, photographs or other information about the school that can be shown within the setting.

### **Preparing children for leaving**

- Children and parents form bonds with adults and children in the setting and will need preparation for separating from the relationships they have formed.
- The child's last day should be prepared for in advance and marked with a special celebration or party that acknowledges that the child is moving on.
- Parents should not be discouraged from bringing the child for the occasional brief visit, as separations often take time to complete. Sometimes children need the reassurance that their nursery/pre-school is still there and that they are remembered.

## 0.9 Early years practice procedures

### **09.15 Progress check at age two**

- The key person is central to the progress check and must be the person completing it.
- Settings should take guidance from their local authority as to when the progress check at age two is completed; if no such guidance is provided, the progress check is completed when the child is between 26 and 30 months old. The child should be attending the setting for at least 1 term before the check is completed.
- Once the timing of the child's progress check is confirmed, parents are invited to discuss their child's progress at a mutually convenient time.
- The setting must seek to engage both parents and make allowance for parents who do not live with their child to be involved.

#### **Completing the progress check at age two**

- On-going observational assessment informs the progress check and must be referred to.
- Children's contributions are included in the report. Staff must be 'tuned in' to the ways in which very young children, or those with speech or other developmental delay or disability, communicate.
- Where any concerns about a child's learning and development are raised these are discussed with the parents, the SENCO, and the setting manager/deputy.
- If concerns arise about a child's welfare, they must be addressed via 0.6 Safeguarding children, young people, and vulnerable adults' procedures.
- The key person must be clear about the aims of the progress check as follows:
  - to review a child's development in the three prime areas of the EYFS.
  - to ensure that parents have a clear picture of their child's development.
  - to enable educators to understand the child's needs and, with support from educators, enhance development at home.
  - note areas where a child is progressing well and identify any areas where progress is less than expected.



- describe actions the provider intends to take to address any developmental concerns (working with other professionals as appropriate/early intervention).

## **10 Working in partnership with parents and other agencies policy**

Alongside associated procedures in 10.1-10.2 Working in partnership with parents and other agencies, this policy was adopted by *New Life Pre-School and Nursery* in *January 2024*.

### **Aim**

We actively promote partnership with parents and recognise the importance of working in partnership with other agencies to promote the well-being of children and their families. This includes signposting parents to support as appropriate.

### **Objectives**

- We believe that parents are children's first and most enduring educators and our practice aims to involve and consult parents on all aspects of their child's well-being.
- We also recognise the important role parents must play in the day-to-day organisation of the provision.
- We consider parents views and expectations and will give the opportunity to be involved in the following ways:
  - sharing information about their child's needs, likes, achievements and interests.
  - settling in their child to the agreed plan according our settling in procedures.
  - taking part in children's experiences and outings.
  - contributing with ideas or resources as appropriate to enhance the curriculum of the setting.
  - taking part in early learning projects, sharing with educators' knowledge and insights about their child's learning.
  - contributing to assessment with information, photos and stories that illustrate how their child is learning within the home environment, taking part in day-to-day family experiences.
  - taking part in discussion groups.
  - taking part in planning, preparing, or simply participating in social experiences organised within the setting.

- participation of parents in discussions about the day-to-day organisation of the setting, consulting about new developments and other matters as they arise.
- involvement in the review of policies and procedures.
- Ofsted and setting contact details are displayed on the parent notice board for parents who have a complaint that cannot be resolved with the setting manager/deputy in the first instance, or where a parent is concerned that the EYFS standards are not being maintained.

### **Partnership and signposting to other agencies**

- We are committed to ensuring effective partnership with other agencies including:
  - local authority early years services about the EYFS, training and staff development.
  - local programmes regarding delivering children's centres or the childcare and early education element of children's centres.
  - social welfare departments regarding children in need and children who need safeguarding or for whom a child protection plan is in place.
  - child development networks and health professionals to support children with disabilities and special needs.
  - local community organisations and other childcare and early education providers.

### **Legal references**

Childcare Act 2006

Education Act 2011

## 10 Working in partnership with parents and other agencies procedures

### **10.01 Working in partnership with parents and other agencies**

We believe that families are central in all services we provide for young children. They are involved in all aspects of their child's care; their views are actively sought and they are actively involved in the running of the setting in various ways.

We work in partnership with local and national agencies to promote the well-being of all children.

#### **Families**

- Parents are provided with written information about the setting, including the setting's safeguarding actions and responsibilities under the Prevent Duty.
- Parents are made to feel welcome in the setting; they are greeted appropriately.
- Every effort is made to accommodate parents who have a disability or impairment.
- The expectations we make on parents are made clear at the point of registration.
- There is a clear expectation that parents will participate in settling their child at the commencement of a place according to an agreed plan.
- There is sufficient opportunity for parents to share necessary information with staff and this is recorded and stored to protect confidentiality.
- Key persons support parents in their role as the child's first and most enduring educators.
- Key persons regularly meet with parents to discuss their child's learning and development and to share concerns if they arise.
- Key persons work with parents to carry out an agreed plan to support a child's special educational needs.
- Key persons work with parents to carry out any agreed tasks where a child protection plan is in place.
- According to the nature of the setting, there is provision for families to be involved in experiences that promote their own learning and well-being.
- Parents are involved in the social and cultural life of the setting and actively contribute.

- As far as possible the service is provided in a flexible way to meet the needs of parents without compromising the needs of children.
- Parents are involved in regular assessment of their child's progress, including the progress check at age two, as per procedure 09.15 Progress check at age two.
- There are effective means for communicating with parents on all relevant matters and 10.02 Complaints procedure for parents and service users is referred to when necessary.
- Every effort is made to provide an interpreter for parents who speak a language other than English and to provide translated written materials.
- Information about a child and their family is kept confidential within the setting. The exception to this is where there is cause to believe that a child may be suffering, or is likely to suffer, significant harm, or where there are concerns regarding their child's development that need to be shared with another agency. Parental permission will be sought unless there are reasons not to, to protect the safety of the child.
- Parental consent is sought to administer medication, take a child for emergency treatment, take a child on an outing and take photographs for the purposes of record keeping.
- Parents' views are sought regarding changes in the delivery of the service.
- Parents are actively encouraged to participate in decision making processes.
- There are opportunities for parents to take active roles in supporting their child's learning in the setting: informally through helping out or experiences with their child, or through structured projects engaging parents and staff in their child's learning.

### **Agencies**

- We work in partnership or in tandem with local and national agencies to promote the wellbeing of children.
- Procedures are in place for sharing of information about children and families with other agencies, as out in procedures 07.02 Confidentiality, recording and sharing information.
- Information shared by other agencies (third party information) is also kept in confidence and not shared without consent from that agency.

- When working in partnership with staff from other agencies, individuals are made to feel welcome in the setting and professional roles are respected.
- Staff follow the protocols for working with agencies, for example on child protection.
- Staff from other agencies do not have unsupervised access to the child they are visiting in the setting and do not have access to any other children during their visit.
- Staff do not casually share information or seek informal advice about any named child/family.
- We consult with and signpost to local and national agencies who offer a wealth of advice and information promoting staff understanding of issues facing them in their work and who can provide support and information for families. For example, ethnic/cultural organisations, drug/alcohol agencies, welfare rights advisors or organisations promoting childcare and early education, or adult education.

### **Schools**

- Settings work in partnership with schools to assist children's transition as per procedure 09.14 Prime times – transition to school, and share information as per procedure 07.06 Transfer of records.
- The setting manager/deputy actively seeks to forge partnership with local schools with the aim of sharing best practice and creating a consistent approach.

## **10.02 Complaints procedure for parents and service users**

There is a fair way of dealing with issues as they arise in an informal way, but parents may wish to exercise their right to make a formal complaint. They are informed of the procedure to do this and complaints are responded to in a timely way. The same procedures apply to agencies who may have a grievance or complaint.

### **Parents**

- If a parent is unhappy about any aspect of their child's care or how he/she feels he/she has been treated, this should be discussed with the child's key person. The key person will listen to the parent and acknowledge what he/she is unhappy about. The key person will offer an explanation and an apology if appropriate. The issue and how it was resolved is recorded. The recording will also make clear whether the issue being raised relates to a concern about quality of the service or practice, or a complaint. For allegations relating to serious harm to a child caused by a member of staff or volunteer procedure 6.02 Allegations against staff, volunteers or agency staff will be followed.
- If the parent is not happy with the key person's response or wishes to complain about the key person or any other member of staff, he/she will be directed to the setting manager/deputy. Some parents will want to make a written complaint; others will prefer to make it verbally; in which case the setting manager/deputy writes down the main issues of the complaint.
- The setting manager/deputy will investigate the complaint and provide time to feedback to the parent within 28 days. A confidential written report of the investigation is kept on file or with the child's data if the complaint relates directly to a child.
- If the parent is still not satisfied, or if the complaint is about the setting manager/deputy, the setting manager/deputy is asked to forward their complaint verbally or in writing to the nominated/chairperson.
- If the parent is still not satisfied, then he/she is entitled to appeal the outcome verbally or in writing to the setting's nominated/chairperson who will pass the matter on to the directors for further investigation, who will respond to the parent within a further 14 days.

- If the complainant believes that the matter has not been resolved and there has been a breach of the EYFS requirements they are entitled to make a complaint to Ofsted. The manager/deputy will assist in any complaint investigation as well as in producing documentation that records the steps that were taken in response to the original complaint.
- The setting manager/deputy ensures that parents know they can complain to Ofsted by telephone or in writing at any time as follows:

Applications, Regulatory and Contact (ARC) Team, Ofsted, Piccadilly Gate, Store Street, Manchester M1 2WD or telephone: 0300 123 1231

### **Agencies**

- If an individual from another agency wishes to make a formal complaint about a member of staff or any practice of the setting, it should be made in writing to the setting manager/deputy.
- The complaint is acknowledged in writing within 10 days of receiving it.
- The setting manager/deputy investigates the matter and meets with the individual to discuss the matter further within 28 days of the complaint being received.
- An agreement needs to be reached to resolve the matter.
- If agreement is not reached, the complainant may write to the setting's nominated/chairperson, who acknowledges the complaint within 5 days and reports back within 14 days.
- If the complainant is not satisfied with the outcome of the investigation, they are entitled to appeal and are referred to the directors.

### **Ofsted complaints record**

- Legislation requires settings to keep a record of complaints and disclose these to Ofsted at inspection, or if requested by Ofsted at any other time.
- The record of complaints is a summative record only.

A record of complaints will be kept for at least 3 years.

- In all cases where a complaint is upheld a review will be undertaken by the nominated/chairperson to look for ways to improve practice where it is required.

This procedure is displayed on Parent Notice Board.



## **Further guidance**

[Complaint Investigation Record](#) (Early Years Alliance Publication)