

COMPANY POLICIES AND PROCEDURES



**Abacus Ark**  
Nursery Schools

ABACUS ARK NURSERY SCHOOL

# Policies and Procedures

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## Table of Contents

Introduction .....	4
<b>Child Protection</b> .....	7
1.1 Children’s rights and entitlements .....	7
1.2 Safeguarding children and child protection.....	9
1.3 Looked after children .....	17
1.4 Uncollected child .....	20
1.5 Missing child .....	23
1.6 First aid .....	25
<b>Key teacher</b> .....	27
2.1 The role of the key teacher and settling-in.....	27
<b>Child Ratios</b> .....	30
3.1 Staffing.....	30
<b>Health</b> .....	32
4.1 Administering medicines .....	32
4.2 Managing children who are sick, infectious, or with allergies.....	37
4.3 Recording and reporting of accidents and incidents.....	41
4.4 Nappy changing.....	43
4.5 Food and drink .....	45
4.6 Food hygiene.....	48
<b>Managing Behaviour</b> .....	50
5.1 Achieving positive behavior.....	50
<b>Safety and Suitability of Premises, Environment and Equipment...</b>	57
6.1 Health and safety general standards.....	57
6.2 Maintaining children’s safety and security on premises .....	62
6.3 Supervision of children on outings and visits .....	62
6.4 Fire safety and emergency evacuation.....	65
6.5 Animals in the setting.....	66
6.6 No-smoking .....	68
<b>Equal Opportunities</b> .....	69
7.1 Valuing diversity and promoting equality .....	69
7.2 Supporting children with special educational needs .....	75
<b>Information and records</b> .....	77
8.1 Admissions .....	77
8.2 Parental involvement .....	78
8.3 Children’s records.....	80
8.4 Provider records .....	82
8.5 Transfer of records to school .....	84
8.6 Confidentiality and client access to records .....	86
8.7 Information sharing.....	88

8.8 Working in partnership with other agencies .....	91
8.9 Making a complaint .....	92
<b>Other policies .....</b>	<b>95</b>
10.1 Artwork and display policy .....	95
10.2 Biting.....	97
10.3 Children drinking water policy .....	99
10.4 Developing language through books.....	100
10.5 Diet and nutrition policy.....	101
10.6 Door Security.....	102
10.7 Illness & Exclusion Policy .....	103
Parent's guide to childhood illnesses in the nursery:.....	105
10.8 EYFS Curriculum policy .....	107
10.9 Food handling.....	108
10.10 Gifted and Talented Learners.....	110
10.11 Head Lice .....	111
10.12 Staff sickness and return to work policy.....	112
Certification and Fitness to Work.....	112
Work and Planning Ahead .....	114
10.13 Potty training .....	114
10.14 Sleep and Rest .....	115
10.15 Special dietary requirements .....	116
10.16 Taking photographs .....	117
10.17 Formula milk and 'ready to feed instant milk' .....	117

## Introduction

The policies and procedures set out in this document are essential in ensuring Abacus Ark is compliant with the *Statutory Framework for the Early Years Foundation Stage (EYFS)*.

### Who should read this document?

This document has been written as minimum standard guidance to all provision staff and must be followed when operating the Nursery. To ensure that this guidance is followed every member of staff is subject to an induction programme upon joining the team, followed by periodic training to ensure that they fully understand the guidance and how to implement it.

Parents and carers should also take the opportunity to read this document as a way of understanding what we offer and the level of childcare that we provide.

### What this document covers

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

<b><i>Child protection</i></b>	Providers must be alert to any issues for concern in the child's life at home or elsewhere. Providers must have and implement a policy, and procedures, to safeguard children.
<b><i>Suitable People</i></b>	Providers must ensure that people looking after children are suitable to fulfill the requirements of their roles.
<b><i>Staff Qualifications, Training, Support and Skills</i></b>	The daily experience of children in early years settings and the overall quality of the provision depends on all practitioners having appropriate qualifications, training, skills and knowledge and a clear understanding of their roles and responsibilities.
<b><i>Key teacher</i></b>	Each child must be assigned a key teacher. Their role is to help ensure that every child's care is tailored to meet their individual needs, to help the child become familiar with the setting, offer a settled relationship for the child and build a relationship with their parents.
<b><i>Staff:Child Ratios</i></b>	Staffing arrangements must meet the needs of children and ensure their safety.
<b><i>Health</i></b>	The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to

prevent the spread of infection and take appropriate action if children are ill.

***Managing Behaviour***

Providers must have and implement a behaviour management policy, and procedures.

***Safety & Suitability of Premises, Environment and Equipment***

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

***Equal Opportunities***

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

***Information and Records***

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

Each of the required policies and procedures are covered within this document under each of the above ten Safeguarding and Welfare Requirements of the Early Years Foundation Stage.

**How this document is structured**

Each section within this document covers a separate policy, with the overarching policy statement set out at the start of each section, followed by the relevant procedure describing how the policy will be adopted and implemented. At the end of each section, you will also find, the date on which the policy was adopted; the date of the last review; and the name and position of the person who reviewed and approved the policy and procedures.

**Adopting and Implementing policies**

- As part of the new parents and staff induction, an introduction to the setting's policies and procedures will be provided. The staff induction will include a multiple choice induction test.
- Staff meeting agendas will have a standing agenda item to provide staff with a forum to discuss and challenge the policies and procedures.

**Reviewing policies**

- Each policy and procedure should be continually monitored by collecting evidence about the results of its implementation.

- The evidence should be used to make any necessary changes to the policy and procedure and/or the way it is implemented.
- All staff and parents should contribute to the evidence collected and share in decisions about any necessary changes.

# Child Protection

## Policy statement

### 1.1 Children's rights and entitlements

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

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

To be strong means to be:

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

To be resilient means to:

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

To be listened to means:

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

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

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

### **Policy statement**

Our setting will work with children, parents and the community to ensure the rights and safety of children and to give them the very best start in life. Our Safeguarding Policy is based on the three key commitments of the Pre-school Learning Alliance Safeguarding Children Policy.

### **Procedures**

We carry out the following procedures to ensure we meet the three key commitments of the Alliance

### **Safeguarding Children Policy.**

#### *Key commitment 1*

Abacus Ark is committed to building a 'culture of safety' in which children are protected from abuse and harm in all areas of its service delivery.

#### *Staff and volunteers*

- A setting designated person who co-ordinates child protection and safeguarding issues is:
- We ensure all staff is trained to understand our safeguarding policies and procedures and that parents are made aware of them too.
- All staff has an up-to-date knowledge of safeguarding issues.
- We provide adequate and appropriate staffing resources to meet the needs of children.
- Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.
- Candidates are informed of the need to carry out 'enhanced disclosure' checks with the Disclosure and Barring Service before posts can be confirmed.
- Where applications are rejected because of obtaining information that has been disclosed, applicants have the right to know and to challenge incorrect information.

- We abide by Ofsted requirements in respect of references and Disclosure and Barring Service checks for staff and volunteers, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.
- Volunteers and students do not work unsupervised.
- We record information about staff qualifications, references, and the identity checks and vetting processes that have been completed including:
  - the Disclosure and Barring Service reference number;
  - the date the disclosure was obtained; and
  - details of who obtained it.
- We inform all staff that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).
- We abide by the Safeguarding Vulnerable Groups Act (2006) requirements in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of a child protection concern.
- We have procedures for recording the details of visitors to the setting (Visitors Book)
- We take security steps to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children (biometric access control system on the door, passwords for visitors)
- We take steps to ensure children are not photographed or filmed on video for any other purpose than to record their development or their participation in events organised by us. Parents sign a consent form and have access to records holding visual images of their child.

#### Key commitment 2

Abacus Ark is committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in 'What to do if you're worried a child is being abused' (HMG 2006).

#### Responding to suspicions of abuse

- We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.
- When children are suffering from physical, sexual or emotional abuse, or experiencing neglect, this may be demonstrated through:

- Significant changes in their behaviour;
- Deterioration in their general well-being;
- Their comments which may give cause for concern, or the things they say (direct or indirect disclosure);
- Changes in their appearance, their behaviour, or their play;
- Unexplained bruising, marks or signs of possible abuse or neglect; and
- Any reason to suspect neglect or abuse outside the setting.
- We take into account factors affecting parental capacity, such as social exclusion, domestic violence, parent's drug or alcohol abuse, mental or physical illness or parent's learning disability.
- We are aware of other factors that affect children's vulnerability such as, abuse of disabled children; fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, such as through internet abuse; and Female Genital Mutilation; that may affect, or may have affected, children and young people using our provision.
- We also make ourselves aware that some children and young people are affected by gang activity, by complex, multiple or organised abuse, through forced marriage or honour based violence or may be victims of child trafficking. While this may be less likely to affect young children in our care, we may become aware of any of these factors affecting older children and young people who we may come into contact with.
- Where we believe that a child in our care or that is known to us may be affected by any of these factors we follow the procedures below for reporting child protection concerns.
- Where such evidence is apparent, the child's key teacher makes a dated record of the details of the concern and discusses what to do with the member of staff who is acting as the 'designated person'. The information is stored on the child's personal file.
- We refer concerns to the local authority children's social care department and co-operate fully in any subsequent investigation. In some cases this may mean the police or another agency identified by the Local Safeguarding Children Board.
- We take care not to influence the outcome either through the way we speak to children or by asking questions of children.
- We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or school children on work placement, young employees or young parents. Where abuse is suspected we

follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account, but the setting may override the young person's refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.

#### Recording suspicions of abuse and disclosures

- Where a child makes comments to a member of staff that give cause for concern (disclosure), or a member of staff observes signs or signals that give cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect; that member of staff:
  - Listens to the child, offers reassurance and gives assurance that she or he will take action;
  - Does not question the child;
  - Makes a written record that forms an objective record of the observation or disclosure that includes: the date and time of the observation or the disclosure; the exact words spoken by the child as far as possible; the name of the person to whom the concern was reported, with the date and time; and the names of any other person present at the time.
- These records are signed and dated and kept in the child's personal file, which is kept securely and confidentially.
- The member of staff acting as the 'designated person' is informed of the issue at the earliest opportunity.
- Where the Local Safeguarding Children Board stipulates the process for recording and sharing concerns, we include those procedures alongside this procedure and follow the steps set down by the Local Safeguarding Children Board.

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

- Abacus Ark has procedures in place for making a referral to the local children's social care team, as well as a template form for recording concerns and making a referral. This is based on a document 'What to do if you're worried a child is being abused' (HMG 2006).

- We keep a copy of this document alongside the procedures for recording and reporting safeguarding issues set down by our Local Safeguarding Children Board.

#### Informing parents

- Parents are normally the first point of contact. We discuss concerns with parents to gain their view of events, unless we feel this may put the child in greater danger.
- We inform parents when we make a record of concerns in their child's file and that we also make a note of any discussion we have with them regarding a concern.
- If a suspicion of abuse warrants referral to social care, parents are informed at the same time that the referral will be made, except where the guidance of the Local Safeguarding Children Board does not allow this, for example, where it is believed that the child may be placed in greater danger.
- This will usually be the case where the parent is the likely abuser. In these cases the social workers will inform parents.

#### Liaison with other agencies

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

### Allegations against staff

- We ensure that all parents know how to complain about the behaviour or actions of staff, placement students or volunteers within the setting, or anyone living or working on the premises occupied by the setting, which may include an allegation of abuse.
- We respond to any inappropriate behaviour displayed by members of staff or any other person working with the children, which includes:
  - Inappropriate sexual comments;
  - Excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or inappropriate sharing of images.
- We follow the guidance of the Local Safeguarding Children Board when responding to any complaint in regards to abusing children made by a member of staff, placement student or volunteer working within the setting, or anyone living or working on the premises occupied by the setting.
- We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, may have taken, or is taking place, by first recording the details of any such alleged incident (to be recorded by a Nursery Manager).
- We refer any such complaint immediately to the Local Authority Designated Officer or Team (LADO) to investigate:

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*(name and phone number)*

- We also report any such alleged incident to Ofsted, as well as what measures we have taken. We are aware that it is an offence not to do so.
- We co-operate entirely with any investigation carried out by children's social care in conjunction with the police.
- Where the management team and children's social care agree it is appropriate in the circumstances, the chair/director/owner will suspend the member of staff on full pay, or the volunteer, for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place, but is to protect the staff, as well as children and families throughout the process.

### Disciplinary action

Where a member of staff or volunteer has been dismissed due to engaging in activities that caused concern for the safeguarding of children or vulnerable

adults, we will notify the Independent Safeguarding Authority (ISA) of relevant information, so that individuals who pose a threat to children (and vulnerable groups) can be identified and barred from working with these groups.

### *Key commitment 3*

Abacus Ark is committed to promoting awareness of child abuse issues throughout its training and learning programmes for adults. It is also committed to empowering young children, through its early childhood curriculum, promoting their right to be strong, resilient and listened to.

#### *Training*

- We seek out training opportunities for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse and neglect and that they are aware of the local authority guidelines for making referrals.
- We ensure that designated persons receive training in accordance with that recommended by the Local Safeguarding Children Board.
- We ensure that all staff knows the procedures for reporting and recording any concerns they may have about the provision.

#### *Layout*

- The layout of the rooms allows for constant supervision. No child is left alone with staff, placement student or volunteers in a one-to-one situation without being visible to others.

#### *Curriculum*

- We introduce key elements of keeping children safe into our programme to promote the personal, social and emotional development of all children, so that they may grow to be strong, resilient and listened to and so that they develop an understanding of why and how to keep safe.
- We create within the setting a culture of value and respect for individuals, having positive regard for staff and children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background.

- We ensure that this is carried out in a way that is developmentally appropriate for the children.

#### Confidentiality

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

#### Support to families

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

### **1.3 Looked after children**

#### **Policy statement**

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

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

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

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

## **Principles**

- The term 'looked after child' denotes a child's current legal status; this term is never used to categorise a child as standing out from others. We do not refer to such a child using acronyms such as LAC.
- In exceptional circumstances, we offer places to two-year-old children who are in care. In such cases, the child should have been with the foster carer for at least two months and show signs of having formed a secure attachment to the carer, and the placement in the setting will last a minimum of three months.
- We offer places for funded three and four-year-olds who are in care to ensure they receive their entitlement to early education. We expect that a child will have been with a foster carer for a minimum of one month and that they will have formed a secure attachment to the carer. We expect that the placement in the setting will last a minimum of six weeks.
- We will always offer 'stay and play' provision for a child who is two to five years old who is still settling with their foster carer, or who is only temporarily being looked after.
- Where a child who normally attends our setting is taken into care and is cared for by a local foster carer, we will continue to offer the placement for the child.

## **Procedures**

- The designated person for looked after children is the child protection officer.
- Every child is allocated a key teacher before they start and this is no different for a looked after child. The designated person ensures the key teacher has the information, support and training necessary to meet the looked after child's needs.
- The designated person and the key teacher liaise with agencies, professionals and practitioners involved with the child and his or her family and ensure that appropriate information is gained and shared.
- The setting recognises the role of the local authority children's social care department as the child's 'corporate parent' and the key agency in determining what takes place with the child. Nothing changes, especially with regard to the birth parent's or foster carer's role in relation to the setting, without prior discussion and agreement with the child's social worker.
- At the start of a placement there is a professionals meeting to determine the objectives of the placement and draw up a care plan that incorporates the

child's learning needs. This plan is reviewed after two weeks, six weeks and three months. Thereafter at three to six monthly intervals.

- The care plan needs to consider issues for the child such as:
  - Their emotional needs and how they are to be met;
  - How any emotional issues and problems that affect behaviour are to be managed;
  - Their sense of self, culture, language(s) and identity - and how this is to be supported;
  - Their need for sociability and friendship;
  - Their interests and abilities and possible learning journey pathway; and
  - How any special needs will be supported.
- In addition the care plan will also consider:
  - How information will be shared with the foster carer and local authority (as the 'corporate parent') as well as what information is shared with whom and how it will be recorded and stored;
  - What contact the child has with his/her birth parent(s) and what arrangements will be in place for supervised contact. If this is to be at the setting, when, where and what form the contact will take will be discussed and agreed;
  - What written reporting is required;
  - Wherever possible, and where the plan is for the child's return home, the birth parent(s) should be involved in planning; and
  - With the social worker's agreement, and as part of the plan, the birth parent(s) should be involved in the setting's activities that include parents, such as outings and fun-days etc. alongside the foster carer.
- The settling-in process for the child is agreed. It should be the same as for any other child, with the foster carer taking the place of the parent, unless otherwise agreed. It is even more important that the 'proximity' stage is followed until it is visible that the child has formed a sufficient relationship with his or her key teacher for them to act as a 'secure base' to allow the gradual separation from the foster carer. This process may take longer in some cases, so time needs to be allowed for it to take place without causing further distress or anxiety to the child.
- In the first two weeks after settling-in, the child's well-being is the focus of observation, their sociability and their ability to manage their feelings with or without support.

- Further observations about communication, interests and abilities will be noted to form a picture of the whole child in relation to the Early Years Foundation Stage prime and specific areas of learning and development.
- Concerns about the child will be noted in the child's file and discussed with the foster carer.
- If the concerns are about the foster carer's treatment of the child, or if abuse is suspected, these are recorded in the child's file and reported to the child's social care worker according to the setting's safeguarding children procedure.
- Regular contact should be maintained with the social worker through planned meetings that will include the foster carer.
- The transition to school will be handled sensitively. The designated person and/or the child's key teacher will liaise with the school, passing on relevant information and documentation with the agreement of the looked after child's birth parents.

#### **Further guidance**

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

## **1.4 Uncollected child**

### **Policy statement**

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

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

### **Procedures**

- Parents of children starting at the setting are asked to provide the following specific information, which is recorded on our Child's Details Form:

- Home address and telephone number - if the parents do not have a telephone, an alternative number must be given, perhaps a neighbour or close relative.
- Parents work telephone number (if applicable).
- Mobile telephone number (if applicable).
- Names, addresses, telephone numbers of adults who are authorised by the parents to collect their child from the setting, for example a nanny or grandparent.
- Who has parental responsibility for the child.
- Information about any person who does not have legal access to the child.
- On occasions when parents are aware that they will not be at home or in their usual place of work, they inform us in writing of how they can be contacted.
- On occasions when parents, or the persons normally authorised to collect the child, are not able to collect the child, they provide us with written details of the name and surname of the person who will be collecting their child. We agree with parents how to verify the identity of the person who is to collect their child (id, set up password etc.).
- Parents are informed that if they are not able to collect the child as planned they must inform us ASAP so that we can begin to take back-up measures. We provide parents with our contact telephone number.
- We inform parents that we apply our child protection procedures in the event that, their children are not collected by an authorised adult within one hour after the setting has closed and the staff can no longer supervise the child on our premises.
- If a child is not collected at the end of the session/day, we follow the procedures below:
  - The child's file is checked for any information about changes to the normal collection routines.
  - If no information is available, parents/carers are contacted on home, work or mobile number.
  - If this is unsuccessful, the adults who are authorised by the parents to collect their child from the setting - and whose telephone numbers are recorded in the Child's Detail Form - are contacted.
  - All reasonable attempts are made to contact the parents or nominated carers.

- The child does not leave the premises with anyone other than those named on the Child's Details Form.
- One hour after child's session is finished or one hour after the setting has closed and no-one collects the child or there is no-one who can be contacted to collect the child or there is no-one on its way to collect a child we apply the procedures for uncollected children.
- We contact our local authority children's social care team:

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*(name and phone number)*

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

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*(name and phone number)*

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

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*(telephone number)*

## **1.5 Missing child**

### **Policy statement**

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

### **Procedures**

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

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

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

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

- As soon as it is noticed that a child is missing, staff on the outing ask children to stand with their designated carer and carry out a headcount to ensure that no other child has gone astray. One staff member searches the immediate vicinity, but does not search beyond that.
- The setting leader or manager is contacted immediately (if not on the outing) and the incident is recorded.
- The setting leader contacts the police and reports the child as missing.

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

#### The investigation

- Staff keeps calm and do not let the other children become anxious or worried.
- The setting leader together with a representative of the management team, speaks with the parent(s).
- The chair, director or owner, carry out a full investigation taking written statements from all the staff in the room or who were on the outing.
- The key teacher/staff member writes an incident report detailing:
  - The date and time of the report.
  - Which staff/children were in the group/outing and the name of the staff designated responsible for the missing child.
  - When the child was last seen in the group/outing.
  - What has taken place in the group or outing since the child went missing.
  - The time it is estimated that the child went missing.
- A conclusion is drawn as to how the breach of security happened.
- If the incident warrants a police investigation, all staff co-operate fully. In this case, the police will handle all aspects of the investigation, including interviewing staff. Children's social care may be involved if it seems likely that there is a child protection issue to address.
- The incident is reported under RIDDOR arrangements (see the Reporting of Accidents and Incidents policy); the local authority Health and Safety Officer may want to investigate and will decide if there is a case for prosecution.
- In the event of disciplinary action needing to be taken, Ofsted is informed.
- The insurance provider is informed.
- Missing child incidents are very worrying for all concerned. Part of managing the incident is to try to keep everyone as calm as possible.

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

## **1.6 First aid**

### **Policy statement**

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

### **Procedures**

The first aid kit

Our first aid kit is accessible at all times, complies with the Health and Safety (First Aid) Regulations 1981 and contains the following items:

1. Guidance leaflet
2. Medium sterile dressing
3. Large sterile dressing
4. Triangle bandages
5. Safety pins
6. Eye pad sterile dressing
7. Sterile adhesive dressing (plasters)
8. Sterile cleansing wipes
9. Disposable gloves (pair)

This is only a suggested contents list.

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

#### **Legal framework**

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

#### **Further guidance**

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

## Key teacher

### 2.1 The role of the key teacher and settling-in

#### Policy statement

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

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

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

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

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

#### Procedures

- We allocate a key teacher before the child starts.
- The key teacher is responsible for the induction of the family and for settling the child into our setting. The key teacher offers unconditional regard for the child and is non-judgemental.
- The key teacher works with the parents to plan and deliver a personalised plan for the child's well-being, care and learning.
- The key teacher acts as the key contact for the parents and has links with other carers involved with the child, such as a nanny, and co-ordinates the sharing of appropriate information about the child's development with those carers.

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

### Settling-in

- Before a child starts to attend the setting, we use a variety of ways to provide his/her parents with information. These include e.g. written information (including our prospectus and settling in procedure) and displays about activities available within the setting.
- We allocate a key teacher to each child and his/her family before she/he starts to attend; the key teacher welcomes and looks after the child and his/her parents at the child's first session and during the settling-in process.
- We use first session at which a child attends to explain and complete, with his/her parents, the child's 'All about me form 6m-18m'/'All about me form 18m-5 years'.
- When a child starts to attend, we explain the process of settling-in with his/her parents and jointly decide on the best way to help the child to settle into the setting.
- We have an expectation that the parent, carer or close relative, will stay for most of the session during the first week, gradually taking time away from their child, increasing this as and when the child is able to cope.
- Younger children will take longer to settle in, as will children who have not previously spent time away from home. Children who have had a period of absence may also need their parent to be on hand to re-settle them.
- We judge a child to be settled after approximately 2 weeks when they have formed a relationship with their key teacher; for example, the child looks for the key teacher when he/she arrives, goes to them for comfort, and seems pleased to be with them. The child is also familiar with where things are and is pleased to see other children and participate in activities.

- When parents leave, we ask them to say goodbye to their child and explain that they will be coming back, and when.
- We recognise that some children will settle more readily than others, but that some children who appear to settle rapidly are not ready to be left. We expect that the parent will honour the commitment to stay on nursery premises for at least the first week until their child can stay happily without them.
- Our standard settling in process takes 2 weeks.
- A child must satisfactorily complete a two week period of settling in before their normal registered sessions can be confirmed. At the end of settling in period a setting Manager will make a determination as to whether a child is ready to begin their registered sessions or whether they would benefit from a further settling in period.
- We do not believe that leaving a child to cry will help them to settle any quicker. We believe that a child's distress will prevent them from learning and gaining the best from the setting.
- We reserve the right not to accept a child into the setting without a parent or carer if the child finds it distressing to be left. This is especially the case with very young children.

#### The progress check at age two

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

## Child Ratios

### 3.1 Staffing

#### Policy statement

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

#### Procedures

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

- Children under the age of two: 1 adult: 3 children
  - at least one member of staff holds a full and relevant level 3 qualification; and
  - at least half of all other staff hold a full and relevant level 2 qualification.
- Children aged two years: 1 adult : 4 children:
  - at least one member of staff holds a full and relevant level 3 qualification; and
  - at least half of all other staff hold a full and relevant level 2 qualification.
- Children aged three years and over: 1 adult : 8 children:
  - at least one member of staff holds a full and relevant level 3 qualification; and
  - at least half of all other staff hold a full and relevant level 2 qualification.
- We follow the Early Years Foundation Stage Safeguarding and Welfare Requirements where a Qualified Teacher, Early Years Professional or other suitable level 6 qualified person is working directly with children aged three and over between the hours of 8am and 4pm as follows:
  - there is at least one member of staff for every 13 children; and
  - at least one other member of staff holds a full and relevant level 3 qualification.
- At any time a minimum of two staff/adults are on duty.
- Each child is assigned a key teacher to help the child become familiar with the setting from the outset and to ensure that each child has a named member of staff with whom to form a relationship. The key teacher plans with parents for

the child's well-being and development in the setting. The key teacher meets regularly with the family for discussion and consultation key teacher works on their child's progress and offers support in guiding their development at home.

- We hold regular staff meetings to undertake curriculum planning and one to one sessions with key teachers to discuss children's progress, their achievements and any difficulties that may arise from time to time.

## Health

### 4.1 Administering medicines

#### Policy statement

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

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, it is required that the parent keeps the child at home for the first 24 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

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

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

#### Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor). Children's Calpol (un-prescribed and provided by Abacus Ark) can only be administered with the written consent from a parent followed by a verbal consent of the parent in the case of a high temperature i.e. between 37.5c -

40c. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.

- Where a child's temperature exceeds 40c, professional medical treatment will immediately be sought and the parents or named person will be requested to collect the child.
- In the event that the child is taken to a hospital the parents or named person will be contacted and requested to go directly to the hospital.
- In the event of accident or emergency when a child needs to be taken to the hospital a child will be accompanied by Abacus Ark authorised personnel or the nursery setting manager (or authorised deputy); health professionals will be responsible for any decisions on medical treatment in the absence of the parent/ named person.
- A child with a high temperature should remain at home for 24hours after the last event of a temperature between 37.5C and 40.C A child should only return to the nursery when the temperature has remained normal without the assistance of temperature reducing medication
- Children's prescribed medicines are stored in their original containers, are clearly labelled, inaccessible to the children and kept in 'children medication box'.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a 'Medication Consent Form'. All the medication provided must be in-date, prescribed for the current condition and have a pharmacist's label on (indicating: name, surname, child's d.o.b.). No medication may be given without these details being provided:
  - The full name of child, age and date of birth;
  - The name of medication, its strength, dosage, information about the course of the medication and the frequency in which it should be administered to a child;
  - Who prescribed it;
  - Reason for administering the medication;
  - When the first and the last dosage of the medication was given;
  - If a child has not had a medication before, it is required that the parent keeps the child at home for the first 24 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.
  - When an antibiotics have been prescribed parents are asked to keep their child at home for 48 hours before returning to the setting.
  - How the medication should be stored and its expiry date;

- Any possible side effects that may be expected; and
  - The signature of the parent and the date.
- The administration of medicine is recorded accurately on medication form each time it is given to a child and is to be signed both by a staff member (child's key teacher) who had administered the medicine and a person who witnessed administering the medication (either Nursery Manager or Deputy Manager). Parents are shown the record at the end of the day and are asked to sign the form to acknowledge the administration of the medicine.

#### Storage of medicines

- All medication is stored safely in a plastic container labelled 'children medication box' in a kitchen cupboard or refrigerator if required.
- The child's key teacher or a member of management team is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key teachers check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant members of staff by a health professional e.g. an insulin pump training conducted by a nurse.
- When a medication is given to a child either the setting Manager or Deputy must be present and co-signs the medication record.
- No child may self-administer medications. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key teacher what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

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

- A risk assessment is carried out for each child with severe allergies and long term medical conditions that require on going medication. This is the responsibility of the manager alongside the key teacher. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. Recognising the training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.
- The risk assessment is reviewed every six months, or more frequently if necessary; the review includes changes to the medication or the dosage, any side effects noted etc.
- For the child with a long term medical condition a health care plan is provided by the child's GP or a doctor. For the child with severe allergies either a health care plan or an allergy action plan is provided.
- The health care plan or allergy action plan should include the measures to be taken in an emergency.

#### Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include the key teacher for the child with a health care plan/allergy action plan, or another member of staff who is fully informed about the child's needs and/or administration of his/her medicine.
- Medication for a child is taken in a `medication box `clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the health care plan/allergy action plan and a medication consent form.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name

of the medication. Inside the box is a copy of the health care plan/allergy action plan together with a medication consent form signed by the parent.

- As a precaution, children should not eat when travelling in vehicles.
- This procedure is read alongside the outings procedure.

#### **Legal framework**

- The Human Medicines Regulations (2012)

#### **Further guidance**

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

## **4.2 Managing children who are sick, infectious, or with allergies**

(Including reporting notifiable diseases)

### **Policy statement**

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

### **Procedures for children who are sick or infectious**

- If children appear unwell during the day - have a temperature, sickness, diarrhoea (three or more loose stools) or pains, particularly in the head or stomach - the manager calls the parents and asks them to collect the child, or send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water, but kept away from draughts.
- The child's temperature is taken using an ear thermometer, kept in Manager's office.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; the setting can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- If a child has not had a medication before, it is required that the parent keeps the child at home for the first 24 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.
- Where children have been prescribed an antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
- After 3 or more episodes of diarrhoea parents are asked to keep children home for 48 hours.
- After a bout of vomiting parents are asked to keep children home for 48 hours.
- A child with a high temperature should remain at home for 24 hours after the last even of a temperature between 37.5C and 40.C A child should only return to the nursery when the temperature has remained normal without the assistance of temperature reducing medication.
- For children who are teething, Abacus Ark will administer medication related to teething (Calpol, teething gel, Nurofen) only where a parent/carers provides Abacus Ark with a doctor's letter stating that a child is teething, the medication which may be given, how often the medication may be administered

and for what length of time. A doctor's letter which does not state the exact length of time for which the treatment is to be given will not be accepted. A new doctor's letter must be obtained for each episode of teething where a parent/carer wishes Abacus Ark to administer medication.

- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from:  
[www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1194947358374](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374) and includes common childhood illnesses such as measles.

#### Reporting of 'notifiable diseases'

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

#### HIV/AIDS/Hepatitis procedure

- HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.
- Single-use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Soiled clothing is rinsed and bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using disinfectant solution from 'Body fluid kit'. Any cloths used are disposed of with the clinical waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

#### Nits and head lice

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

#### Procedures for children with allergies

- When parents fill in a nursery 'Child Detail Form' for their children at the setting they are asked if their child suffers from any known allergies.
- If a child has an allergy, a risk assessment form is completed.
- If a child has an allergy child's GP or a doctor should provide the nursery setting with a health care plan or allergy action plan.
- Parents or a nominated by a parent medical staff train nursery staff in how to administer medication in the event of an allergic reaction e.g. Epipen.
- No nuts or seeds or nut or seeds products are used within the setting.
- Parents are made aware of the above rule so that no nut or seeds or nut or seeds products are accidentally brought in, for example left in a buggy.

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

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

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

#### Oral medication

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

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

### Life saving medication and invasive treatments

The above listed term refers to adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.), invasive treatments such as rectal administration of Diazepam (for epilepsy) as well Insulin Pumps.

- The provider must have:
  - a letter from the child's GP/doctor stating the child's condition and what medication if any is to be administered;
  - written consent from the parent or guardian allowing staff to administer medication; and
  - proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse or first aid training provider
- Copies of all three documents relating to these children must be sent to the Pre-school Learning Alliance Insurance Department for appraisal (if you have another provider, please check their procedures with them). Written confirmation that the insurance has been extended will be issued by return.

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

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

### Further guidance

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

### **4.3 Recording and reporting of accidents and incidents**

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

#### **Policy statement**

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

#### **Procedures**

##### ***Our blank 'children accident/incident forms':***

- are accessible to staff who all know how to complete them.

##### ***Our children accident/incident folder:***

- is kept in a safe and secure place;
- is reviewed at least half termly to identify any potential or actual hazards.

##### ***Our staff accident book:***

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

#### **Reporting accidents and incidents**

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

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

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

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

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

- any work-related accident leading to an injury to a child or adult, for which they are taken to hospital;
- any work-related injury to a member of staff, which results in them being unable to work for seven consecutive days;
- when a member of staff suffers from a reportable work-related disease or illness;
- any death, of a child or adult, that occurs in connection with activities relating to our work; and
- any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done; such as a gas leak.

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

***Our incident book***

- We have ready access to telephone numbers for emergency services, including the local police. Where we are responsible for the premises we have contact numbers for the gas and electricity emergency services, and a carpenter and plumber. Where we rent premises we ensure we have access to the person responsible and that there is a shared procedure for dealing with emergencies.
- We keep an incident book for recording major incidents, including those that are reportable to the Health and Safety Executive as above.
- These incidents include:
  - a break in, burglary, or theft of personal or the setting's property;
  - an intruder gaining unauthorised access to the premises;
  - a fire, flood, gas leak or electrical failure;
  - an attack on member of staff or parent on the premises or nearby;
  - any racist incident involving staff or family on the setting's premises;
  - a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on the premises;
  - the death of a child or adult, and
  - a terrorist attack, or threat of one.

- In the incident book we record the date and time of the incident, nature of the event, who was affected, what was done about it or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also recorded.
- In the unlikely event of a terrorist attack, we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. Our standard Fire Safety and Emergency Evacuation Policy will be followed and staff will take charge of their key children. The incident is recorded when the threat is averted.
- In the unlikely event of a child dying on the premises, for example, through cot death in the case of a baby, the emergency services are called, and the advice of these services are followed.
- The incident book is not for recording issues of concern involving a child. This is recorded on the 'child incident/accident form' and filed in the 'Accident/Incident folder'

#### **Legal framework**

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

#### **Further guidance**

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

## **4.4 Nappy changing**

### **Policy statement**

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

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

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

### **Procedures**

- Key teachers have an agreed changing times for the children in their care who are in nappies or 'pull-ups'.
- Children from two years should normally wear pull ups, or other types of trainer pants, as soon as they are comfortable with this and their parents agree.
- Key teachers undertake changing children in their key groups.
- Only permanent nursery staff members are allow to change children nappies.
- An apprentice who has been within the company for 6 months or more can change children nappies only if the Setting Manager allows for this to happen.
- Changing areas are warm with safe areas to lay children.
- Each child has their own space to hand with their nappies or pull ups and changing wipes.
- Gloves and aprons are put on by staff before changing starts and the areas are prepared.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- In addition, key teachers ensure that nappy changing is relaxed and a time to promote independence in young children.
- Children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- Children are encouraged to wash their hands, and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Anti-bacterial hand sanitizers should not be used for cleaning hands of young children; young skin is quite delicate and anti-bacterial products kill off certain good bacteria that children need to develop their own natural resistance to infection.
- Key teachers are gentle when changing; they avoid pulling faces and making negative comments about 'nappy contents'.
- Key teachers do not make inappropriate comments about children's genitals when changing their nappies.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- Nappies and pull-ups are disposed of hygienically. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parent to take home.

- We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect and will be a disciplinary matter.

## **4.5 Food and drink**

### **Policy statement**

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

### **Procedures**

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

- Before a child starts to attend the setting, we ask their parents about their dietary needs and preferences, including any allergies. (See the Managing Children who are Sick, Infectious or with Allergies Policy.)
- We regularly consult with parents to ensure that our records of their children's dietary needs - including any allergies - are up-to-date. Parents sign the up-dated record to signify that it is correct.
- We display current information about individual children's dietary needs so that all staff and volunteers are fully informed about them.
- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences, as well as their parents' wishes.
- We change our menus seasonally.
- We display the menus of meals for parents to view.
- We provide nutritious food for all meals and snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives and colourings.
- We include a variety of foods from the four main food groups:
  - meat, fish and protein alternatives;
  - dairy foods;
  - grains, cereals and starch vegetables; and
  - fruit and vegetables.
- We include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.

- We take care not to provide food containing nuts or seeds especially vigilant where we have a child who has a known allergy to nuts or seeds.
- Through discussion with parents and research reading by staff, we 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. We take account of this information in the provision of food and drinks.
- We provide a vegetarian alternative on days when meat or fish are offered and make every effort to ensure Kosher food is available for children who require it.
- We provide babies only with type of food requested by a parent (information in regards to deity requirements should be listed in 'Child's details form' and 'All about me form 6m-18m'/'All about me form 18m-5 years'. Depending on child's age we will provide different type of food: fully mashed foods/purees, partly mashed foods, finger foods etc.
- We provide age appropriate foods for children.
- We require staff to show sensitivity in providing for children's diets and allergies. Staff do not use a child's diet or allergy as a label for the child, or make a child feel singled out because of her/his diet or allergy.
- We make sure that food is prepared only by a staff member who holds a valid Level 2 Food Hygiene for Catering Certificate.
- We organise meal and snack times so that they are social occasions in which children and staff participate.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.
- We have fresh drinking water constantly available for the children. We inform the children about how to obtain the water and that they can ask for water at any time during the day.
- In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.
- For children who drink milk, we provide whole pasteurised milk, which is available when breakfast is served.
- We provide babies with the formula milk provided by a parent.
- We provide babies with cow's milk only if requested by a parent.

- We inform parents of our policy on healthy eating.
- We advise parents not to encourage children to bring any food or snacks into the setting.
- We ask parents not to bring food into the setting e.g. birthday cakes or goody bags.
- We inform parents not to leave any aliment in children's bags.

**Legal framework**

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

**Further guidance**

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

## **4.6 Food hygiene**

(Including the procedure for reporting food poisoning)

### **Policy statement**

We provide and/or serve food for children on the following basis :

- Snacks.
- Meals.

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

### **Procedures**

- The person in charge and the person responsible for food preparation understands the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to their business. This is set out in Safer Food, Better Business (Food Standards Agency 2011). The basis for this is risk assessment of the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
- All staff involved in food preparation has completed Level 2 Food Hygiene For Catering Training.
- The person responsible for food preparation and serving carries out daily opening and closing checks on the kitchen to ensure standards are met consistently. (See Safer Food, Better Business.)
- We use reliable suppliers for the food we purchase.
- Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.
- Un-refrigerated food is served to children within 4 hours of preparation.
- Food preparation areas are cleaned before use as well as after use.
- There are separate facilities for hand-washing and for washing up.
- All surfaces are clean and non-porous.
- All utensils, crockery etc. are clean and stored appropriately.
- Waste food is disposed of daily.
- Cleaning materials and other dangerous materials are stored out of children's reach.
- Children do not have unsupervised access to the kitchen.
- When children take part in cooking activities, they:

- are supervised at all times;
- understand the importance of hand washing and simple hygiene rules;
- are kept away from hot surfaces and hot water; and
- do not have unsupervised access to electrical equipment, such as blenders etc.

#### Reporting of food poisoning

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

#### Legal framework

- Regulation (EC) 853/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs

#### Further guidance

- Safer Food Better Business (Food Standards Agency 2011)

## Managing Behaviour

### 5.1 Achieving positive behavior

#### Policy statement

Our setting believes that children flourish best when their personal, social and emotional needs are met and where there are clear and developmentally appropriate expectations for their behavior.

Children need to learn to consider the views and feelings, needs and rights, of others and the impact that their behavior has on people, places and objects. This is a developmental task that requires support, encouragement, teaching and setting the correct example. The principles that underpin how we achieve positive and considerate behavior exist within our programme for promoting personal, social and emotional development.

#### Procedures

We have a named person who has overall responsibility for our programme for supporting personal, social and emotional development, including issues concerning behavior. (In small settings this may be shared between co-staff.)

- We require the named person to:
  - keep her/himself up-to-date with legislation, research and thinking on promoting positive behaviour and on handling children's behaviour where it may require additional support;
  - access relevant sources of expertise on promoting positive behaviour within our programme for supporting personal, social and emotional development; and
  - check that all staff have relevant in-service training on promoting positive behaviour. We keep a record of staff attendance at this training.
- We recognise that codes for interacting with other people vary between cultures and require staff to be aware of, and respect, those used by members of the setting.
- We require all staff, volunteers and students to provide a positive model of behaviour by treating children, parents and one another with friendliness, care and courtesy.
- We familiarise new staff and volunteers with the setting's Achieving Positive Behaviour Policy and its guidelines for behaviour.

- We expect all members of our setting - children, parents, staff, volunteers and students - to keep to the guidelines, requiring these to be applied consistently.
- We work in partnership with children's parents. Parents are regularly informed about their children's behaviour by their key teacher. We work with parents to address recurring inconsiderate behaviour, using our observation records to help us to understand the cause and to decide jointly how to respond appropriately.

#### Strategies with children who engage in inconsiderate behavior

- We require all staff, volunteers and students to use positive strategies for handling any inconsiderate behaviour, by helping children to find solutions in ways, which are appropriate for the children's ages and stages of development. Such solutions might include, for example, acknowledgement of feelings, explanation as to what was not acceptable, and supporting children to gain control of their feelings, so that they can learn a more appropriate response.
- We ensure that there are enough popular toys and resources and sufficient activities available so that children are meaningfully occupied without the need for unnecessary conflict over sharing and waiting for turns.
- We acknowledge considerate behaviour such as kindness and willingness to share.
- We support each child in developing self-esteem, confidence and feelings of competence.
- We support each child in developing a sense of belonging in our group, so that they feel valued and welcome.
- We avoid creating situations in which children receive adult attention only in return for inconsiderate behaviour.
- When children behave in inconsiderate ways, we help them to understand the outcomes of their actions and support them in learning how to cope more appropriately.
- We never send children out of the room by themselves, nor do we use a 'naughty chair' or a 'time out' strategy that excludes children from the group.
- We never use physical or corporal punishment, such as smacking or shaking. Children are never threatened with these.
- We do not use techniques intended to single out and humiliate individual children.
- We use physical restraint, such as holding, only to prevent physical injury to children or adults and/or serious damage to property.

- Details of such an event (what happened, what action was taken and by whom, and the names of witnesses) are brought to the attention of our setting leader and are recorded in the child's personal file.
- The child's parent(s) is/are informed on the same day.
- In cases of serious misbehaviour, such as racial or other abuse, we make clear immediately the unacceptability of the behaviour and attitudes, by means of explanations rather than personal blame.
- We do not shout or raise our voices in a threatening way to respond to children's inconsiderate behaviour.

#### Children under three years

- When children under three years old behave in inconsiderate ways we recognise that the strategies for supporting them will need to be developmentally appropriate and differ from those for older children.
- We recognise that babies and very young children are unable to regulate their own emotions, such as fear, anger or distress, and require sensitive adults to help them do this.
- Common inconsiderate or hurtful behaviours of young children include tantrums, biting or fighting. Staff is calm and patient, offering comfort to intense emotions, helping children to manage their feelings and talk about them to help resolve issues and promote understanding.
- If tantrums, biting or fighting are frequent, we try to find out the underlying cause - such as a change or upheaval at home, or a frequent change of carers. Sometimes a child has not settled in well and the behaviour may be the result of 'separation anxiety'.
- We focus on ensuring a child's attachment figure in the setting, their key teacher, is building a strong relationship to provide security to the child.

#### Rough and tumble play and fantasy aggression

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

- We recognise that teasing and rough and tumble play are normal for young children and acceptable within limits. We regard these kinds of play as pro-social and not as problematic or aggressive.

- We will develop strategies to contain play that are agreed with the children, and understood by them, with acceptable behavioural boundaries to ensure children are not hurt.
- We recognise that fantasy play also contains many violently dramatic strategies, e.g. blowing up and shooting, and that themes often refer to 'goodies and baddies' and as such offer opportunities for us to explore concepts of right and wrong.
- We are able to tune in to the content of the play, perhaps to suggest alternative strategies for heroes and heroines, making the most of 'teachable moments' to encourage empathy and lateral thinking to explore alternative scenarios and strategies for conflict resolution.

#### Hurtful behavior

We take hurtful behavior very seriously. Most children under the age of five will at some stage hurt or say something hurtful to another child, especially if their emotions are high at the time, but it is not helpful to label this behavior as 'bullying'. For children under five, hurtful behavior is momentary, spontaneous and often without cognizance of the feelings of the person whom they have hurt.

- We recognise that young children behave in hurtful ways towards others because they have not yet developed the means to manage intense feelings that sometimes overwhelm them.
- We will help them manage these feelings, as they have neither the biological means nor the cognitive means to do this for themselves.
- We understand that self-management of intense emotions, especially of anger, happens when the brain has developed neurological systems to manage the physiological processes that take place when triggers activate responses of anger or fear.
- Therefore we help this process by offering support, calming the child who is angry, as well as the one who has been hurt by the behaviour. By helping the child to return to a normal state, we are helping the brain to develop the physiological response system that will help the child be able to manage his or her own feelings.
- We do not engage in punitive responses to a young child's rage as that will have the opposite effect.
- Our way of responding to pre-verbal children is to calm them through holding and cuddling. Verbal children will also respond to cuddling to calm them down,

but we offer them an explanation and discuss the incident with them to their level of understanding.

- We recognise that young children require help in understanding the range of feelings they experience. We help children recognise their feelings by naming them and helping children to express them, making a connection verbally between the event and the feeling. "Adam took your car, didn't he, and you were enjoying playing with it. You didn't like it when he took it, did you? Did it make you feel angry? Is that why you hit him?" Older children will be able to verbalise their feelings better, talking through themselves the feelings that motivated the behaviour.
- We help young children learn to empathise with others, understanding that they have feelings too and that their actions impact on others' feelings. "When you hit Adam, it hurt him and he didn't like that and it made him cry."
- We help young children develop pro-social behaviour, such as resolving conflict over who has the toy. "I can see you are feeling better now and Adam isn't crying any more. Let's see if we can be friends and find another car, so you can both play with one."
- We are aware that the same problem may happen over and over before skills such as sharing and turn-taking develop. In order for both the biological maturation and cognitive development to take place, children will need repeated experiences with problem solving, supported by patient adults and clear boundaries.
- We support social skills through modelling behaviour and through activities, drama and stories. We build self-esteem and confidence in children, recognising their emotional needs through close and committed relationships with them.
- We help a child to understand the effect that their hurtful behaviour has had on another child; we do not force children to say sorry, but encourage this where it is clear that they are genuinely sorry and wish to show this to the person they have hurt.
- When hurtful behaviour becomes problematic, we work with parents to identify the cause and find a solution together. The main reasons for very young children to engage in excessive hurtful behaviour are that:
  - they do not feel securely attached to someone who can interpret and meet their needs - this may be at home and it may also be in the setting;
  - their parent, or carer in the setting, does not have skills in responding appropriately, and consequently negative patterns are developing where

hurtful behaviour is the only response the child has to express feelings of anger;

- the child may have insufficient language, or mastery of English, to express him or herself and may feel frustrated;
  - the child is exposed to levels of aggressive behaviour at home and may be at risk emotionally, or may be experiencing child abuse;
  - the child has a developmental condition that affects how they behave.
- Where this does not work, we use the Special Educational Needs Code of Practice to support the child and family, making the appropriate referrals to a Behaviour Support Team where necessary.

### Bullying

We take bullying very seriously. Bullying involves the persistent physical or verbal abuse of another child or children. It is characterized by intent to hurt, often planned, and accompanied by an awareness of the impact of the bullying behavior.

A child who is bullying has reached a stage of cognitive development where he or she is able to plan to carry out a premeditated intent to cause distress to another. Bullying can occur in children five years old and over and may well be an issue in after school clubs and holiday schemes catering for slightly older children.

If a child bullies another child or children:

- we show the children who have been bullied that we are able to listen to their concerns and act upon them;
- we intervene to stop the child who is bullying from harming the other child or children;
- we explain to the child doing the bullying why her/his behaviour is not acceptable;
- we give reassurance to the child or children who have been bullied;
- we help the child who has done the bullying to recognise the impact of their actions;
- we make sure that children who bully receive positive feedback for considerate behaviour and are given opportunities to practise and reflect on considerate behaviour;
- we do not label children who bully as 'bullies';
- we recognise that children who bully may be experiencing bullying themselves, or be subject to abuse or other circumstances causing them to express their anger in negative ways towards others;

- we recognise that children who bully are often unable to empathise with others and for this reason we do not insist that they say sorry unless it is clear that they feel genuine remorse for what they have done. Empty apologies are just as hurtful to the bullied child as the original behaviour;
- we discuss what has happened with the parents of the child who did the bullying and work out with them a plan for handling the child's behaviour; and
- we share what has happened with the parents of the child who has been bullied, explaining that the child who did the bullying is being helped to adopt more acceptable ways of behaving.

**Further guidance**

- Special Educational Needs Code of Practice (DfES 2001)

# Safety and Suitability of Premises, Environment and Equipment

## 6.1 Health and safety general standards

### Policy statement

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

- We aim to make children, parents, staff and volunteers aware of health and safety issues and to minimise the hazards and risks to enable the children to thrive in a healthy and safe environment.
- Our member of staff responsible for health and safety is:
- 
- He/she is competent to carry out these responsibilities.
- He/she has undertaken health and safety training and regularly updates his/her knowledge and understanding.
- We display the necessary health and safety poster in:

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### *Insurance cover*

We have public liability insurance and employers' liability insurance. The certificate for public liability insurance is displayed in:

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### Procedures

#### *Awareness raising*

- Our induction training for staff and volunteers includes a clear explanation of health and safety issues, so that all adults are able to adhere to our policy and procedures as they understand their shared responsibility for health and safety. The induction training covers matters of employee well-being, including safe lifting and the storage of potentially dangerous substances.
- Records are kept of these induction training sessions and new staff and volunteers are asked to sign the records to confirm that they have taken part.

- Health and safety issues are explained to the parents of new children, so that they understand the part played by these issues in the daily life of the setting.
- Health and safety training is included in the annual training plans of staff.
- We operate a no-smoking policy.
- Children are made aware of health and safety issues through discussions, planned activities and routines.

#### Safety of adults

- Adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment.
- When adults need to reach up to store equipment or to change light bulbs, they are provided with safe equipment to do so.
- All warning signs are clear and in appropriate languages.
- The sickness of staff and their involvement in accidents is recorded. The records are reviewed termly to identify any issues that need to be addressed.
- Record of all the chemicals that are used in the setting is stored on the nursery COSHH list. The COSHH list covers of all substances that may be hazardous to health - such as cleaning chemicals, or gardening chemicals, if used. This states what the risks are and what to do if they have contact with eyes or skin or are ingested. It also states where they are stored.
- We keep all cleaning chemicals in their original containers.

#### Windows

- Low level windows are made from materials that prevent accidental breakage or are made safe.
- Windows are protected from accidental breakage or vandalism from people outside the building.
- Windows above the ground floor are secured so that children cannot climb through them.

#### Floors

- All floor surfaces are checked daily to ensure they are clean and not uneven, wet or damaged.

#### Electrical/gas equipment

- All electrical/gas equipment conforms to safety requirements and is checked regularly.

- Our boiler/electrical switch gear/meter cupboard is not accessible to the children.
- Fires, heaters, electric sockets, wires and leads are properly guarded and the children are taught not to touch them.
- Storage heaters are checked daily to make sure they are not covered.
- There are sufficient sockets to prevent overloading.
- The temperature of hot water is controlled to prevent scalds.
- Lighting and ventilation is adequate in all areas including storage areas.

#### Storage

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

#### Outdoor area

- Our outdoor area is securely fenced.
- Our outdoor area is checked for safety and cleared of rubbish before it is used.
- Adults and children are alerted to the dangers of poisonous plants, herbicides and pesticides.
- Our pool/pond is securely covered or otherwise guarded.
- Where water can form a pool on equipment, it is emptied before children start playing outside.
- Our outdoor sand pit is covered when not in use and is cleaned regularly.
- All outdoor activities are supervised at all times.

#### Hygiene

- Our daily routines encourage the children to learn about personal hygiene.
- We have a daily cleaning routine for the setting, which includes the play room(s), kitchen, rest area, toilets and nappy changing areas.
- We have a schedule for cleaning resources and equipment, dressing-up clothes and furnishings.
- The toilet area has a high standard of hygiene, including hand washing and drying facilities and disposal facilities for nappies.
- We implement good hygiene practices by:
  - cleaning tables between activities;
  - cleaning and checking toilets regularly;

- wearing protective clothing - such as aprons and disposable gloves - as appropriate;
- using colour coded clothes for different cleaning purposes;
- providing sets of clean clothes;
- providing tissues and wipes;

#### Activities and resources

- Before purchase or loan, equipment and resources are checked to ensure that they are safe for the ages and stages of the children currently attending the setting.
- The layout of play equipment allows adults and children to move safely and freely between activities.
- All equipment is regularly checked for cleanliness and safety, and any dangerous items are repaired or discarded.
- All materials, including paint and glue, are non-toxic.
- Sand is clean and suitable for children's play.
- Physical play is constantly supervised.
- Children are taught to handle and store tools safely.
- Children who are sleeping are checked regularly.
- Children learn about health, safety and personal hygiene through the activities we provide and the routines we follow.
- Any faulty equipment is removed from use and is repaired. If it cannot be repaired it is discarded.
- Large pieces of equipment are discarded only with the consent of the manager and the management team.

#### Legal framework

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

#### Further guidance

- Health and Safety Law: What You Need to Know (HSE Revised 2009)
- Health and Safety Regulation...A Short Guide (HSE 2003)
- Electrical Safety and You: A Brief Guide (HSE 2012)

- Working with Substances Hazardous to Health: What You Need to Know About COSHH (HSE Revised 2009)
- Getting to Grips with Manual Handling - Frequently Asked Questions: A Short Guide (HSE 2011)

## **6.2 Maintaining children's safety and security on premises**

### **Policy statement**

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

### **Procedures**

#### *Children's personal safety*

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

#### *Security*

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

## **6.3 Supervision of children on outings and visits**

### **Policy statement**

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

### **Procedures**

- Parents sign a general consent on registration for their children to be taken out as a part of the daily activities of the setting.
- This general consent details the venues used for daily activities.
- The venues used are listed in the ' Child's detail form'
- Only children age 3 and above can be taken to the local shops as a part of their daily activities.
- There is a risk assessment for each venue carried out, which is reviewed regularly.
- Parents are always asked to sign specific consent forms before major outings.
- A 'Daily outing risk assessment check ' is carried out before an outing takes place.
- All venues are made available for parents to see.
- Our adult to child ratio is high, normally one adult to two children, depending on their age, sensibility and the type of venue, as well as how it is to be reached.
- A minimum of two staff accompany children on outings and a minimum of two remain behind with the rest of the children.
- When travelling to the designated outing venue children under 3 years of age should always be transported in buggies.
- Named children are assigned to individual staff to ensure that each child is well supervised, that no child goes astray and that there is no unauthorised access to children.
- 'Daily outing risk assessment' forms are stored in an outings record folder kept in the Manager's Office.
- Before each outing a designated staff member completes a 'Daily outing risk assessment check'.
- Before leaving for an outing a copy of a 'Daily outing risk assessment check' is left with the Setting Manger and the original form is placed in an outing bag.
- Staff take a nursery mobile phone on outings as well as supplies of tissues, wipes, spare clothing and nappies, a mini first aid kit, water, cups/beakers, icepack and suncream. If needed staff also take medicines required for individual children, a health care plan/an allergy action plan and filled in medication form (e.g. for Epipen or any prescribed medication).
- The amount of equipment will vary and be consistent with the venue and the number of children, as well as how long they will be out for.
- Staff take an emergency contact book with contact numbers of parents/carers, as well as spare accident/incident form and a copy of a company 'Missing Child Policy'.

- When alternative modes of transport are used e.g. coach a designated staff member attending the outing e.g. Deputy Manager keeps the records of the vehicles used to transport children, with named drivers and appropriate insurance cover. The copy of the documents are also left with the person in charge of the nursery who does not take part in the outing e.g. Nursery Manager.

## 6.4 Fire safety and emergency evacuation

### Policy statement

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

### Procedures

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

### *Emergency evacuation procedure*

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

- If children are familiar with the sound of the fire alarm.
- If children, staff and parents know where the fire exits are.
- How children are led from the building to the assembly point.

- How children will be accounted for and who by.
- How long it takes to get the children out safely.
- Who calls the emergency services, and when, in the event of a real fire.
- How parents are contacted.

*The fire drill record file must contain:*

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

### **Legal framework**

- Regulatory Reform (Fire Safety) Order 2005

### **Further guidance**

- Fire Safety Risk Assessment - Educational Premises (HMG 2006)
- Professional Association for Childcare and Early Years ([www.pacey.org.uk](http://www.pacey.org.uk))

## **6.5 Animals in the setting**

### **Policy statement**

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

### **Procedures**

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

- We take account of the views of parents and children when selecting an animal or creature to keep as a pet in the setting.
- We carry out a risk assessment with a knowledgeable person accounting for any hygiene or safety risks posed by the animal or creature.
- We provide suitable housing for the animal or creature and ensure this is cleaned out regularly and is kept safely.
- We ensure the correct food is offered, at the right times.

- We make arrangements for weekend and holiday care for the animal or creature.
- We register with the local vet and take out appropriate pet care health insurance.
- We make sure all vaccinations and other regular health measures, such as de-worming, are up-to-date and recorded.
- Children are taught correct handling and care of the animal or creature and are supervised.
- Children wash their hands after handling the animal or creature and do not have contact with animal soil or soiled bedding.
- Staff wears disposable gloves when cleaning housing or handling soiled bedding.
- If animals or creatures are brought in by visitors to show the children, they are the responsibility of their owner.
- The owner carries out a risk assessment, detailing how the animal or creature is to be handled and how any safety or hygiene issues will be addressed.

#### *Visits to farms*

- Before a visit to a farm, a risk assessment is carried out - this may take account of safety factors listed in the farm's own risk assessment, which should be viewed.
- The outings procedure is followed.
- Children wash their hands after contact with animals.
- Outdoor footwear worn to visit farms is cleaned of mud and debris and should not be worn indoors.

#### **Legal framework**

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

#### **Further guidance**

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

## **6.6 No-smoking**

### **Policy statement**

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

### **Procedures**

- All staff, parents and volunteers are made aware of our No-smoking Policy.
- We display no-smoking signs.
- Staff who smoke do not do so during working hours, unless on a break and off the premises.
- Staff who smoke during their break make every effort to reduce the effect of the odour and lingering effects of passive smoking for children and colleagues.

### **Legal framework**

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

## Equal Opportunities

### 7.1 Valuing diversity and promoting equality

#### Policy statement

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

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

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

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

## **Procedures**

### ***Admissions***

Our setting is open to all members of the community.

- We advertise our service widely.
- We reflect the diversity of our society in our publicity and promotional materials.
- We provide information in clear, concise language, whether in spoken or written form.
- We base our Admissions Policy on a fair system.
- We ensure that all parents are made aware of our Valuing Diversity and Promoting Equality Policy.
- We do not discriminate against a child or their family, or prevent entry to our setting, on the basis of a protected characteristic as defined by the Equalities Act (2010). These are:
  - disability;
  - race;
  - gender reassignment;
  - religion or belief;
  - sex;
  - sexual orientation;
  - age;
  - pregnancy and maternity; and
  - marriage and civil partnership.
- We do not discriminate against a child with a disability or refuse a child entry to our setting for reasons relating to disability.
- We make sure that we are provided with sufficient information in regards to child's disability so we can decide if we are able to cater effectively for their disabilities.
- If we decide we are unable to do so we will work closely with local authorities to provide both parent and a child with disability with other alternatives within our borough.
- We develop an action plan to ensure that people with impairments can participate successfully in the services offered by the setting and in the curriculum offered.
- We take action against any discriminatory behaviour by staff or parents whether by:

- direct discrimination - someone is treated less favourably because of a protected characteristic e.g. preventing families of some racial groups from using the service;
  - indirect discrimination - someone is affected unfavourably by a general policy e.g. children must only speak English in the setting;
  - association - discriminating against someone who is associated with a person with a protected characteristic e.g. behaving unfavourably to someone who is married to a person from a different cultural background; or
  - perception - discrimination on the basis that it is thought someone has a protected characteristic e.g. making assumptions about someone's sexual orientation because of their mannerisms or how they speak.
- Displaying of openly discriminatory and possibly offensive materials, name calling, or threatening behaviour are unacceptable on, or around, the premises and will be dealt with immediately and discreetly by asking the adult to stop using the unacceptable behaviour and inviting them to read and to act in accordance with the relevant policy statement and procedure. Failure to comply may lead to the adult being excluded from the premises.

### *Employment*

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

### **Training**

- We seek out training opportunities for staff and volunteers to enable them to develop anti-discriminatory and inclusive practices, which enable all children to flourish.

- We are performing invasive care procedures when these are required and ensure that staff is confident and fully trained in administering relevant medicines.
- We review our practices to ensure that we are fully implementing our policy for Valuing Diversity and Promoting Equality.

### **Curriculum**

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

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

- making children feel valued and good about themselves and others;
- ensuring that children have equality of access to learning;
- undertaking an access audit to establish if the setting is accessible to all children;
- making adjustments to the environment and resources to accommodate a wide range of learning, physical and sensory impairments;
- making appropriate provision within the curriculum to ensure each child receives the widest possible opportunity to develop their skills and abilities, e.g. recognising the different learning styles of girls and boys;
- positively reflecting the widest possible range of communities in the choice of resources;
- avoiding stereotypes or derogatory images in the selection of books or other visual materials;
- celebrating a wide range of festivals;
- creating an environment of mutual respect and tolerance;
- differentiating the curriculum to meet children's special educational needs;
- helping children to understand that discriminatory behaviour and remarks are hurtful and unacceptable;
- ensuring that activities planned are age appropriate e.g. no templates or colouring pages are used for children under 3 years of age
- ensuring that the curriculum offered is inclusive of children with special educational needs and children with disabilities;

- ensuring that children learning English as an additional language have full access to the curriculum and are supported in their learning; and
- ensuring that children speaking languages other than English are supported in the maintenance and development of their home languages.

#### Valuing diversity in families

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

#### Food

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

#### Meetings

- Meetings are arranged to ensure that all families who wish to may be involved in the running of the setting.
- We positively encourage fathers to be involved in the setting, especially those fathers who do not live with the child.
- Information about meetings is communicated in a variety of ways - written, verbal and in translation - to ensure that all mothers and fathers have information about, and access to, the meetings.

#### Monitoring and reviewing

- So that our policies and procedures remain effective, we monitor and review them annually to ensure our strategies meets the overall aims to promote equality, inclusion and to value diversity.

- We provide a complaints procedure and a complaints summary record for parents to see.

#### **Legal framework**

- The Equality Act (2010)
- Children Act (1989) & (2004)
- Special Educational Needs and Disability Act (2001)

## **7.2 Supporting children with special educational needs**

### **Policy statement**

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

- We have regard for the Special Educational Needs Code of Practice (2001).
- We ensure our provision is inclusive to all children with special educational needs.
- We support parents and children with special educational needs.
- We identify the specific needs of children with special educational needs and meet those needs through a range of SEN strategies.
- We work in partnership with parents and other agencies in meeting individual children's needs.
- We monitor and review our policy, practice and provision and, if necessary, make adjustments.

### **Procedures**

- We designate a member of staff to be the Special Educational Needs Co-ordinator (SENCO) and give his/her name to parents. Our SENCO is:
  -
- We ensure that the provision for children with special educational needs is the responsibility of all members of the setting.
- We ensure that our inclusive admissions practice ensures equality of access and opportunity.
- We use the graduated response system for identifying, assessing and responding to children's special educational needs.
- We work closely with the parents of children with special educational needs to create and maintain a positive partnership.
- We ensure that parents are informed at all stages of the assessment, planning, provision and review of their children's education.
- We provide parents with information on sources of independent advice and support.
- We liaise with other professionals involved with children with special educational needs and their families, including in connection with transfer arrangements to other settings and schools.
- We provide a broad, balanced and differentiated curriculum for all children with special educational needs.

- We use a system of planning, implementing, monitoring, evaluating and reviewing SEN individual planning forms for children with special educational needs.
- We ensure that children with special educational needs are appropriately involved at all stages of the graduated response, taking into account their levels of ability.
- We have systems in place for working with other agencies through each stage of the Common Assessment Framework (CAF) or Education Health and Care Plan.
- We use a system for keeping records of the assessment, planning, provision and review for children with special educational needs.
- We provide resources to implement our Supporting Children with Special Educational Needs Policy.
- We provide in-service training for parents, practitioners and volunteers.
- We raise awareness of any specialism the setting has to offer, e.g. Makaton trained staff.
- We ensure the effectiveness of our special educational needs provision by collecting information from a range of sources e.g. SEN individual planning reviews, staff and management meetings, parental and external agency's views, inspections and complaints. This information is collated, evaluated and reviewed annually.
- We provide a complaints procedure.
- We monitor and review our policy annually.

#### **Further guidance**

- Early Years Foundation Stage and the Disability Discrimination Act (DCSF 2010)
- Issues in Earlier Intervention: Identifying and Supporting Children with Additional Needs (DCSF 2010)
- Children with special educational needs, [www.gov.uk](http://www.gov.uk)
- The Team Around the Child (TAC) and the Lead Professional: A Guide for Managers (CWDC 2009)
- The Common Assessment Framework for Children and Young People: A Guide for Managers (CWDC 2009)
- Special Educational Needs Code of Practice (DfES 2001)

## Information and records

### 8.1 Admissions

#### Policy statement

It is our intention to make our setting accessible to children and families from all sections of the local community. We aim to ensure that all sections of our community have access to the setting through open, fair and clearly communicated procedures.

#### Procedures

- We ensure that the existence of our setting is widely advertised in places accessible to all sections of the community.
- We ensure that information about our setting is accessible and provided in written and spoken form.
- We describe our setting and its practices in terms that make it clear that it welcomes both fathers and mothers, other relations and other carers, including childminders.
- We describe how our practices treat each child and their family, having regard to their needs arising from their gender, special educational needs, disabilities, social background, religion and ethnicity or from English being a newly acquired additional language.
- We describe how our practices enable children and/or parents with disabilities to take part in the life of the setting.
- We make our Valuing Diversity and Promoting Equality Policy widely known.
- We are flexible about attendance patterns to accommodate the needs of individual children and families, providing these do not disrupt the pattern of continuity in the setting that provides stability for all the children. For each child we have a requirement of minimum 2 sessions a week which are to take place on two different week days; this minimum requirement is essential in fully supporting children learning journeys as well as effectively assess and monitor progress they make.

## **8.2 Parental involvement**

### **Policy statement**

*We believe that children benefit most from early years education and care when parents and settings work together in partnership.*

*Our aim is to support parents as their children's first and most important educators by involving them in their children's education and in the full life of the setting. We also aim to support parents in their own continuing education and personal development.*

*Some parents are less well represented in early years settings; these include fathers, parents who live apart from their children, but who still play a part in their lives, as well as working parents. In carrying out the following procedures, we will ensure that all parents are included.*

*When we refer to 'parents' we mean both mothers and fathers; these include both natural or birth parents, as well as step-parents and parents who do not live with their children, but have contact with them and play a part in their lives. 'Parents' also includes same sex parents, as well as foster parents.*

*The Children Act (1989) defines parental responsibility as 'all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property'. (For a full explanation of who has parental responsibility, refer to the Pre-school Learning Alliance publication Safeguarding Children.)*

### **Procedures**

- We have a means to ensure all parents are included - that may mean we have different strategies for involving fathers, or parents who work or live apart from their children. We consult with all parents to find out what works best for them.
- We ensure on going dialogue with parents to improve our knowledge of the needs of their children and to support their families.
- We inform all parents about how the setting is run and its policies, through access to written information and through regular informal communication. We check to ensure parents understand the information that is given to them.
- We encourage and support parents to play an active part in the governance and management of the setting.
- We inform all parents on a regular basis about their children's progress.

- We involve parents in the shared record keeping about their children - either formally or informally - and ensure parents have access to their children's written developmental records.
- We provide opportunities for parents to contribute their own skills, knowledge and interests to the activities of the setting.
- We inform parents about relevant conferences, workshops and training.
- We consult with parents about the times of meetings to avoid excluding anyone.
- We provide information about opportunities to be involved in the setting in ways that are accessible to parents with basic skills needs, or those for whom English is an additional language.
- We hold meetings in venues that are accessible and appropriate for all.
- We welcome the contributions of parents, in whatever form these may take.
- We inform all parents of the systems for registering queries, complaints or suggestions and we check to ensure these are understood. All parents have access to our written complaints procedure.
- We provide opportunities for parents to learn about the curriculum offered in the setting and about young children's learning, in the setting and at home.

In compliance with the Safeguarding and Welfare Requirements, the following documentation is in place:

- Admissions Policy.
- Complaints procedure.
- Record of complaints.
- Developmental records of children.

### **8.3 Children's records**

#### **Policy statement**

*We have record keeping systems in place that meet legal requirements; the means we use to store and share that information takes place within the framework of the Data Protection Act (1998) and the Human Rights Act (1998).*

*This policy and procedure is taken in conjunction with the Confidentiality and Client Access to Records Policy and the Information Sharing Policy.*

#### **Procedures**

We keep two kinds of records on children attending our setting:

##### *Developmental records*

- These include observations of children in the setting, photographs, video clips and samples of their work and summary developmental reports.
- These are usually kept in the playroom and can be freely accessed, and contributed to, by staff, the child and the child's parents.

##### Personal records

- These include registration and admission forms, signed consent forms, correspondence concerning the child or family, reports or minutes from meetings concerning the child from other agencies, an on-going record of relevant contact with parents, and observations by staff on any confidential matter involving the child, such as developmental concerns or child protection matters.
- These confidential records are stored in a lockable file or cabinet and are kept secure by the person in charge in an office or other suitably safe place.
- Parents have access, in accordance with our Client Access to Records Policy, to the files and records of their own children, but do not have access to information about any other child.
- Staff will not discuss personal information given by parents with other members of staff, except where it affects planning for the child's needs. Staff induction includes an awareness of the importance of confidentiality in the role of the key teacher.
- We retain children's records for three years after they have left the setting, except records that relate to an accident or child protection matter, which are kept until a child reaches the age of 21 years. These are kept in a secure place.

#### Other records

- We keep a daily record of the names of the children we are caring for, their hours of attendance and the names of their key teacher.
- Issues to do with the employment of staff, whether paid or unpaid, remain confidential to the people directly involved with making personnel decisions.
- Assessors of students, apprentices and other staff members who are undertaking recognised qualifications and training, when in the setting are advised of our Confidentiality and Client Access to Records Policy and are required to respect it.

#### Legal framework

- Data Protection Act (1998)
- Human Rights Act (1998)

#### Further guidance

- Information Sharing: Guidance for Practitioners and Managers (DCSF 2008)

## **8.4 Provider records**

### **Policy statement**

*We keep records and documentation for the purpose of maintaining our business.*

*These include:*

- Records pertaining to our registration.
- Landlord/lease documents and other contractual documentation pertaining to amenities, services and goods.
- Financial records pertaining to income and expenditure.
- Risk assessments.
- Employment records of staff including their name, home address and telephone number.
- Names, addresses and telephone numbers of anyone else who is regularly in unsupervised contact with the children.

We consider our records as confidential based on the sensitivity of information, such as with employment records. These confidential records are maintained with regard to the framework of the Data Protection Act (1998) and the Human Rights Act (1998).

This policy and procedure is taken in conjunction with the Confidentiality and Client Access to Records Policy and Information Sharing Policy.

### **Procedures**

- All records are the responsibility of the management team who ensure they are kept securely.
- All records are kept in an orderly way in files and filing is kept up-to-date.
- Financial records are kept up-to-date for audit purposes.
- Health and safety records are maintained; these include risk assessments, details of checks or inspections and guidance etc.
- Our Ofsted registration certificate is displayed.
- Our Public Liability insurance certificate is displayed.
- All our employment and staff records are kept securely and confidentially.

We notify Ofsted of any change:

- in the address of the premises;
- to the premises which may affect the space available to us or the quality of childcare we provide;
- to the name and address of the provider, or the provider's contact information;

- to the person managing the provision;
- any significant event which is likely to affect our suitability to look after children; or
- any other event as detailed in the Statutory Framework for the Early Years Foundation Stage (DfE 2012).

**Legal framework**

- Data Protection Act 1998
- Human Rights Act 1998

## **8.5 Transfer of records to school**

### **Policy statement**

We recognize that children sometimes move to another early years setting before they go on to school, although many will leave our setting to enter a nursery or reception class.

We prepare children for these transitions and involve parents and the receiving setting or school in this process. We prepare records about a child's development and learning in the Early Years Foundation Stage in our setting; in order to enable smooth transitions, we share appropriate information with the receiving setting or school at transfer.

Confidential records are shared where there have been child protection concerns according to the process required by our Local Safeguarding Children Board.

The procedure guides this process and determines what information we can and cannot share with a receiving school or setting.

### **Procedures**

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

- Using the Development Matters in the Early Years Foundation Stage guidance and our assessment of children's development and learning, the key teacher will prepare a summary of achievements in the seven areas of learning and development.
- The record refers to:
  - any additional language spoken by the child and his or her progress in both languages;
  - any additional needs that have been identified or addressed by the setting;
  - any special needs or disability, whether a CAF was raised in respect of special needs or disability, whether there is a Statement of Special Educational Needs, and the name of the lead professional.
- The record contains a summary by the key teacher and a summary of the parent's view of the child.
- The document may be accompanied by other evidence, such as photos or drawings that the child has made.

- When a child transfers to a school, most local authorities provide an assessment summary format or a transition record, which we will follow as applicable.
- If there have been any welfare or protection concerns, a star is placed on the front of the assessment record.

#### Transfer of confidential information

- The receiving school or setting will need to have a record of any safeguarding or child protection concerns that were raised in the setting and what was done about them.
- A summary of the concerns will be made to send to the receiving setting or school, along with the date of the last professional meeting or case conference. Some Local Safeguarding Children Boards will stipulate the forms to be used and provide these.
- Where a CAF has been raised in respect of any welfare concerns, the name and contact details of the lead professional will be passed on to the receiving setting or school.
- 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 or school - regardless of the outcome of the investigation.
- This information is posted or taken to the school or setting, addressed to the setting or school's designated person for child protection and marked as 'confidential'.

#### Legal framework

- Data Protection Act (1998)
- Freedom of Information Act (2000)
- Human Rights Act (1998)
- Children Act (1989)

#### Further guidance

- What to do if You're Worried a Child is Being Abused (HMG 2006)
- Information Sharing: Guidance for Practitioners and Managers (DCSF 2008)

## **8.6 Confidentiality and client access to records**

### **Policy statement**

*'Confidential information is information that is not normally in the public domain or readily available from another source, it should have a degree of sensitivity and value and be subject to a duty of confidence. A duty of confidence arises when one person provides information to another in circumstances where it is reasonable to expect that the information will be held in confidence.'*

*Information Sharing: Guidance for Practitioners and Managers (DCSF 2008)*

In our setting, staff and managers can be said to have a 'confidential relationship' with families. It is our intention to respect the privacy of children and their parents and carers, while ensuring that they access high quality early years care and education in our setting. We aim to ensure that all parents and carers can share their information in the confidence that it will only be used to enhance the welfare of their children. There are record keeping systems in place that meet legal requirements; the means we use to store and share that information takes place within the framework of the Data Protection Act (1998) and the Human Rights Act (1998).

### **Confidentiality procedures**

- We always check whether parents regard the information they share with us to be confidential or not.
- Some parents may 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 discussion or training group is usually bound by a shared agreement that the information is confidential to the group and not discussed outside of it.
- We inform parents when we need to record confidential information beyond the general personal information we keep (see our Children's Records Policy) - for example with regard to any injuries, concerns or changes in relation to the child or the family, any discussions with parents on sensitive matters, any records we are obliged to keep regarding action taken in respect of child protection and any contact and correspondence with external agencies in relation to their child.
- We keep all records securely (see our Children's Records Policy).

### **Client access to records procedures**

Parents may request access to any confidential records held on their child and family following the procedure below:

- Any request to see the child's personal file by a parent or person with parental responsibility must be made in writing to the Setting Manager.
- The setting commits to providing access within 14 days, although this may be extended.
- The Setting Manager prepares the file for viewing.
- All third parties are written to, stating that a request for disclosure has been received and asking for their permission to disclose to the person requesting it. Copies of these letters are retained on file.
- 'Third parties' include all family members who may be referred to in the records.
- It also includes workers from any other agency, including children's social care, the health authority, etc. It is usual for agencies to refuse consent to disclose, preferring the individual to go directly to them.
- When all the consents/refusals to disclose have been received, these are attached to the copy of the request letter.
- A photocopy of the complete file is taken.
- The setting leader and chair, director or owner go through the file and remove any information which a third party has refused consent to disclose. A thick black marker is used, to score through every reference to the third party and information they have added to the file.
- What remains is the information recorded by the setting, detailing the work initiated and followed by them in relation to confidential matters. This is called the 'clean copy'.
- The 'clean copy' is photocopied for the parents, who are then invited in to discuss the contents. The file should never be given straight over, but should be gone through by the setting leader, so that it can be explained.
- Legal advice may be sought before sharing a file, especially where the parent has possible grounds for litigation against the setting or another (third party) agency.

All the undertakings above are subject to the paramount commitment of the setting, which is to the safety and well-being of the child. Please see also our policy on Safeguarding Children and Child Protection

### **Legal framework**

- Data Protection Act (1998)
- Human Rights Act (1998)

### **Further guidance**

- Information Sharing: *Guidance for Practitioners and Managers* (DCSF 2008)

## **8.7 Information sharing**

'Practitioners need to understand their organization's position and commitment to information sharing. They need to have confidence in the continued support of their organisation where they have used their professional judgment and shared information professionally.'

*Information Sharing: Guidance for Practitioners and Managers* (DCSF 2008).

### **Policy statement**

We recognize that parents have a right to know that the information they share with us will be regarded as confidential, as well as to be informed about the circumstances when, and the reasons why, we are obliged to share information.

We are obliged to share confidential information without authorization from the person who provided it, or to whom it relates, if it is in the public interest. That is when:

- it is to prevent a crime from being committed or to intervene where one may have been, or to prevent harm to a child or adult; or
- not sharing it could be worse than the outcome of having shared it.

The decision should never be made as an individual, but with the back-up of the management team. The three critical criteria are:

- Where there is evidence that the child is suffering, or is at risk of suffering, significant harm.
- Where there is reasonable cause to believe that a child may be suffering, or is at risk of suffering, significant harm.
- To prevent significant harm arising to children and young people or adults, including the prevention, detection and prosecution of serious crime.

## Procedures

Our procedure is based on the seven golden rules for information sharing as set out in *Information Sharing: Guidance for Practitioners and Managers* (DCSF 2008).

- Our policy and procedures on Information Sharing provide guidance to appropriate sharing of information with external agencies.

In our setting we ensure parents:

- receive information about our Information Sharing Policy when starting their child in the setting and that they sign our 'Childcare Agreement Form' to say that they understand the circumstances in which information may be shared without their consent. This will only be when it is a matter of safeguarding a child or vulnerable adult;
- have information about our Safeguarding Children and Child Protection Policy; and
- have information about the other circumstances when information will be shared with external agencies, for example, with regard to any special needs the child may have or transition to school.
- Managers contact children's social care for advice where they have doubts or are unsure.
- Guidelines for consent are part of this procedure.

In our setting we:

- record concerns and discuss these with the setting's designated person and/or designated officer from the management committee for child protection matters;
- record decisions made and the reasons why information will be shared and to whom; and
- follow the procedures for reporting concerns and record keeping.
- Our Safeguarding Children and Child Protection Policy and Children's Records Policy set out how and where information should be recorded and what information should be shared with another agency when making a referral.
- Where information is shared, the reasons for doing so are recorded in the child's file; where it is decided that information is not to be shared that is recorded too.

### *Consent*

Parents have a right to be informed that their consent to share information will be sought in most cases, as well as the kinds of circumstances when their consent may not be sought, or their refusal to give consent may be overridden. We do this as follows:

- Our policies and procedures set out our responsibility regarding gaining consent to share information and when it may not be sought or overridden.
- We may cover this verbally when the child starts or include this in our prospectus.
- Parents sign our 'Childcare Agreement' to say they understand this.
- Parents are asked to give written consent to share information about any additional needs their child may have, or to pass on child development summaries to the next provider/school.
- Copies are given to parents of the forms they sign.
- We consider the following questions when we need to share:
  - Is there legitimate purpose to sharing the information?
  - Does the information enable the person to be identified?
  - Is the information confidential?
  - If the information is confidential, do we have consent to share?
  - Is there a statutory duty or court order requiring us to share the information?
  - If consent is refused, or there are good reasons not to seek consent, is there sufficient public interest for us to share information?
  - If the decision is to share, are we sharing the right information in the right way?
  - Have we properly recorded our decision?

All the undertakings above are subject to the paramount commitment of the setting, which is to the safety and well-being of the child. Please also see our Safeguarding Children and Child Protection Policy.

### **Legal framework**

- Data Protection Act (1998)
- Human Rights Act (1998)

### **Further guidance**

- Information Sharing: *Guidance for Practitioners and Managers* (DCSF 2008)

## **8.8 Working in partnership with other agencies**

### **Policy statement**

We work in partnership with local and national agencies to promote the well being of all children.

### **Procedures**

- We work in partnership, or in tandem with, local and national agencies to promote the well being of children.
- Procedures are in place for the sharing of information about children and families with other agencies. These are set out in the Information Sharing Policy, Safeguarding Children and Child Protection Policy and the Supporting Children with Special Educational Needs Policy.
- Information shared by other agencies with us is regarded as third party information. This is also kept in confidence and not shared without consent from that agency.
- When working in partnership with staff from other agencies, we make those individuals welcome in the setting and their professional roles are respected.
- We 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 child(ren) during their visit.
- Our staff do not casually share information or seek informal advice about any named child/family.
- When necessary, we consult with local and national agencies who offer a wealth of advice and information that help us to develop our understanding of the issues facing us and who can provide support and information for parents. For example, ethnic/cultural organisations, drug/alcohol agencies, welfare rights advisors or organisations promoting childcare and education, or adult education.

## **8.9 Making a complaint**

### **Policy statement**

Our setting believes that children and parents are entitled to expect courtesy and prompt, careful attention to their needs and wishes. We welcome suggestions on how to improve our setting and will give prompt and serious attention to any concerns about the running of the setting. We anticipate that most concerns will be resolved quickly, by an informal approach to the appropriate member of staff. If this does not achieve the desired result, we have a set of procedures for dealing with concerns. We aim to bring all concerns about the running of our setting to a satisfactory conclusion for all of the parties involved.

### **Procedures**

All settings are required to keep a written record of any complaints that reach stages two and above, and their outcome. This is to be made available to parents, as well as to Ofsted inspectors on request. A full procedure is set out in publication *Complaint Investigation Record (2012)* which acts as the 'summary log' for this purpose.

### *Making a complaint*

#### **Stage 1**

- Any parent who has a concern about an aspect of the setting's provision talks over, first of all, his/her concerns with the setting leader.
- Most complaints should be resolved amicably and informally at this stage.

#### **Stage 2**

- If this does not have a satisfactory outcome, or if the problem recurs, the parent moves to this stage of the procedure by putting the concerns or complaint in writing to the setting leader and the management team.
- For parents who are not comfortable with making written complaints, there is a template form for recording complaints in the *Complaint Investigation Record*; the form may be completed with the person in charge and signed by the parent.
- The setting stores written complaints from parents in the child's personal file. However, if the complaint involves a detailed investigation, the setting leader may wish to store all information relating to the investigation in a separate file designated for this complaint.

- When the investigation into the complaint is completed, the setting leader or manager meets with the parent to discuss the outcome.
- Parents must be informed of the outcome of the investigation within 28 days of making the complaint.
- When the complaint is resolved at this stage, the summative points are logged in the Complaint Investigation Record.

#### Stage 3

- If the parent is not satisfied with the outcome of the investigation, he or she requests a meeting with the setting leader and the chair, director or owner. The parent may have a friend or partner present if they prefer and the leader should have the support of the management team.
- An agreed written record of the discussion is made, as well as any decision or action to take as a result. All of the parties present at the meeting sign the record and receive a copy of it.
- This signed record signifies that the procedure has concluded. When the complaint is resolved at this stage, the summative points are logged in the Complaint Investigation Record.

#### Stage 4

- If at the stage three meeting the parent and setting cannot reach agreement, an external mediator is invited to help to settle the complaint. This person should be acceptable to both parties, listen to both sides and offer advice. A mediator has no legal powers, but can help to define the problem, review the action so far and suggest further ways in which it might be resolved.
- Staff or volunteers within the company are appropriate persons to be invited to act as mediators.
- The mediator keeps all discussions confidential. S/he can hold separate meetings with the setting personnel (setting leader and chair, director or owner) and the parent, if this is decided to be helpful. The mediator keeps an agreed written record of any meetings that are held and of any advice s/he gives.

#### Stage 5

- When the mediator has concluded her/his investigations, a final meeting between the parent, the setting leader and the chair, director or owner is held. The purpose of this meeting is to reach a decision on the action to be taken to deal with the complaint. The mediator's advice is used to reach this conclusion.

The mediator is present at the meeting if all parties think this will help a decision to be reached.

- A record of this meeting, including the decision on the action to be taken, is made. Everyone present at the meeting signs the record and receives a copy of it. This signed record signifies that the procedure has concluded.

The role of the Office for Standards in Education, Children's Services and Skills (Ofsted) and the Local

Safeguarding Children Board

- Parents may approach Ofsted directly at any stage of this complaints procedure. In addition, where there seems to be a possible breach of the setting's registration requirements, it is essential to involve Ofsted as the registering and inspection body with a duty to ensure the Safeguarding and Welfare Requirements of the Early Years Foundation Stage are adhered to.
- The number to call Ofsted with regard to a complaint is:

- 
- These details are displayed on our setting's notice board.
  - If a child appears to be at risk, our setting follows the procedures of the Local Safeguarding Children Board.
  - In these cases, both the parent and setting are informed and the setting leader works with Ofsted or the Local Safeguarding Children Board to ensure a proper investigation of the complaint, followed by appropriate action.

Records

- A record of complaints in relation to our setting, or the children or the adults working in our setting, is kept; including the date, the circumstances of the complaint and how the complaint was managed.
- The outcome of all complaints is recorded in the Complaint Investigation Record, which is available for parents and Ofsted inspectors on request.

## Other policies

### 10.1 Artwork and display policy

#### Policy statement

The nursery aims to provide an attractive, stimulating and appropriate environment for learning. We wish to engage and promote our nursery to parents and visitors visually and clearly throughout the environment. Each room enables children to participate in sharing their interests, learning and achievements through displays and photographs.

In our setting we know that young children learn through the process of 'doing' the activity, and this is reflected in our display boards. Displays are based on children's interests, observations, or based upon themes such as autumn or holidays.

Our team is committed to making the best use of the space that is available in all areas throughout the building.

In our setting we display children`s work to:

- Raise children's self-confidence;
- Encourage and stimulate;
- Inform and involve;
- Raise awareness of the environment;
- Develop home- nursery links;
- Share and celebrate success;
- Celebrate different cultures, religions and ethnicity;
- Celebrate children's own work;
- Develop respect and appreciation;
- Provide an attractive environment;
- Reinforce messages.

In order to achieve this, we display the following in our setting:

- Children' paintings, drawing and mark making;
- Children's models;
- Photographs;
- Routines;
- Policies and procedures, registration and insurance documents;
- Customer promises;
- Pictures and posters;
- Information on curriculum and planning;
- General information for parents;
- Interest tables.

## **Procedures**

Nursery staff will:

- Display only positive images of people, and appropriate use of language;
- Make sure that there is a children's art gallery area in each room;
- Provide examples of environmental print for directions, labels and instructions;
- Change displays to stimulate interest and keep attractive.

The nursery team has a shared bank of creative skills and we communicate this to our colleagues, parents and visitors by adhering to the guidelines below:

- We plan displays carefully, choose combinations of colour matches/ themes and make sure that our displays have a teaching or informative purpose;
- Displays to have a clear purpose; each display has to be labelled with a date, title, brief description and links with EYFS;
- Always use borders, they focus attention and give it a professional look;
- Have a clear title or explanatory sentence;
- Labels are correctly spelt, using all lower case lettering unless at the beginning of sentences or names;
- \*Comic Sans MS\* font is the only one to be used for displays at Abacus Ark;
- Only identify children by their first name;
- Use a variety of media, textures, colours, shapes and sizes;
- Use the whole environment, doors, walls, hanging, outdoors excluding windows;
- Maintain display boards by changing at least once a term;
- Make sure all the display boards are free of hazards.

## **10.2 Biting**

### **Policy statement**

Biting can be an uncomfortable subject for parents of both the biter and the child who is bitten.

Biting is very common in toddlers and is virtually unavoidable when they are cared for in groups. It's important to know that biting is normal behaviour, and is not generally a sign that something is wrong with the child, wrong at home or wrong with the child care service.

Not all children go through a stage of biting, and some never bite anyone, but in any group of children aged 1.5 - 3 years old there will be at least a few children who do bite. All the young children are great at imitating one another, so if there's one child who bites, it is likely that others may start to do so as well.

All the parents are asked to discuss any concerns they may have regarding this issue with the Nursery Manager. If you are a parent whose child is known to bite we would prefer to know in advance.

### **Why children bite**

Children bite for a variety of reasons. This may be because they are showing an affection, teething, frustrated, exploring using their mouth, asserting their independence and wanting to gain control, maybe of a toy or they could be stressed. It may also be because they want to gain attention.

### **Procedures**

- The nursery team will work with all parents and children to establish when and why they are biting. This will consist of observing children in order to identify certain conditions or situations that may trigger the behaviour. The team will then work with the child to try and avoid the incidents occurring. Possible solutions could be:
  - Altering the child's routine;
  - Providing more one to one attention;
  - Shadowing the child; and
  - Purchasing additional resources to tackle the issue.
- A member of staff will ensure that, when a child is bitten, they are comforted and given adequate attention.
- Any required first aid must be applied correctly and must be timely
- All biting incidents that result in required first aid will be recorded on the child accident/incident form and parents asked to sign it. The biting child will

have an incident form completed and the bitten child will have an accident form filled in.

- If a child bites then a member of staff will remove him/her from the situation. We will explain to them, according to their age and understanding that biting is unacceptable behaviour. For younger child this may be by tone of voice and facial expressions rather than lots of words.
- A member of staff can withdraw the child from an activity/ stressful situation and use 1.2.1. time until they are calm enough to return. A child will also be encouraged to show affection to the child they have bitten e.g. give a hug and work with them to develop strategies to help them deal with the reasons.
- With regard to our Confidentiality Policy we will not disclose the name of the biting child to the parents of the bitten child.

### **10.3 Children drinking water policy**

#### **Policy statement**

Our setting will make fresh drinking water available to the children at all times throughout the day. We know and support young children's need to drink 6-8 cups of water a day (100-120ml); we see a great benefit in keeping healthy and supporting balanced diet with refreshing drinks. In our setting all children will be encouraged by nursery staff to drink water throughout the day and made aware of its' healthy benefits.

#### **Procedure**

- Children aged 2-5 years will have drinking water provided in a clear plastic jug placed on a table at their level.
- There will be a minimum of 5 cups, which will be washed after use and topped up when needed.
- The children will be encouraged to pour their own drinks and the water will be discarded and fresh water provided for the afternoon.
- Between meals only water will be served.
- With meals we will serve children water.
- We will avoid fruit drinks, squash and flavoured water.

## 10.4 Developing language through books

### Policy statement

All children`s ability to use language, as well as attune to and understand the meaning of spoken and written words, is related to later achievement in reading, writing, and spelling.

Abacus Ark highlights the importance of reading to children between the ages of two and five by incorporating reading into nursery curriculum and encouraging children to read books.

### Procedures

All the staff will follow the 10 pillars of importance of reading to young children when planning their activities, following nursery daily routines and interacting with children.

#### 1. Developing a stronger relationship with an adult

As a child grows older, he/she will be on the move—playing, running and constantly exploring the environment. Snuggling up with a book lets them slow down and recapture that sweet, cuddly time with an adult. If done in an entertaining way, instead of being seen as a chore or a task, reading will become a nurturing activity that will bring a child closer to the adult.

#### 2. Academic excellence

One of the primary benefits of reading to toddlers and preschoolers is a higher aptitude for learning in general. Numerous studies have shown that students who are exposed to reading before preschool are more likely to do well in all facets of formal education.

#### 3. Basic speech skills

Throughout toddlerhood and preschool, children are learning critical language and enunciation skills. By listening to books children are reinforcing the basic sounds that form language. "Pretend reading" known as emergent reading—when a toddler flips page through a book with squeals and jabbers— is a very important pre-literacy activity.

#### 4. The basics of how to read a book

Children aren't born with an innate knowledge that text is read from left to right, or that the words on a page are separate from the images. Essential pre-reading will help them benefit from early reading.

#### 5. Better communication skills

When adults spend time reading to toddlers, they will be much more likely to express themselves and relate to others in a healthy way. By witnessing the

interactions between the characters in the books, as well as the contact with an adult during story time, children are gaining valuable communication skills.

#### 6. Mastery of language

Early reading for toddlers has been linked to a better grasp of the fundamentals of language as they approach school age.

#### 7. More logical thinking skills

Another illustration of the importance of reading to children is their ability to grasp abstract concepts, apply logic in various scenarios, recognize cause and effect, and utilize good judgment. As a toddler or preschooler begins to relate the scenarios in books to what is happening in his own world, they'll become more excited about the stories and books.

#### 8. Acclamation to new experiences

As a child approaches a major developmental milestone or a potentially stressful experience, sharing a relevant story is a great way to help ease the transition. For instance, if a child is nervous about starting preschool, reading a story dealing with this topic shows them that his anxiety is normal.

#### 9. Enhanced concentration and discipline

Toddlers may initially squirm and become distracted during story time, but eventually they will learn to stay put for the duration of the book. Along with reading comprehension comes a stronger self-discipline, longer attention span, and better memory retention, all of which will serve children well when they enter school.

#### 10. The knowledge that reading is fun

Early reading for toddlers helps them view books as an indulgence, not a chore. Kids who are exposed to reading are much more likely to choose books over video games, television, and other forms of entertainment as they grow older.

### **10.5 Diet and nutrition policy**

#### **Policy statement**

All meals and snacks provided by the nursery will be nutritious and due attention will be paid to the children's particular dietary requirements.

Throughout the year, the nursery will provide foods from different cultures, providing children with familiar foods and introducing them to new ones.

Cultural differences in eating habits are fully respected.

The food provided will be healthy and wholesome, promoting and extending the children's understanding of a healthy diet.

#### **Procedures**

- Staff will use meal and snack times to help children to develop independence through making choices, self-serving food and drink, and clearing tables after meals.
- Staff will support children to make healthy choices and understand the need for healthy eating; nursery will promote positive attitudes to healthy eating through play opportunities and discussions.
- Individual dietary requirements will be respected using information gathered from parents regarding their children's dietary needs including any allergies. Where appropriate we will carry out a risk assessment in the case of allergies and work alongside parents to put into place an individual dietary plan for their child.
- Children will be given time to eat at their own pace and not be rushed.
- Staff will set a good example by eating with the children and show good table manners.
- Meal and snack times will be organised so that they are social occasions in which children and staff participate in small groups.
- During meals and snack times children will be encouraged to use their manners and say 'please' and 'thank you' and conversation will be encouraged.

## **10.6 Door Security**

### **Policy statement**

It is our aim to maintain the highest possible security of our premises to ensure that each of our children is cared for safely at all times. All staff has an individual and collective responsibility to ensure that they have continuous regard for the safety and security of all the children at the nursery.

A security system is in place to prevent unauthorized visitors from entering the premises. This includes a door alarm system, which sounds in the event of unauthorized access at each door, biometric access control system and an external CCTV system outside of the front door which allows a visual from the manager's office at all times.

### **Procedures**

All the staff must ensure that:

- All visitors to the nursery should wait to be admitted;

- Parents, visitors, nursery bank staff and agency staff entering the nursery should not answer the door or let anyone in or hold the door open for anyone entering (even if they know the person);
- Staff, parents and visitors should ensure that the door is pulled securely and closed at all times;
- All visitors will be asked to sign a visitor's book; and
- Passwords, names and identification documents with a photograph will be asked for if staff do not recognise a parent or adult picking up a child. The Nursery Manager should be informed if there are changes to any child collection arrangements.

## **10.7 Illness & Exclusion Policy**

### **Policy statement**

Our priority is the child's wellbeing. To protect them it may be necessary to exclude a child suffering from certain childhood illnesses. This policy sets out the exclusion periods from nursery for children who are ill, including if they are infectious.

### **Procedures**

- If a child becomes unwell during the day its parent will be informed as soon as possible.
- Children suffering from recognised childhood diseases should not return before the recommended isolation period has been observed (see 'childhood illnesses table).
- The nursery will notify parents if a child has vomited or had two or more bouts of diarrhoea.
- Children suffering from diarrhoea or vomiting are required to remain at home for 48 hours after the last bout of either condition
- In these circumstances, when a child that has returned to the nursery but is still displaying symptoms of diarrhoea and vomiting, parents will be contacted to take their child home again and the above will apply.
- A child with a high temperature should remain at home for 24 hours after the last even of a temperature between 37.5C and 40.C A child should only return to the nursery when the temperature has remained normal without the assistance of temperature reducing medication.
- Parents will be notified immediately if a child develops a high temperature whilst at the nursery.
- Any child displaying the symptoms of 'sticky eye' will need to remain at home until seen by a doctor and appropriate eye drops have been prescribed.
- Parents will be notified if their child develops a rash whilst attending the nursery.

- Children known to have a rash, or to be suffering from a non-specific virus will not be allowed to attend the nursery without first having received medical advice.
- Parents whose children have been prescribed antibiotics are advised to keep the child at home for 48 hours to ensure there are no adverse effects.
- Children who have prescribed antibiotics for specific conditions may attend nursery only on the advice of their GP.
- In the event of accident or emergency when a child needs to be taken to the hospital a child will be accompanied by Abacus Ark authorised personnel or the nursery setting manager (or authorised deputy); the health professionals will be responsible for making any decisions on medical treatment in the absence of the parent/ named person.
- Parents will be informed if specific childhood illnesses are prevalent at the nursery.
- Parents are requested to inform the setting if children are recovering from an illness or accident whilst attending the nursery. Parents are also requested to fill in 'Accident/incident at home form' and inform the nursery on arrival of any injuries and / or distinguishable marks such as scratches or bruises received outside of the setting.
- The Nursery Manager will follow the procedures for exclusion and reporting on 'notifiable diseases' i.e. RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995).
- Staff must remain at home for 48 hours following a bout of Diarrhoea and Vomiting.

Parent's guide to childhood illnesses in the nursery:

<b>Illness</b>	<b>Guidance to parents</b>
Chicken Pox/Shingles	5 days from onset of rash as long as spots are crusted over
Cold Sores (Herpes simplex)	None
Conjunctivitis	None (if there is an outbreak we will consider exclusion)
Diarrhoea and/or Vomiting including Rotavirus/Norovirus/Gastroenteritis	48 hours from the last episode, if as a result of illness or infection. Also, after 3 or more loose stools in a nursery session children are required to be sent home and may return 48 hours after the last episode
Flu	Until recovered fully enough to participate in nursery activities
German Measles (Rubella)*	5 days from onset of rash
Glandular Fever	None, however must be well enough to participate in nursery activities
Hand, Foot and Mouth Disease	None, however must be well enough to participate in nursery activities
Head lice	None
Impetigo	Until lesions are crusted or healed
Measles*	5 days from onset of rash
Meningitis*	Until recovered (We will follow the instructions of the local Health Protection Unit)
Mumps*	5 days from onset of swollen glands
Ringworm	Until treatment has commenced
Scabies	Until treatment has commenced
Scarlet Fever*	5 days after commencing antibiotics
Slapped cheek	None, however must be well enough to participate in nursery activities
Threadworm	None
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotics treatment preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organize any contact tracing necessary.

**\*Parents should always seek advice from their GP or Accident and Emergency department regarding the specific symptoms of their child.**

**NHS Direct 111 [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)**

## 10.8 EYFS Curriculum policy

### Policy statement

There are seven areas of learning and development that shape educational programmes in the Early Years. All areas of learning and development are important and inter-connected.

Three areas are particularly crucial for igniting children's curiosity and enthusiasm for learning, and for building their capacity to learn, form relationships and thrive. These three areas, **the prime areas**, are:

- Communication and Language
- Physical Development
- Personal, Social and Emotional Development

All the children must be also supported in **four specific areas**, through which the three prime areas are strengthened and applied. The specific areas are:

- Literacy
- Mathematics
- Understanding of the World
- Expressive Arts and Design

At Abacus Ark we aim to provide a broad and balanced curriculum enabling each child to develop spiritually, personally, socially, emotionally, physically, creatively and intellectually to their full potential. Each child is valued as an individual and teaching and learning is based on the understanding that children develop at different rates.

### Procedures

When designing the curriculum and planning each individual child's routine, the manager and each Key Teacher will ensure each area of learning is cross referenced to each characteristic of effective learning. These characteristics are as follows:

#### *A Unique Child*

In our setting we recognize that each child is an individual and competent learner. We encourage children to become capable, resilient, confident and self-assured by ensuring each individual is valued for their unique character, abilities, interests and cultural heritage. We believe that every area of children's development is equally important and provide an environment where children's needs and interests are central. We take into account children's range of life experiences when planning for their learning. By working closely with parents, we aim to provide a safe environment where children feel secure and are able to trust that an adult is

available to meet their needs and support their development, whether at home or nursery.

We know that a child's health impacts enormously on their emotional, mental, social, environmental and spiritual well-being. We encourage children to develop healthy practices and support their independence.

#### *Positive Relationships*

In line with the EYFS, each child attending Abacus Ark is assigned a Key Teacher who respectfully acknowledges and supports their learning, needs and feelings, and those of their family (the key teacher ratios are in line with those ratios set out in policy 5.1 - child ratios). Each Key Teacher recognizes the importance of a key teacher system as well as group time and the positive impact they have on the children.

It is usually the case that the Key Teacher for each child is their class teacher. Other staff members have key person responsibilities, with oversight from the class teacher. This system helps us provide an environment in which children learn to be strong and independent through the formation of secure, warm and trusting relationships with each unique child and their family.

#### *Enabling Environments*

At Abacus Ark we believe that, a stimulating and safe indoor and outdoor environment, which encourages children's independence, are central to their learning and development.

We observe children in order to tune into their interests, needs and abilities and use these to underpin our planning.

A rich and varied environment is carefully planned to ensure all children learn and develop well, are engaged and making progress at their own pace. Children develop the confidence to explore in the safe, yet challenging environment that Abacus Ark offers.

We believe that working as a team with external agencies and professionals is essential and benefits the children significantly. There is a strong partnership between staff and parents and careers. We are committed to supporting children to progress towards the outcomes of the national children's agenda, 'Every Child Matters': i.e. being healthy, staying safe, enjoying and achieving, making a positive contribution and becoming prepared for future work and economic wellbeing.

## **10.9 Food handling**

### **Policy statement**

The setting has set high standards of personal hygiene for all members of staff involved in the handling and preparation of food. Members of staff will be

responsible for ensuring that any children involved with preparation of snack follow strict hygiene procedures. In addition any person showing signs of illness will not be permitted to handle food.

### **Procedures**

#### *Identification and Handling of High Risk Foods*

Where high risk foods have been identified, the member of staff responsible for their handling and preparation will identify the potential hazards associated with them and document how they are to be handled safely.

#### *Temperature Control*

It is necessary to ensure that any and all foods are stored according to safe food handling practices and at the correct temperature in order to prevent the growth and multiplication of food poisoning organisms, to reduce the rate of food spoilage and to ensure that food quality is maintained. It is an obligation to check and record fridge temperatures on a daily basis to ensure that the correct temperature is maintained. Fridge temperature should be checked 4 times a day.

#### *Food Safety Policy - Hygiene Standards*

All members of staff have a responsibility to ensure that they follow the personal hygiene procedure in the setting and that they themselves maintain a high level of personal hygiene. All members of staff have a responsibility to ensure that the children in the setting maintain a high level of personal hygiene whilst in the setting and especially if they are to be involved in food handling.

Food handlers, including children, should wash their hands regularly, at a minimum under the following circumstances:

- After visiting the toilet;
- When entering the kitchen area;
- Between handling raw and cooked food;
- After eating, coughing, sneezing, blowing nose etc.;
- After handling waste food or refuse;
- After handling cleaning materials;
- After outside activities, e.g. sports, trips or collections;

In addition, all members of staff must wash their hands thoroughly when returning to the setting after a break.

All staff fingernails should be kept short and clean to prevent food contamination.

When preparing or serving food, members of staff should not chew gum or sweets and must never taste the food being prepared by sticking fingers in or eating off cooking utensils. This is particularly relevant when children are involved in cooking activities.

Any cuts, spots and sores on the hands and arms must be covered completely with a waterproof dressing. Staff should check children's hands before they participate in activities involving food.

Staff should avoid wearing jewelry, especially rings, watches and bracelets when preparing food.

In addition to these precautions, it is the responsibility of each member of staff to ensure that the following clothing precautions are taken when they or the children are handling food:

- Clean protective clothing, i.e. disposable aprons and gloves should be worn
- No unauthorised foods (e.g. staff lunches or dinks) should be left out in the food preparation area; those are to be kept in staff fridge or staff cabinet only
- All protective clothing should be removed when leaving the premises.

Staff should under no circumstances continue to prepare food if they are feeling unwell. Only staff holding a valid Level 2 Food Hygiene for Catering Certificate is supposed to prepare children's food.

When a parent notifies the setting that their child is suffering from any symptoms of poisoning, the staff member receiving the information should notify the Nursery Manager immediately. The Nursery Manager should enter the details into the incident file and notify all staff and parents, especially if there is more than one child showing symptoms.

All members of staff should refer to the controlling infections policy for information on exclusion guidelines for children. Under no circumstances should a child be involved in food handling activities if they are feeling unwell.

## **10.10 Gifted and Talented Learners**

### **Policy statement**

EYFS states that, 'babies and children develop in individual ways and at varying rates'. In our setting we recognize that certain provision needs to be made for those who show signs of being particularly gifted or talented. As we are committed to supporting each child and ensuring the well being of each child we implement this policy to ensure we encourage the individuals in our care to fulfill their potential.

Gifted and talented learners will be identified in a range of ways. This will sometimes be through formal observations and assessment and sometimes through more informal observation.

### **Procedures**

If any member of staff believes that a child is particularly gifted or talented then that should be assessed and the Nursery Manager should be informed.

It is important that nursery staff are pro active as well as reactive in identifying these children as some children who are gifted or talented may actually be frustrated or unsure of themselves and need support to fulfill their potential.

Once a child has been identified as being gifted or talented then a provision/action plan needs to be created for that child, which will be a balance of enrichment, extension and acceleration.

This provision will need to be reviewed regularly in order to continue to meet each child's need appropriately.

### **10.11 Head Lice**

#### **Policy statement**

Head Lice can affect people from any socio-economic background and ethnicity and do not imply a lack of hygiene or cleanliness of the infested person.

It is not easy to tell exactly how common head lice are because the problem is often treated at home with people only visiting their GP if treatment proves unsuccessful. However, it is thought that more than 1 in 3 children in the UK are likely to get head lice at some time during the year.

Our setting hopes to work together with parents and careers to prevent children becoming infected and when necessary to treat the spread of head lice.

#### **Procedures**

No Child will be excluded from the nursery because they have head lice and we ask that all children and parents are sensitive and understanding towards the child. It is not their fault they have head lice.

Our setting requests that all children with long hair wear their hair up to prevent the spread of Head Lice.

We request that parents inform a key person of their child or Nursery Manager immediately if they have discovered that their child has head lice.

We will provide information on the effective treatment and detection of Head Lice, via parents' information board, leaflets, suitable literature or chat with a key teacher.

We will inform all parents using the nursery about head lice breakout but no names will be mentioned to respect confidentiality.

Staff will assist in the prevention of Head Lice by ensuring the children do not use role play hairbrushes and combs during the breakout and that the play dressing up hats/outfits and other items are regularly cleaned.

## **10.12 Staff sickness and return to work policy**

### **Policy statement**

Staff, who are ill will be treated sympathetically and every effort will be made to assist recovery and safeguard employment whilst managing sickness absence in accordance with this Policy.

Repeated sickness absence also places additional pressure on colleagues. The responsibility for monitoring and controlling sickness absence lies with the Nursery Manager and with those to whom the day-to-day supervision of staff is delegated.

### **Procedures**

If a staff member is absent from work due to incapacity, they must notify their Manager of the reason for the absence as soon as possible the night before but no later than 7:30 am on the first day of absence. An employee must inform their Manager of their absence directly by phone. Leaving a voicemail, sending a text or email is not an acceptable way of notifying a manager. This is to ensure that a Setting Manager is fully aware of any staff absence and is able to plan accordingly.

For any further days of absence, staff members must call their Manager by 3pm on the day of absence to inform their Manager whether they will be coming into the setting on the following day or not. If a staff member fails to do so, the Manager will assume that an employee is calling in sick on the following day and will arrange agency staff cover. If a staff member happens to come to work on the following day having not called the Manager, they will be sent home and the absent day will be deducted from their staff sickness or holiday entitlement. Failure to call back by 3pm on three separate occasions will be treated as misconduct and may result in disciplinary action.

### **Certification and Fitness to Work**

Staff members are expected to self certify, in writing, any absences from work up to three days. If an employee's incapacity lasts for more than three days, they must obtain medical certificates from their doctor for all days of any such absence and provide such certificates to their line manager.

The medical certificates must state the reason for an employee's absence and contain a declaration that they are fit to work. If an employee's illness is ongoing, they must continue to notify Abacus Ark of their sickness in the form of doctor's

certificates. Staff members must provide a reason for all absences and, if possible, give their line manager an indication of the anticipated length of absence.

Abacus Ark may also request a fit note which confirms fitness to work following sickness absence in cases where the prognosis is unclear or where there has been a protracted or repeated period of sickness absence.

#### Serious illness

In order to meet our obligations under Food Safety and Health and Safety Legislation, it is very important for staff to let their line manager know if they are suffering from or have been in contact with a carrier of any serious illness, if it is:

- Contagious;
- Infectious; or
- Likely to cause food poisoning.

#### Appointments

Any pre-planned dental or medical appointments (except emergencies), must be booked outside nursery school hours, during periods of leave or when the school is closed. Given our obligations towards the children and to staff to children ratios, it is unreasonable to schedule such appointments during nursery hours.

Employees must make every effort to schedule their specialist NHS appointments outside of nursery hours and must show proof of this to the Setting Manager. Employees may attend specialist NHS appointments during nursery hours provided that they can show the Setting Manager that they have tried to schedule the appointment outside of nursery hours, give at least one week's notice to the Setting Manager and show the Setting Manager a copy of their appointment letter or text as proof of appointment.

#### General

It is important that staff follow the sickness reporting responsibilities outline above. Failure to adhere to this policy may result in disciplinary action against staff.

## Work and Planning Ahead

Absent staff members must ensure that their line manager is made aware of any work which needs to be done urgently in their absence. It is important for any staff member to plan their lessons ahead so that any replacement staff may continue your lesson plan in your absence.

## 10.13 Potty training

### Policy statement

Toilet training is the gradual process of moving children from nappies to pants/underpants. The start of toilet training is a major milestone for the child. It can be a difficult time and there will be accidents. However, like crawling, walking and talking it is a stage of development that cannot be rushed.

Observation of the child's development in toilet training is used as part of the monitoring the child's development through the EYFS. A consistent approach with parents and key teacher is important to achieve results. All the nursery staff are experienced in helping children to potty train. By following the key stages to assess the correct time, nursery staff will help identify the right time to start using potty for each individual child.

We know that it can take longer for a child to potty train at nursery as there is so much more happening within the environment than at home. This is why our nursery policy is to start potty training at home for a short period of time before it is introduced at our setting.

### Procedures

When potty training a child nursery staff should follow the below protocol:

- Two weeks after potty training has been carried out at home we will start encouraging your little one to sit on a potty at the nursery. We will try to copy 'home potty training routine' as close as possible to maintain continuity.
- A key teacher will advise parents to provide their child/children with suitable clothing when potty training (no belts, dungarees or baby grows).
- We request that if a child is potty training insufficient spare clothing is brought in to the setting (that includes- leggings, trousers, tights, skirts, shorts, pants/knickers as well as socks and shoes).
- We request that a child arrives at a nursery wearing 'pants/knickers' or a 'pull up' nappy.
- Whilst a child is potty training their key teacher will keep his/her parents informed of their progress.
- Only if requested by a parent we will put a child back in pull-ups for resting time/sleep time only.

- Accidents will be dealt with calmly, sympathetically and in a way which does not make the child think they have done wrong.
- Nursery teachers will make sure that all the decisions in regards to potty training are discussed with parents beforehand. It is also a nursery teacher's responsibility to inform Nursery Manager about any feedback, conversation or decision that has been made in regards to potty training children in a setting.
- We understand that due to changes in routines or at home some children may regress. If a child has been dry for a while and they begin to have accidents a key teacher and the nursery staff will work with parents to support a child through this time. They will not be put back into 'pull ups' as this may make them more insecure but will be encouraged more than usual to use the toilet.

## **10.14 Sleep and Rest**

### **Policy statement**

We meet and support children needs to sleep and rest throughout the day to help their development. We know that as they grow they will usually develop a routine, which reduces the length or the frequency of their daytime sleeps.

Our nursery aims to be flexible and consistent with home routines with regards to sleeps especially for the younger children. We are however aware that nursery environment will differ from home and therefore sleep times could differ.

### **Procedures**

- Children at Abacus Ark have the opportunity to rest or sleep if they need or want to throughout the day.
- The nursery creates an environment for the children to rest or sleep i.e. a quiet area to cuddle up with a book or sleep mats.
- When children are asleep whilst in the care of the nursery a member of staff will check on them every 10 minutes. The sleep monitoring chart is used to record the checks and it is filled in with staff members initials as they carry out the check. A record of each child's daily sleep pattern is recorded too.

Checking a child while sleeping should involve:

- Placing a hand on their chest to check they are breathing or putting the back of their hand near to the child's mouth to feel for breath;
- Ensuring that each child is well;
- Ensuring that each child is not too hot or too cold;

- Ensuring that all sheets or blankets are not wrapped around the child;
- All possible attention will be given to ensure the child is both comfortable and safe in appropriate accommodation.
- Parental wishes should be taken into consideration, although staff cannot force a child to sleep, wake or keep a child awake against his or her will.

### **10.15 Special dietary requirements**

#### **Policy statement**

The nursery provides foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones. Cultural differences and preferences in eating habits are fully respected. We promote good hygiene practices to prevent cross infection of viruses and bacterial infections, and identify allergies and prevent contact with the allergenic substances.

All meals and snacks provided are nutritious and due attention will be paid to the children's particular dietary requirements using information gathered from parents regarding their children's dietary needs including any allergies.

Where appropriate we will carry out a risk assessment in the case of allergies and work alongside parents to put into place an individual dietary.

#### **Procedures**

- A photograph and dietary notes will be supplied to the nursery kitchen so any children with special dietary needs or allergies will be highlighted.
- All the children with special dietary needs or allergies will be provided with either yellow or red place mats during breakfast, lunch and dinner times.
- A key person will provide a place mat for each of their children with a child's photograph, name of a child and name of foods provoking allergies.

All the placemats will be colour coded:

- Green mat- a child can eat everything;
- Yellow mat- a child has food preference/s;
- Red mat- a child has an allergy.
- All the children (excluding settlers) must be provided with place mats and are not supposed to be served food without them.
- Staff will show sensitivity in providing for children's diets and allergies; they will not allow other children to make the child feel singled out because of her/his diet or allergy.
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## **10.16 Taking photographs**

### **Policy**

Our setting believes that vast majority of people who take or view photographs or videos of children do so for entirely innocent, understandable and acceptable reasons. However, because there are cases when some people abuse children through taking or using images our setting ensures that there are safeguarding procedures in place to protect children from those incidents to happen.

### **Procedures**

- We seek parent`s consent for photographs to be taken or published, for example, on our website or in newspaper publications.
- We use only the child`s first name with an image.
- We ensure that children are appropriately dressed.
- We encourage children to tell us if they are worried about any photographs that are being taken of them.
- Only nursery`s own devices will be used to take photos of children as a part of the on-going recording of our curriculum and for children`s individual development records.
- Our nursery cameras/Ipads are not to be taken off the premises unless taken on a scheduled outing.
- Where parents request permission to photograph or record their own children at special events, permission will first be gained from all parents for their children to be included
- Single images taken on the setting cameras/Ipads will not be emailed as it may not be secure.
- We ensure that all images are stored securely and password protected.
- We ensure that any professional photographers we use have up to date DBS`s and references.
- We ensure `acceptable use` rules regarding the use of cameras by children are embedded in practice.

## **10.17 Formula milk and `ready to feed instant milk`**

### **Policy statement**

### **Policy**

As children are more susceptible to food borne illness it makes it necessary for Abacus Ark to implement adequate health and hygiene procedures.

Safe practices for handling, storing, preparing and heating formula milk is part of Abacus Ark risk assessment in safe food handling and menu planning. Staff knowledge and awareness that individual responsibility is essential to minimize risks and provide the best possible service of care.

## **Procedure**

### **Powder formula milk preparation**

It is expected that every staff member, assigned for powder formula milk preparation in the baby room kitchen, needs to follow the below steps:

**Step 1** Always follow the instructions provided by a parent in 'All about me form 6m-18m' in regards to the amount of milk taken by the child and the frequency of it.

Communicate regularly with families about children's bottle and feeding requirements.

Communicate with families about the amount of milk taken by the child and any changes in feeding. Ask parents to update 'All about me form 6m-18m' if any changes to feeding occur. Once changes to feeding are made and confirmed in the form by a parent make other staff members aware of them.

**Step 2** Before bottle preparation staff member should clean and disinfect the surface they are going to use for formula milk preparation.

**Step 3** All staff allocated to prepare formula need to wash hands and wear protective clothing (aprons and gloves) before starting bottles preparation.

**Step 4** All tins of formula milk must be kept in their original containers in the baby milk kitchen. They must always have a lid on, be clearly labelled with the child's name and the date they were opened. Before collecting any tins of powdered formula milk from a parent the expiration date needs to be checked.

**Step 5** A kettle needs to be fill in with at least 1 litre of fresh tap water. Water that has been boiled before should not been used again. Bottle water should not be used as it might contain high levels of sodium.

**Step 6** Water should be boiled and then left to cool for no more than 30 minutes, so that it remains at a temperature of at least 70C.

**Step 7** If a cold-water sterilizer is used any excess solution from the bottle and the teat should be shaken off, or the bottle should be rinse with cooled boiled water from the kettle (never tap water).

**Step 8** The bottle should be placed on a clean surface.

**Step 9** The teat and cap should be kept on the upturned lid of the sterilizer. They should not be placed on the work surface.

**Step 10** The manufacturer's instructions for formula milk preparation should be follow at all times (instructions may vary depending on the type of formula milk). In accordance to manufacture's guidance and the information provided by a parent in 'All about me form 6m-18m' the correct amount of water should be poured into the bottle. The water level needs to be checked to make sure it is correct. Any excess water should be discharged. The water in the bottle should always be put in first, while it is still hot, before adding the powdered infant formula.

**Step 11** The scoop should be loosely fill with powder milk formula, according to the manufacturer's instructions, and levelled off using either the flat edge of a clean, dry knife or the leveler provided.

Different tins of formula come with different scoops. Only the scoop that is enclosed with the powdered infant formula should be used.

**Step 12** By holding the edge of the teat, the scoop/s should be put it on the bottle. Then the retaining ring should be screwed onto the bottle.

**Step 13** The teat has to be covered with the cap straight away and the bottle needs to be shaken until the powder is dissolved.

**Step 14** Do not add extra formula powder when making up a feed. This can make a baby constipated and may cause dehydration. Remember that too little powdered infant formula may not provide a baby with enough nourishment.

**Step 15** Do not add sugar, honey or cereals to the feed in the bottle. Children under the age of two should not be given honey in any circumstance.

**Step 16** Once formula is made each and individual bottle must be clearly labelled with the child's name to avoid cross contamination.

**Step 17** It's important to cool the formula so it's not too hot to drink. That can be done by holding the bottom half of the bottle under cold running water. When cooling the formula the water should never touch the cap covering the teat.

**Step 18** The temperature of the formula needs to be tested before being given to a baby. That can be done by putting few drops of formula milk on the inside of your wrist before giving it to the baby. It should be body temperature, which means it should feel warm or cool, but not hot.

**Step 19** If the formula milk is for later on in a day the bottle should be placed in the fridge after the milk has being cooled down. Any pre-prepared formula that has not been used during the day must be discarded at the end of the day.

**Step 20** NO microwave should be used for heating bottles. Infant formula should never be warmed up in such a way as it can heat the feed unevenly and may burn baby's mouth.

**Step 21** Formula milk should be heated up by gently placing the bottle in a bottle warmer or alternatively in container of warm water. Bottles should not remain in the warm water for longer than 15 minutes. When warming up the formula milk in the container of warm water make sure that the cap covering the teat never touches the water.

**Step 22** Before giving any formula milk to a child two staff members need to check its label to make sure the right bottle is offered to a child.

**Step 23** Children who have been given bottles have to be supervised at all times. Children are not to be placed on beds, bouncers or in cots for feeding and left unsupervised as this can be a choking hazard.

**Step 24** Any leftover formula milk should be discharged, at the completion of the feeding.

**Step 25** All of the dirty bottles should be rinsed thoroughly after use and sanitized after each use in a bottle sterilizer.

**Step 26** Bottles should be air dried and returned to the bottle preparation area for storage.

**Step 27** All the expired tins of powder formula milk should be thrown away.

### **'Ready to feed instant milk' preparation**

It is expected that every staff member assigned for 'ready to feed instant milk' preparation in the baby room kitchen needs to follow the below steps:

**Step 1** Always follow the instructions provided by a parent in 'All about me form 6m-18m' in regards to the amount of milk taken by the child and the frequency of it.

Communicate regularly with families about children's bottle and feeding requirements.

Communicate with families about the amount of milk taken by the child and any changes in feeding. Ask parent to update 'All about me form 6m-18m' if any changes to feeding occur. Once changes to feeding were made and confirmed in the form by a parent make other staff members aware of them.

**Step 2** Before bottle preparation staff member should clean and disinfect the surface they are going to use for formula milk preparation.

**Step 3** All staff allocated to prepare 'ready to feed instant milk' need to wash hands and wear protective clothing (aprons and gloves) before starting bottles preparation.

**Step 4** All the 'ready to feed instant milk' must be kept in their original containers in the baby milk kitchen. It must be clearly labelled with the child's name on it and date they were brought in to the nursery. Before collecting 'ready to feed instant formula' from a parent the expiration date should be checked.

**Step 5** If a cold-water steriliser is used any excess solution from the bottle and the teat should be shaken off, or the bottle should be rinse with cooled boiled water from the kettle (never a tap water).

**Step 6** The bottle should be placed on a clean surface.

**Step 7** The teat and cap should be kept on the upturned lid of the steriliser. They should not be placed on the work surface.

**Step 8** The container of the 'ready to feed instant formula' should be properly shaken before opening.

**Step 9** If the 'ready to feed instant formula' comes in the cartoon the cartoon should be opened by using clean kitchen scissors only.

If the 'ready to feed instant formula' comes in a plastic bottle it should be opened by unscrewing the lid and then removing the sealed cover from the tip of the bottle.

**Step 10** By following the instruction provided by a parent in 'All about me form 6m-18m' the correct amount of formula should be poured into the bottle. If there is any leftover milk left in the carton/bottle the carton/bottle should be placed in the fridge straight away after being opened so the milk can be used later on in a day (if needed). At the end of the day any leftover formula milk left in the cartons/bottles in the fridge should be discharged.

**Step 11** After pouring the 'ready to feed instant formula' into the bottle the retaining ring should be screwed onto the bottle. The teat then has to be covered with the cap straight away.

**Step 12** Do not add sugar, honey or cereals to the feed in the bottle. Children under the age of two should not be given honey in any circumstance.

**Step 13** Once formula is poured into the individual bottle the bottle must be clearly labelled with the child's name to avoid cross contamination.

**Step 14** If the formula milk is for later on in a day the bottle should be placed in the fridge straight away after being 'pre-prepared'. Any pre-prepared formula that has not been used during the day must be discarded at the end of the day.

**Step 15** NO microwave should be used for heating bottles. Infant formula should never be warmed up in such a way as it can heat the feed unevenly and may burn baby's mouth.

**Step 16** Formula milk should be heated up by gently placing the bottle in a bottle warmer or alternatively in container of warm water. Bottles should not remain in the warm water for longer than 15 minutes. When warming up the formula milk in

the container of warm water make sure that the cap covering the teat never touches the water.

**Step 17** It's important to cool the formula so it's not too hot to drink. That can be done by holding the bottom half of the bottle under cold running water. When cooling the formula the water should never touch the cap covering the teat.

**Step 18** The temperature of the formula needs to be tested before being given to a baby. That can be done by putting few drops of formula milk on the inside of your wrist before giving it to the baby. It should be body temperature, which means it should feel warm or cool, but not hot.

**Step 18** Before giving any formula milk to a child two staff members need to check its label to make sure the right bottle is offered to a child.

**Step 19** Children who have been given bottles have to be supervised at all times. Children are not to be placed on beds, bouncers or in cots for feeding and left unsupervised as this can be a choking hazard.

**Step 20** Any leftover formula milk should be discharged, at the completion of the feeding.

**Step 21** All of the dirty bottles should be rinsed thoroughly after use and sanitised after each use in bottle sterilizer

**Step 22** Bottles should be air dried and returned to the bottle preparation area for storage.

**Step 23** All the expired containers of 'ready to feed instant formula' should be thrown away.

