



NORTHFIELDS PRE SCHOOL POLICY DOCUMENT

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1.1 Children's rights and entitlements

Policy statement

Northfields Pre School will 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;
- to be 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 to participate and be able to represent themselves in aspects of service delivery that affects them as well as aspects of key decisions that affect their lives.

To be resilient means to:

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

To be listened to means:

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

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

The setting 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: The Lead Practitioner (a member of staff) who co-ordinates child protection issues is: Noted in Appendix A to this document

The designated officer (member of the management team) who oversees this work is: Noted in Appendix A to this document

Northfields Pre School will ensure all staff are trained to understand our safeguarding policies and procedures and parents are made aware of them too. All staff have 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 provision 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 (DBS) before posts can be confirmed. Where applications are rejected because of 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 Criminal Record Bureau checks for staff and volunteers, to ensure that no disqualified person or unsuitable person works at the provision or has access to the children. We record information about staff qualifications, and the identity checks and vetting processes carried out by the Chair of the Management Committee including: - the criminal records disclosure reference number; - the date the disclosure was obtained. 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). Volunteers do not work unsupervised. 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 child protection concern. We have procedures for recording the details of visitors to the setting. We take security steps to ensure that we have control over who comes into the provision so that no unauthorised person has unsupervised access to the children. 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. Mobile phone and social networking policy (see section 1.6)

Key commitment 2

The setting 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) and the Ealing Safeguarding Children Guidance 2014

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 may be 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 peer on peer abuse, 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.

We remain alert to family private fostering arrangements.

Where we believe a child in our care or known to us may be affected by any of these factors we follow the procedure for reporting child protection concerns, where such evidence is apparent, the child's key person makes a dated record of the details of the concern and discusses what to do with the member of staff who is acting as the 'designated person'. The information is stored on the child's personal file. We refer concerns to the local authority children's social care department and co-operate fully in any subsequent investigation. NB In some cases this may mean the police or another agency identified by the Local Safeguarding Children's 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 gives cause for concern (disclosure), observes signs or signals that gives 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 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 Manager is informed of the issue at the earliest opportunity. The Designated Officer 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 social care team

The Pre-school Learning Alliance's publication Safeguarding Children contains procedures for making a referral to the local children's social care team, as well as a template form for recording concerns and making a referral. This is based on 'What to do if you are worried a child is being abused' (HMG 2006). We keep a copy of this document alongside procedures set down by our Local Safeguarding Children Board which we follow where local procedures differ from those of the Pre-school Learning Alliance.

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' for parents and staff and other carers and all staff are familiar with what to do if they have concerns. We have procedures for contacting the local authority on 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 social services 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 immediately of the allegations being made. Contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) are also kept.

Allegations against staff

We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the provision, 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 that a member of staff, or volunteer within the provision, has abused a child.

We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting, may have taken, or is taking place, by first recording the details of any such alleged incident. We refer any such complaint immediately to the Local Authority Designated Officer(L.A.D.O), to investigate (see Appendix A). We also report any such alleged incident to Ofsted and what measures we have taken. We are aware that it is an offence not to do this. We co-operate entirely with any investigation carried out by children's social care in conjunction with the police.

Where the management team and children's social care agree it is appropriate in the circumstances; the chairperson 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. We have a separate Whistle Blowing Policy which is invoked if need be.

Disciplinary action

Where a member of staff or volunteer has been dismissed due to engaging in activities that caused concern for the safeguarding of children or vulnerable adults, we will notify the Disclosure and Barring Service (DBA) (See Appendix A) 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

The setting 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 understand the procedures for reporting and recording their concerns in the setting. Designated Safeguarding Officer – currently requires Safeguarding Training every 2 years and refresher annually. Designated Safeguarding Officer is available all times in open hours. All staff receive safeguarding updates annually.

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 that they develop an understanding of why and how to keep safe. We create within the setting a culture of value and respect for the individual, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background. We ensure that this is carried out in a way that is developmentally appropriate for the children.

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

Legal framework

Working Together to Safeguard Children March 2013

Ealing's Assessment Protocol & Thresholds of Need Guide 2014

Prevent Duty June 2015

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

Secondary legislation Sexual Offences Act (2003) Criminal Justice and Court Services Act (2000) Equalities Act (2010) Data Protection Act (1998) Non Statutory Guidance

Further Guidance

What to do if you are Worried a Child is Being Abused (HMG 2006) Framework for the Assessment of Children in Need and their Families (DoH 2000) The Common Assessment Framework for Children and Young People: A Guide for Practitioners (CWDC 2010) Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HMG 2007) Information Sharing: Guidance for Practitioners and Managers (HMG 2008) Independent Safeguarding Authority: www.isa.gov.org.uk

Other useful Pre-school Learning Alliance publications: Safeguarding Children 2013

1.3 Looked after children

Policy statement

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

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

We recognise that children who are being looked after have often experienced traumatic situations; physical, emotional or sexual abuse or neglect. However, we also recognise that not all looked after children have experienced abuse and that there are a range of reasons for children to be taken in to the care of the local authority. Whatever the reason, a child's separation from their home and family signifies a disruption in their lives that has an impact on their emotional well-being.

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 these two important concepts, attachment and resilience. The basis of this is to promote secure attachments in children's lives as the basis for resilience. These aspects of well-being underpin the child's responsiveness to learning and are the basis in developing positive dispositions for learning.

For young children to get the most out of educational opportunities they need to be settled enough with their carer to be able to cope with further separation, a new environment and new expectations made upon them.

Principles

The term 'looked after child' denotes a child's current legal status; this term is never used to categorise a child as standing out from others. We do not refer to such a child using acronyms such as LAC. We 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 has 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 still settling with their foster carer, or who is only temporarily being looked after. Where a child who normally attends our setting is taken into care and is cared for by a local foster carer we will continue to offer the placement for the child.

Procedures

The designated person for looked after children is the designated child protection co-ordinator.

Every child is allocated a key person before they start and this is no different for a looked after child. The designated person ensures the key person has the information, support and training necessary to meet the looked after child's needs.

The designated person and the key person will liaise with agencies, professionals and practitioners who are involved with the child and his or her family and will ensure appropriate information is gained and shared.

The setting recognises the role of the local authority 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 parents' 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 that will 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 such issues for the child as:

- The child's emotional needs and how they are to be met;
- How any emotional issues and problems that affect behaviour are to be managed;
- The child's sense of self, culture, language(s) and identity – and how this is to be supported;
- The child's need for sociability and friendship;
- The child's 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 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, 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 relationship with his or her key person sufficient 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 firm 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.

Transition to school will be handled sensitively and the designated person and or the child's key person will liaise with the school, passing on relevant information and documentation with the agreement of the looked after child's birth parents.

Further guidance

Guidance on the Education of Children and Young People in Public Care (DfEE 2000)

Who Does What: How Social Workers and Carers can Support the Education of Looked After Children (DfES 2005)

Supporting Looked After Learners - A Practical Guide for School Governors (DfES 2006)

1.4 Uncollected child

Policy statement

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

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

Procedures

Parents of children starting at the setting are asked to provide the following specific information which is recorded on our Registration Form:

- Home address and telephone number
- If the parents do not have a telephone, an alternative number must be given, perhaps a neighbour or close relative.
- Place of work, address and telephone number (if applicable).
- Mobile telephone number (if applicable).
- Names, addresses, telephone numbers and of adults who are authorised by the parents to collect their child from the setting, for example a child-minder or grandparent.
- Who has parental responsibility for the child.
- Information about any person who does not have legal access to the child.

On occasions when parents are aware that they will not be at home or in their usual place of work, they inform us in writing of how they can be contacted. On occasions when parents or the persons normally authorised to collect the child are not able to collect the child, they provide us with written details of the name, address and telephone number of the person who will be collecting their child. We agree with parents how to verify the identity of the person who is to collect their child. We use a password system (see Appendix B)

Parents are informed that if they are not able to collect the child as planned, they must inform us so that we can begin to take back-up measures. We provide parents with our contact telephone number.

We inform parents that we apply our child protection procedures in the event that their children are not collected from setting 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, we follow the following procedures: -

- The child's file is checked for any information about changes to the normal collection routines.
- If no information is available, parents/carers are contacted at home or at work.
- If this is unsuccessful, the adults who are authorised by the parents to collect their child from the setting – and whose telephone numbers are recorded on the Registration Form will be 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 Registration Form or in their file.
- If no-one collects the child after the setting has closed and there is no-one who can be contacted to collect the child, we apply the procedures for uncollected children.
- We contact our local authority children's social care team (Emergency Duty Service): See Appendix A (telephone number)
- The child stays at 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: See Appendix A (telephone number)

Our local Pre-school Learning Alliance office/Pre-school Development Worker may also be informed. See Appendix A (name and telephone number)

[Useful Pre-school Learning Alliance publications](#)

Safeguarding Children 2013

1.5 Missing child

Policy statement

Children's safety is maintained as the highest priority at all times, whilst on the premises. Every attempt is made 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 person/staff alerts the setting leader. The setting leader calls the police and reports the child as missing and then calls the parent. The setting leader will carry out a thorough search of the building and garden. The register is checked to make sure no other child has also gone astray. Doors and gates are checked to see if there has been a breach of security whereby a child could wander out. The setting leader talks to the staff to find out when and where the child was last seen and records this. The team will settle the children as a group whilst the child's keyperson looks for the child in the car park and surrounding area whilst waiting for the police to arrive. The setting leader contacts the chairperson and reports the incident.

Investigation

Staff should keep calm and not let the other children become anxious or worried. The setting leader will speak with the parent(s). The chairperson and management committee, carry out a full investigation taking written statements from all the staff. The key person writes an incident report detailing:

- The date and time of the report.
- What staff/children were in the group and the name of the staff designated responsible for the missing child.
- When the child was last seen in the group.
- What has taken place in the group 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. Ofsted is informed. The insurance provider is informed.

Managing people

Missing child incidents are very worrying for all concerned. Part of managing the incident is to try to keep everyone as calm as possible. The staff will feel worried about the child, especially the key person or the designated carer responsible for the safety of that child. 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 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 Use of mobile phones and cameras and social networking sites

Policy statement

We take steps to ensure that there are effective procedures in place to protect children, young people, and vulnerable adults from the unacceptable use of mobile phones and cameras in the setting.

Procedures

Personal Mobile Phones

Personal mobile phones belonging to members of staff are not used on premises during working hours. At the beginning of each session, personal mobile phones are stored in a locked cupboard. In the event of an emergency, personal mobile phones may be used in the privacy of the office area with permission from the manager. Members of staff ensure that the telephone number of the setting is known to immediate family and other people who need to contact them in an emergency. Members of staff will not use their personal mobile phones for taking photographs of children. Parents and visitors are requested not to use their mobile phones whilst on the premises. Visitors will be advised of a quiet space where they can use their mobile phone where there are no children present.

Cameras and videos

Members of staff must not bring their own cameras or video recorders into the setting. Photographs and recordings of children are only taken for valid reasons, i.e. to record their learning and development, or for displays within the setting. Photographs or recordings of children are only taken on equipment belonging to the setting. Camera and video use is monitored by the setting manager. The only exception to this is when we have an independent company come in and film the Nativity which will be produced as a DVD and sold to the parents.

Photographs and recordings of children are only taken of children if there is written permission to do so (photo permission form). Computers on which photos are stored are password protected. Photos that are displayed on the Pre School website must have parental consent prior to uploading.

Social Networking Sites

Staff shall be discouraged from using social networking sites. Staff shall be discouraged from “friending” parents/carers. Staff shall be encouraged to maintain a professional image on all social networking sites. The uploading of any pictures or comments of children at the setting will result in instant dismissal.

Current Pre School parents can set up/join a private facebook page via the committee if they so wish where they can access information on forthcoming events. All entries are vetted and parents are removed from the group once their child leaves the setting.

2.1 Employment (Including suitability, contingency plans, training and development)

Policy statement

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

Procedures

Vetting and staff selection

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

Disqualification

Where we become aware of any relevant information which may lead to the disqualification of an employee, we will take appropriate action to ensure the safety of children. In the event of disqualification, that person's employment with us will be terminated.

Changes to staff

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

Training and staff development

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

Staff taking medication/other substances

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

Managing staff absences and contingency plans for emergencies

Our staff will take their holiday breaks when the setting is closed. Where staff may need to take time off for any reason other than sick leave or training, this is agreed with the manager with sufficient notice. Where staff are unwell and take sick leave in accordance with their contract of employment, we organise cover to ensure ratios are maintained. Sick leave is monitored and action is taken where necessary in accordance with their contract of employment. We have contingency plans to cover staff absences, as follows:

- 1) A bank of committee members who are prepared to come in at short notice.

[Other useful Pre-school Learning Alliance publications](#)

Employee Handbook (2012)

Recruiting Early Years Staff (2015)

2.2 Student placements

Policy statement

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

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

Procedures

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

We communicate a positive message to students about the value of qualifications and training. We make the needs of the children paramount by not admitting students in numbers that hinder the essential work of the setting. We ensure that trainees and students placed with us are engaged in bona fide early years training, which provides the necessary background understanding of children's development and activities.

3.1 Induction of staff, volunteers and managers

Policy statement

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

Procedures

We have a written induction plan for all new staff, which includes the following:

- Introductions to all staff and volunteers, including management committee members.
- Familiarising with the building, health and safety, fire and evacuation procedures.
- Ensuring our policies and procedures have been read and are carried out.
- Introduction to parents, especially parents of allocated key children where appropriate.
- Familiarising them with confidential information where applicable in relation to any key children.
- Details of the tasks and daily routines to be completed.

The induction period lasts at least two weeks. The manager inducts new staff and volunteers. The chairperson inducts new managers. During the induction period, the individual must demonstrate understanding of and compliance with policies, procedures, tasks and routines. Successful completion of the induction forms part of the probationary period.

Other useful Pre-school Learning Alliance publications

Employee Handbook (2012)

Recruiting Early Years Staff (2015)

3.2 First aid

Policy statement

In our setting staff are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least two members of staff with current first aid training are on the premises at any one time. The first aid qualification includes first aid training for infants and young children.

Procedures

The first aid kit is accessible at all times, complies with the Health and Safety (First Aid) Regulations 1981 and contains the following items: Triangular bandages (ideally at least one should be sterile) x 4. Sterile dressings: - Small (formerly Medium No 8) x 3. - Medium (formerly Large No 9) – HSE 1 x 3. - Large (formerly Extra Large No 3) – HSE 2 x 3. Composite pack containing 20 assorted (individually-wrapped) plasters x 1. Sterile eye pads (with bandage or attachment) eg No 16 dressing x 2. Container of 6 safety pins x 1. Guidance card as recommended by HSE x 1. In addition to the first aid equipment, each box should be supplied with: 2 pairs of disposable non latex gloves. 1 plastic disposable apron. A children's forehead 'strip' thermometer.

The first aid box is easily accessible to adults and is kept out of the reach of children. No un-prescribed medication is given to children, parents or staff.

Consents

At the time of admission to the setting, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval. Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that every effort will be made to contact the parents with a request that they attend the Emergency Unit. Where contact has not been possible, a member of staff (usually the child's key-person as this person will be more familiar to the child and therefore of greater comfort) will stay with the child until the parent arrives. Staying with the child means waiting for ambulance to arrive, attending in the ambulance and remaining at the A & E unit until the parent/carer arrives. Pre-School staff will not make any medical decisions without referral to medical professionals (NHS Direct, paramedics etc.) and will act only in accordance with the advice and instruction provided by those healthcare professionals.

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)

Other useful Pre-school Learning Alliance publications

Medication Record (2010)

4.1 The role of the key person and settling-in

Policy statement

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

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

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

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

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

Procedures

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

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

Settling-in

Before a child starts to attend the setting, we use a variety of ways to provide his/her parents with information. These include written information, parents evening and individual informal chats with parents. During the half-term before a child is enrolled, we provide opportunities for the child and his/her parents to visit the setting. We allocate a key person to each child and his/her family before she/he starts to attend; the key person welcomes and looks after the child and his/her parents at the child's first session and during the settling-in process. We use the registration afternoon, to explain and complete, with his/her parents, the child's registration records. When a child starts to attend, we explain the process of settling-in with his/her parents and jointly decide on the best way to help the child to settle into the setting. We judge a child to be settled when they have formed a relationship with their key person; for example, the child looks for the key person when he/she arrives, goes to them for comfort and seems pleased to be with them. The child is also familiar with where things are and is pleased to see other children and participate in activities.

When parents leave, we ask them to say goodbye to their child and explain that they will be coming back, and when. We recognise that some children will settle more readily than others and we respect parents choices to stay or to leave. Within the first four to six weeks of starting we discuss and work with the child's parents to begin to create their child's record of achievement.

The progress check at age two

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

[Other useful Pre-school Learning Alliance publications](#)

Play is What I Do (2010) Statutory Framework for the Early Years Foundation Stage (2014) with supporting documentation

5.1 Staffing

Policy statement

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

Procedures

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

- Children aged two years: 1 adult : 4 children:
- At least one member of staff holds a full and relevant level 3 qualification; and
- At least half of all other staff hold a full and relevant level 2 qualification.
- Children aged three years and over: 1 adult : 8 children:
- At least one member of staff holds a full and relevant level 3 qualification; and
- At least half of all other staff hold a full and relevant level 2 qualification.
- A minimum of two staff/adults are on duty at any one time.

Each child is assigned a key person to help the child become familiar with the setting from the outset and to ensure that each child has a named member of staff with whom to form a relationship. The key person plans with parents for the child's well-being and development in the setting. The key person meets regularly with the family for discussion and consultation on their child's progress and offers support in guiding their development at home. We hold regular staff meetings to undertake curriculum planning and to discuss children's progress, their achievements and any difficulties that may arise from time to time.

Other useful Pre-school Learning Alliance publications

Employee Handbook (2012)

Recruiting Early Years Staff (2015)

6.1 Administering medicines

Policy statement

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

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

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

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

Procedures and consents

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. Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.

Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided: - full name of child and date of birth; - name of medication and strength; - who prescribed it; - dosage to be given in the setting; - how the medication should be stored and expiry date; - any possible side effects that may be expected should be noted; and - signature, printed name of parent and date.

A reminder that a consent form must be obtained is held on the front of the medication book where details of medication received and administered are recorded.

The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records: - name of child; - name and strength of medication; - the date and time of dose; - dose given and method; and is - signed by key person/manager; and is - verified by parent signature at the end of the day.

Storage of medicines

All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box. The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.

For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns 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 member of staff by a health professional. If rectal diazepam is given another member of staff must be present and co-signs the record book. No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Children who have long term medical conditions and who may require on-going medication

A risk assessment is carried out for each child with long term medical conditions that require on-going medication. This is the responsibility of the manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment. Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child. For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff 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 the child's GP's advice is sought if necessary where there are concerns.

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

Medication for a child is stored in a sealed plastic box clearly labelled with the child's name, photo of the child and name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above. 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, name of the medication. Inside the box is a copy of the consent form signed by the parent. As a precaution, children should not eat when travelling in vehicles.

[Legal framework](#)

The Human Medicines Regulations 2012

[Further guidance](#)

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

[Other useful Pre-school Learning Alliance publications](#)

Medication Record (2015)

6.2 Managing children who are sick, infectious, or with allergies (Including reporting notifiable diseases)

Policy statement

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

Procedures for children who are sick or infectious

If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager calls the parents and asks them to collect the child, or send a known carer to collect on their behalf. If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts. Temperature is taken using a ‘fever scan’ kept near to the first aid box. In extreme cases of emergency the child should be taken to the nearest hospital and the parent informed. Parents are asked to take their child to the doctor before returning them to Pre School; the Pre School can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease. Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting. After sickness/diarrhoea, parents are asked to keep children home for 48 hours after sickness or until a formed stool is passed. The setting has a list of excludable diseases and current exclusion times.

The full list is obtainable from www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 and includes common childhood illnesses such as measles.

Reporting of ‘notifiable diseases’

If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, 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 non latex gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit. Protective rubber gloves are used for cleaning/sludging clothing after changing. Soiled clothing is rinsed/discarded and bagged for parents to collect. Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with 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. On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

Procedures for children with allergies

When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form. If a child has an allergy, a risk assessment form is completed to detail the following:

- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
- The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
- Control measures – such as how the child can be prevented from contact with the allergen. Health Professionals train staff in how to administer special medication in the event of an allergic reaction. Generally, no nuts or nut products are used within the setting.

Insurance requirements for children with allergies and disabilities

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

At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in:

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

Oral medication

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

Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them. The provider must be provided with clear written instructions on how to administer such medication. All risk assessment procedures need to be adhered to for the correct storage and administration of the medication. The group 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 & invasive treatments

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

The provider must have:

- A letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered; -
- Written consent from the parent or guardian allowing staff to administer medication;
- Proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.
- Copies of all three letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal.

Confirmation will then be issued in writing confirming that the insurance has been extended.

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

Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.

Key person must have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications. Copies of all letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

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

[Further guidance](#)

Good Practice in Early Years Infection Control (2009)

6.3 Recording and reporting of accidents and incidents (Including procedure for reporting to HSE, RIDDOR)

Policy statement

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

Procedures

Our accident book:

is kept safely and accessibly; is accessible to all staff and volunteers, who know how to complete it; and is reviewed at least half termly to identify any potential or actual hazards.

Ofsted is notified of any food poisoning affecting two or more children looked after on our premises and any injury requiring treatment by a general practitioner or hospital doctor, or the death of a child or adult as soon as possible or at least within 14 days of the incident occurring. Local child protection agencies are informed of any serious accident or injury to, or the death of any child while in our care and we act on any advice given by those agencies.

When there is any injury requiring general practitioner or hospital treatment to a child, parent, volunteer or visitor or where there is a death of a child or adult on the premises, we make a report to the Health and Safety Executive using the format for the Reporting of Injuries, Diseases and Dangerous Occurrences.

Dealing with incidents

We meet our legal requirements for the safety of our employees by complying with RIDDOR (the Reporting of Injury, Disease and Dangerous Occurrences Regulations). We report to the Health and Safety Executive: any accident to a member of staff requiring treatment by a general practitioner or hospital; 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.

Any dangerous occurrence is recorded in our incident book.

Our incident book

We have ready access to telephone numbers for emergency services, including local police. 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 incidents including those that are reportable to the Health and Safety Executive as above. These incidents include:

- break in, burglary, theft of personal or the setting's property;
- an intruder gaining unauthorised access to the premises;
- fire, flood, gas leak or electrical failure;
- attack on member of staff or parent on the premises or nearby;
- any racist incident involving staff or family on the centre's premises;
- death of a child, 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 the emergency services are called, and the advice of these services are followed. The incident book is not for recording issues of concern involving a child. This is recorded in the child's own file.

[Legal framework](#)

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

[Further guidance](#)

RIDDOR Guidance and Reporting Form

[Other useful Pre-school Learning Alliance publications](#)

Accident Record (2010)

Reportable Incident Record (2012)

6.4 Nappy changing

Policy statement

No child is excluded from participating in our provision 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 make necessary adjustments to our bathroom provision and hygiene practice 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 persons whenever practically possible are responsible for the care of their children who are in nappies or 'pull-ups'. Changing areas are warm and there are safe areas to lay young children if they need to have their bottoms cleaned. Pre School provides the nappies or 'pull ups' and changing wipes. Gloves and aprons are put on before changing starts and the areas are prepared. Paper towel is put down on the changing mat freshly for each child. All staff are familiar with the hygiene procedures and carry these out when changing nappies. In addition, key persons ensure that nappy changing is relaxed and a time to promote independence in young children. Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.

They should be 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. Key persons are gentle when changing; they avoid pulling faces and making negative comments about 'nappy contents'. Key persons do not make inappropriate comments about young children's genitals when changing their nappies. Older children access the toilet when they have the need to and are encouraged to be independent. Nappies and 'pull ups' are disposed of hygienically. Any soil (faeces) in nappies or pull ups is flushed down the toilet and the nappy or pull up is bagged and put in the bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are disposed of.

6.5 Food and drink

Policy statement

Our provision regards snack and meal times as an important part of our day. Eating represents a social time for children and adults and helps children to learn about healthy eating. At snack 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 find out from parents their children's dietary needs and preferences, including any allergies. (See the Managing Children who are Sick, Infectious or with Allergies policy.)

We record information about each child's dietary needs. We regularly consult with parents to ensure that our records of their children's dietary needs - including any allergies - are up-to-date. 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.

Snacks

We provide nutritious food for all snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives and colourings. We take care not to provide food containing nuts or nut products and are especially vigilant where we have a child who has a known allergy to nuts.

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, and about food allergies. 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 organise snack times so that they are social occasions in which children and staff participate. We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves. We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures. We have fresh drinking water constantly available for the children. We inform the children about how to obtain the water and that they can ask for water at any time during the day.

We inform parents who provide food for their children about the storage facilities available in the setting. We give parents who provide food for their children information about suitable containers for food. In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another. For children who drink milk, we provide semi-skimmed pasteurised milk.

Food Poisoning

We notify Ofsted of any food poisoning affecting two or more children looked after on the premises as soon as is reasonably practicable, but in any event 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 2008)

[Other useful Pre-school Learning Alliance publications](#)

Healthy and Active Lifestyles for the Early Years (2012)

Nutritional Guidance for the Under Fives (2009)

The Early Years Essential Cookbook (2009)

6.6 Food hygiene (Including procedure for reporting food poisoning)

Policy statement

We provide and/or serve food for children on the following basis: Snacks (provided) Packed lunches (from home)

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

We are registered as a food provider with the local authority Environmental Health Department.

Procedures

All staff have undertaken Food Handling and Hygiene training

Packed lunches are stored in a cool place; un-refrigerated food is served to children within 4 hours of preparation at home. Food preparation areas are cleaned before use as well as after use. There are separate facilities for hand-washing and for washing up. All surfaces are clean and non-porous. All utensils, crockery etc. are clean and stored appropriately.

Waste food is 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.

The person with overall responsibility for Health and Safety, including Food Hygiene is noted in: Appendix A

7.1 Achieving positive behaviour

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 behaviour.

Children need to learn to consider the views and feelings, needs and rights, of others and the impact that their behaviour 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 behaviour exist within the 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 behaviour. (See Appendix A)

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 the 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 consistent

We work in partnership with children's parents. Parents are regularly informed about their children's behaviour by their key person. 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 behaviour

We require all staff, volunteers and students to use positive strategies for handling any inconsiderate behaviour, by helping children 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 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.

Common inconsiderate or hurtful behaviours of young children include tantrums, biting or fighting. Staff will remain 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 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 person, 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 behaviour is not necessarily a precursor to hurtful behaviour or bullying, although it may be inconsiderate at times and may need addressing using strategies as above.

We recognise that teasing and rough and tumble play are normal for young children and acceptable within limits. We regard these kinds of play as pro-social and not as problematic or aggressive. We will develop strategies to contain play that are agreed with the children, and understood by them, with acceptable behavioural boundaries to ensure children are not hurt. We recognise that fantasy play also contains many violently dramatic strategies, 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 behaviour

We take hurtful behaviour 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 behaviour as ‘bullying’. For children under five, hurtful behaviour is momentary, spontaneous and often without cognisance 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.

We support social skills through modelling behaviour, 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 in the 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 Code of Practice to support the child and family, making the appropriate referrals to a Behaviour Support Team where necessary.

[Other useful Pre-school Learning Alliance publications](#)

Reflecting on Behaviour (2010)

The Social Child (2007)

8.1 Health and safety general standards

Policy statement

This 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 and staff 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: See Appendix A

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.

Insurance cover

We have public liability insurance and employers' liability insurance. The certificate for public liability insurance is displayed on: Our Noticeboard

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.

As necessary, health and safety training is included in the annual training plans of staff, and health and safety is discussed regularly at staff meetings. 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. 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.

We keep a record 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

Doors

We take precautions to prevent children's fingers from being trapped in doors.

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. 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 from which children select 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. Where water can form a pool on equipment, it is emptied before children start playing outside. All outdoor activities are supervised at all times.

Hygiene

We seek information from the Environmental Health Department and the Health Authority to ensure that we keep up-to-date with the latest recommendations.

Our daily routines encourage the children to learn about personal hygiene. All areas are cleaned daily. 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 the disposal of 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;

- 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.

[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)

Health and Safety (Display Screen Equipment) Regulations 1992

Working with substances hazardous to health: What You Need to Know About COSHH (HSE Revised 2009) Manual Handling – Frequently Asked Questions (HSE)

8.2 Maintaining children's safety and security on premises

Policy statement

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

Procedures

Children's personal safety

We ensure all employed staff have been checked for criminal records by an enhanced disclosure from the Disclosure and Barring Service (DBS). All children are supervised by adults at all times. Whenever children are on the premises at least two adults are present. We carry out a risk assessment 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.

Other useful Pre-school Learning Alliance publications

Managing Risk (2009)

8.4 Risk assessment

Policy statement

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

The basis of this policy is risk assessment.

Pre-school Learning Alliance risk assessment processes follow five steps as follows:

- Identification of risk:
- Where is it?
- What is it?
- Who is at risk:
- Childcare staff, children, parents, etc.

Assessment of the level of risk as high, medium, low.

This is both the risk of the likelihood of it happening, as well as the possible impact if it did. Control measures to reduce/eliminate risk: What will you need to do, or ensure others will do, in order to reduce that risk?

Monitoring and review: How do you know if what you have said is working, or is thorough enough? If it is not working, it will need to be amended, or maybe there is a better solution.

Procedures

Our risk assessment process covers adults and children and includes:

- determining where it is helpful to make some written risk assessments in relation to specific issues, to inform staff practice, and to demonstrate how they are managing risks if asked by parents and/or carers and inspectors;
- checking for and noting hazards and risks indoors and outside, and in our premises and for activities;
- assessing the level of risk and who might be affected;
- deciding which areas need attention; and
- developing an action plan that specifies the action required, the time-scales for action, the person responsible for the action and any funding required.

Legal framework

Management of Health and Safety at Work Regulations 1999

Further guidance

Five Steps to Risk Assessment (HSE 2006)

8.5 Fire safety and emergency evacuation

Policy statement

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

Procedures

The basis of fire safety is risk assessment.

These are carried out by a 'competent person'. The manager will have received training in fire safety sufficient to be competent to carry out risk assessment. As we operate in rented premises we 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. Our emergency evacuation procedure is explained to new members of staff, volunteers and parents; and practised regularly at least once every six weeks. Records are kept of fire drills and the servicing of fire safety equipment.

See Appendix D for our evacuation procedure.

The fire drill record book must contain: Date and time of the drill. How long it took. Whether there were any problems that delayed evacuation and any further action taken to improve the drill procedure.

8.6 Animals in the setting

Policy statement

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

Procedures

Animals in the setting.

We do not keep animals as pets, we do, however, arrange for animals/creatures to visit the Pre School to enhance children's knowledge

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 care for the animals or creatures. Children are taught correct handling and care of the animal or creature and are supervised. Children wash their hands after handling the animals or creatures and do not have contact with animal soil or soiled bedding. Staff to wear disposable gloves when cleaning housing or handling soiled bedding. If animals or creatures are brought in by a company or an organisation to show the children; then the responsibility of the animals remains with them. The company/organisation will carry out a risk assessment, detailing how the animal or creature is to be handled and how any safety or hygiene issues will be addressed.

8.7 No-smoking

Policy statement

We comply with health and safety regulations and the Safeguarding and Welfare Requirements of the EYFS in making our setting a no-smoking environment - both indoor and outdoor.

Procedures

All staff, parents and volunteers are made aware of our no-smoking policy. All of our staff are currently non-smokers

Legal framework

The Smoke-free (Premises and Enforcement) Regulations 2006

9.1 Valuing diversity and promoting equality

Policy statement

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

Some children come from families who experience social exclusion or severe hardship; some have to face discrimination and prejudice because of their ethnicity, the languages they speak, their religious or belief background, their gender or their impairment.

We understand that these factors affect the well-being of children and can impact on their learning and attainment.

Our setting is committed to anti-discriminatory practice to promote equality of opportunity and valuing diversity for all children and families. We aim to:

- provide a secure and accessible environment in which all 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 and 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 reflect the diversity of our society in our publicity and promotional materials. We provide information in clear, plain English, 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 equal opportunities 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 reason relating to disability.

We ensure wherever possible that we have a balanced intake of boys and girls in the setting. We develop an action plan to ensure that people with impairments can participate successfully in the services offered by the setting and in the curriculum offered.

We take action against any discriminatory behaviour by staff or parents whether by:

- direct discrimination – someone is treated less favourably because of a protected characteristic e.g. preventing families of some racial groups from using the service;
- indirect discrimination - someone is affected unfavourably by a general policy e.g. children must only speak English in the setting;
- association – discriminating against someone who is associated with a person with a protected characteristic e.g. behaving unfavourably to someone who is married to a person from a different cultural background;
- perception – discrimination on the basis that it is thought someone has a protected characteristic e.g. assuming someone is gay because of their mannerism 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 in the strongest manner.

Employment

Posts are advertised and all applicants are judged against explicit and fair criteria.

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

Training

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

We ensure that staff are confident and fully trained in administering relevant medicines and performing invasive care procedures when these are required. We review our practices to ensure that we are fully implementing our policy for promoting equality, valuing diversity and inclusion.

Curriculum

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

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

We do this by:

- making children feel valued and good about themselves and others;
- ensuring that children have equality of access to learning;
- undertaking an access audit to establish if the setting is accessible to all children;
- making adjustments to the environment and resources to accommodate a wide range of learning, physical and sensory impairments;
- making appropriate provision within the curriculum to ensure each child receives the widest possible opportunity to develop their skills and abilities, e.g. recognising the different learning styles of girls and boys;
- positively reflecting the widest possible range of communities in the choice of resources;
- avoiding stereotypes or derogatory images in the selection of books or other visual materials;
- celebrating a wide range of festivals;
- creating an environment of mutual respect and tolerance;
- differentiating the curriculum to meet children's special educational needs;
- helping children to understand that discriminatory behaviour and remarks are hurtful and unacceptable;
- ensuring that the curriculum offered is inclusive of children with special educational needs and children with disabilities;
- ensuring that children learning English as an additional language have full access to the curriculum and are supported in their learning; and
- ensuring that children speaking languages other than English are supported in the maintenance and development of their home languages.

Valuing diversity in families

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

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. Information about meetings is communicated in written and verbal messages - to ensure that all mothers and fathers have information about and access to the meetings.

Monitoring and reviewing

To ensure our policies and procedures remain effective we will monitor and review them tri- annually or earlier if we feel there is a need, to ensure our strategies meets the overall aims to promote equality, inclusion and valuing 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

Other useful Pre-school Learning Alliance publications

Guide to the Equality Act and Good Practice (2011)

9.2 Supporting children with special educational needs

Policy statement

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

We have regard for the SEND Code of Practice for the Early Years (2014).

We ensure our provision is inclusive to all children with special educational needs. We support parents and children with special educational needs and disabilities (SEND).

We identify the specific needs of children with special educational needs and meet those needs through a range of SEND 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 See Appendix A

Northfields Pre School will work together with parents/carers to agree ambitious outcomes for identified children and set clear progress targets, we will be clear in our planning and about how resources are going to support reaching the targets.

Parents will be fully involved in discussions about their child's progress and reviews of the provision needed to achieve the agreed outcomes.

Education health and care plans are intended for those with more complex needs. The education health and care plan assessment and planning process is outcome focused and delivered in partnership with parent carers. It will be delivered and agreed within a maximum of 20 weeks.

A local authority should conduct an EHC needs assessment for children under compulsory school age when the special educational provision required to meet the child's needs cannot reasonably be provided from the resources normally available to the early education provider or school, or when it is likely the child will need an EHC plan in school.

Children with an education health and care plan must be offered a personal budget.

All children develop at their own pace and where a child has a complicated and long term need which covers education, health and care, an EHC plan may be appropriate. However, there are other issues, such as speech and language delay or behavioural problems which are not necessarily caused by a special education need or disability.

We provide resources (human and financial) to implement our 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. Individual Education Plan reviews, staff and management meetings, parental and external agency's views, inspections and complaints. This information is collated, evaluated and reviewed annually.

Further guidance

Issues in Earlier Intervention: Identifying and Supporting Children with Additional Needs (DCSF 2010)

Early Years Foundation Stage and the Disability Discrimination Act (DCSF 2010)

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 2010)

Special Educational Needs Code of Practice (DfES 2001)

Other useful Pre-school Learning Alliance publications

The Role of the Early Years Special Educational Needs Co-ordinator SENCO (2006)

10.1 Early Years Prospectus

[See Separate Document](#)

10.2 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 arrange our waiting list in birth order; the vicinity of the home to the setting; and siblings already attending the setting. Autumn Term is when we have our main intake and six out of the twenty four places may be used for siblings or at the discretion of the Manager & Committee. 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 our setting and its practices in terms of how it treats 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 our setting and its practices in terms of how it enables children and/or parents with disabilities to take part in the life of the setting. We monitor the gender and ethnic background of children joining the group to ensure that our intake is representative of social diversity. We make our Valuing Diversity and Promoting Equality Policy widely known.

Children already admitted to the Pre School will be invited to spend their Nursery year (5 mornings per week) in the setting. (Max of 6 children per session) These places will be secured before admissions are opened to younger children. Nursery age children who accept a place at another setting will not be eligible for a 5 mornings a week session with us, they may be offered a 2 mornings a week session subject to availability. Sometimes if spaces are available, once the children have settled in, we will offer Pre School aged children 5 mornings.

The catchment area has been defined as having a northern border of Uxbridge Road, a western border of the River Brent/Grand Union Canal, a southern border of the A4 and an eastern border of South Ealing Road/St Marys Road

10.3 Application to Join

Parents wishing to put their child's name on the waiting list for a place at Northfields Pre School do so by completing an application form giving the following: Child's name, date of birth, gender, address, contact number and details of any siblings that attended the setting. The child's details are entered onto the waiting list and parents are contacted when a space becomes available. We do not charge a fee for entering onto the waiting list.

10.4 Registration form

See Appendix E

10.5 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 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.

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 ongoing 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 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 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 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.

Other useful Pre-school Learning Alliance publications

Complaint Investigation Record (2012)

Engaging Mothers & Fathers (2010)

Safeguarding Children (2010)

10.6 Children's records

Policy statement

There are record keeping systems in place that meet legal requirements; means of storing and sharing that information take place within the framework of the Data Protection Act and the Human Rights Act.

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 at Pre School 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, and correspondence concerning the child or family, reports or minutes from meetings concerning the child from other agencies, an ongoing 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 in an office or other suitably safe place. Parents have access, 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 person. We retain children's records for a reasonable time after they have left the setting. These are kept in a secure place.

Records relating to a notifiable accident or child protection matter are retained until the 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 person. Issues to do with the employment of staff, whether paid or unpaid, remain confidential to the people directly involved with making personnel decisions. Students on Pre-school Learning Alliance or other recognised qualifications and training, when they are observing in the setting, are advised of our confidentiality 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)

10.7 Provider records

Policy statement

We keep records and documentation for the purpose of maintaining our business. These include:

- Records pertaining to our registration.
- Financial records pertaining to income and expenditure.
- Risk assessments.
- Employment records of staff including their name, home address and telephone number.
- Name, address and telephone number of anyone else who is regularly in supervised contact with the children

Our records are regarded as confidential on the basis of sensitivity of information, such as with regard to employment records and these are maintained with regard to the framework of the Data Protection Act and the Human Rights Act. 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 officers of the management committee 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;

- 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 Early Years Foundation Stage

Legal framework

Data Protection Act 1998 Human Rights Act 1998

Other useful Pre-school Learning Alliance publications

Safeguarding Children (2010) Recruiting and Managing Employees (2010)

Financial Management (2010) Medication Record (2010)

Managing Risk (2009) Complaints Investigation Record (2012)

10.8 Transfer of records to school

Policy statement

We recognise 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 in this process. We prepare records about a child's development and learning in the EYFS 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 EYFS assessment of development and learning ensure the key person prepares a summary of achievements in the 7 areas of learning and development.

This record refers to any additional language spoken by the child and his or her progress in both languages. The record also refers to any additional needs that have been identified or addressed by the setting.

The record also refers to any special needs or disability and whether a CAF was raised in respect of special needs or disability, whether there is a Statement of Special Educational Needs and gives the name of the lead professional.

The record contains a summary by the key person and a summary of the parent's view of the child.

Transfer of confidential information

The receiving school or setting will need to have a record of 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 EHAP 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 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 are Worried a Child is Being Abused (HMG 2006)

10.9 Confidentiality and client access to records

Policy statement

Definition: '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; means of storing and sharing that information take place within the framework of the Data Protection Act and the Human Rights Act.

Confidentiality procedures

We always check whether parents regard the information they share with us to be regarded as confidential or not. Some parents sometimes share information about themselves with other parents as well as staff; the setting cannot be held responsible if information is shared beyond those parents whom the person has 'confided' in.

Information shared between parents in a 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 record keeping procedures) - 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 record keeping procedures).

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 leader or manager. The setting leader informs the chairperson of the management committee and sends a written acknowledgement.

The setting commits to providing access within 14 days, although this may be extended. The setting's leader or manager and chairperson of the management committee prepare 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 social services, 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 chairperson of the management committee 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 child protection.

[Legal framework](#)

Data Protection Act 1998

Human Rights Act 1998

[Further guidance](#)

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

10.10 Information sharing

“Practitioners need to understand their organisation’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 judgement and shared information professionally.”

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

Policy statement

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

We are obliged to share confidential information without authorisation 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 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 management committee officers. 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 at risk of suffering, significant harm.
- To prevent significant harm arising to children and young people or serious harm to adults, including the prevention, detection and prosecution of serious crime.

Procedures

Our procedure is based on the 7 golden rules for information sharing as set out in Information Sharing: Guidance for Practitioners and Managers (DCSF 2008).

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

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

2. Be open and honest. Explain to families how, when and why information will be shared about them and with whom. Seek consent to share information, unless it puts the child at risk or undermines a criminal investigation.

In our setting we ensure parents:

Receive information about our information sharing policy when starting their child in the setting and they sign a form to say that they understand circumstances when 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 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.

3. Seek advice when there are doubts about possible significant harm to a child or others.

Managers contact children's social care for advice where they have doubts or are unsure.

4. Share with consent where appropriate. Respect the wishes of children and parents not to consent to share confidential information. However, in the interests of the child, know when it is reasonable to override their wish.

Guidelines for consent are part of this procedure.

5. Managers are conversant with this and are able to advise staff accordingly. Consider the safety and welfare of the child when making a decision about sharing information – if there are concerns regarding 'significant harm' the child's well-being and safety is paramount.

In our setting we:

Record concerns and discuss these with the setting's designated person 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.

6. Information shared should be accurate and up-to-date, necessary for the purpose it is being shared for, shared only with those who need to know and shared securely.

Our Child Protection procedure and Record Keeping procedure set out how and where information should be recorded and what information should be shared with another agency when making a referral.

7. Reasons for decisions to share information, or not, are recorded. Provision for this is set out in our Record Keeping procedure

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. Parents sign a form at registration 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 you have consent to share?

Is there a statutory duty or court order to share information? If consent is refused, or there are good reasons not to seek consent, is there sufficient public interest to share information? If the decision is to share, are you sharing the right information in the right way? Have you properly recorded your 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)

10.11 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 sharing of information about children and families with other agencies. These are set out in the Information Sharing protocol, Safeguarding Children procedures and the Special Educational Needs procedures. 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 develop understanding of 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.

10.12 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 ('summary log') of any complaints that reach stage 2 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 the Pre-school Learning Alliance publication Complaint Investigation Record 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 chair of the management committee.

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 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 Complaints Summary 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 of the management committee. The parent should have a friend or partner present if required and the leader should have the support of the chairperson of the management committee.

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 Complaints Summary 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 Pre-school Learning Alliance 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 of the management committee) 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 of the management committee 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:

See Appendix A

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 our local authority.

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 against our setting and/or the children and/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 useful Pre-school Learning Alliance publications](#)

Complaint Investigation Record (2012)

11.1 Whistleblowing Procedure

Policy statement

We are committed to ensuring that staff are confident that they can make a claim against another member of staff or an organisation if they feel there has been wrong doing which will or has created a risk to the health and safety of others in confidence and will be listened to.

Procedures

Firstly, the member of staff must establish if the claim or wrong doing is a complaint, grievance or a whistleblowing issue.

Complaints and grievances are different to whistleblowing and should be dealt with by the Management Committee adhering to the complaints procedure.

Whistleblowing is when someone who works in or for an organisation passes on information, which they reasonable believe shows wrongdoing or a cover up by that organisation.

The Whistleblowing to Ofsted about children's social care services (January 2016) should be used as guidance.

12.1 Critical Incident

A critical incident is a traumatic incident that could result in death or serious injury to a child or staff member. It is important to manage the incident effectively and support all those affected after the incident has occurred.

Procedure

The Manager will take the lead in managing any critical incident which may occur. In the Manager's absence the Deputy Manager will take the lead.

At the time of the incident

The Manager/Deputy will allocate someone to contact emergency services. Where possible the Key person (the most familiar to the child and therefore of most comfort) will stay with the child. The Manager/Deputy will contact the parents. The Manager/Deputy or other allocated person, as the situation dictates, will manage and reassure the other children. If necessary contact will be made with the Early Education Childcare Unit for support and advice; The Manager/Deputy will agree a formal statement for the parents and ensure that all parents receive an effective communication. With the support of the EECU the media will be advised (if approached) in a manner which ensures consistency.

After the Incident

The Chairperson/Manager will notify Ofsted immediately. Local Social Care will be informed (020 8825 500) The Administrator will inform the Insurance Company, The Manager will update the Local Development Team, The Manager will update and debrief the staff. A report will be written using clear language and details). The Manager and Chairperson will review the policies and procedures to see if anything can be learnt from the incident. Counselling for those involved will be considered with advice and pointers from insurance company, GP's and Local Development Team.

On-going Issues

Child/parent staff distress, long-term training needs, insurance claims, Social Care or Police Investigations are all possible issues arising out of a critical incident. The Local Development Team will support the Setting in dealing with any of these issues.

13. First Aid / Sick Child Policy

At Northfields Pre School we believe that the health and well-being of children is of paramount importance and we wish to support all parents who have any concerns about their child's well-being. In order to maintain a clean and healthy environment for all our children we ask that parents avoid bringing children into Pre School if they are sick and displaying signs of illness.

Aims

- To ensure sick children are identified
- To ensure sick children are cared for appropriately
- To protect children and adults from preventable infection
- To enable staff and parents to be clear about the requirements and procedures when children are unwell
- To deal efficiently and effectively with emergencies that may arise whilst children are with us.

Procedures for Sick Children

- If a child becomes unwell whilst in our care a member of staff will monitor the child and rule out any common reasons by ensuring that they have been to the toilet, that they are hydrated and that they are warm/cool enough. The member of staff will check that there is nothing worrying the child. Staff will also check that there is no known condition on medical lists for his child. Following initial checks, the member of staff will then decide whether symptoms may require a call to parents/carers.
- If symptoms suggest that they do not require a call to parents/carers, a member of staff will continue to monitor the child. Should the symptoms worsen, the parents/carers will be called. If staff are in any doubt a call will be made to parents to discuss the child.
- If a child has sickness or diarrhoea in school they will be sent home immediately; children should not return to school for 48 hours after their last case of sickness/diarrhoea.
- The child will be made comfortable while they wait to be collected.
- If contact cannot be made with parents then staff will contact the emergency contacts provided by parents on the registration form.
- In the case of an emergency when the child's health is at risk and ambulance will be called and a member of staff will accompany the child to hospital. Parents will be contacted.

Notifiable Diseases

- If a notifiable disease is suspected or reported by a parent/carer the manager/deputy manager will contact the health protection agency and Pre School will follow the advice given. The Pre School will also inform Ofsted if a notifiable disease is confirmed by the health protection agency.

Sun Protection

In hot weather, parents/carers are encouraged to apply long-lasting sun cream to their child before school. Children will be encouraged to wear a hat when playing outside in the sun. In hot weather, staff will encourage children to drink water frequently. Staff will ensure that shady areas out of the sun are available to children when playing outside. In very hot weather the staff may limit time outside.

Exclusion of sick children from Pre School

Children with infectious or contagious diseases will be excluded for certain periods. If a member of staff suspects that a child has an infectious or contagious disease, they will request that parents consult a doctor before returning to Pre School.

On rare occasions if an illness or disease can put a member of staff or unborn child at risk then the Manager/Deputy will make a decision after seeking medical advice.

We recommend that no child may attend Pre School while suffering from one of the communicable diseases and they should be excluded for the minimum periods recommended. Please see guidelines to illness/communicable diseases provided by the Health Protection Agency.

Ofsted will be notified of any food poisoning affecting two or more children. Notification will be made as soon as is reasonable practicable but in any event within 14 days of the incident.

APPENDIX A – Key Personnel at the setting and external agency details

MANAGER	Sharon McCrea NVQ 3
DEPUTY	Juliet Hawkins NNEB
DEPUTY	Jane Colgan NVQ 3
STAFF MEMBER	Donna Garrard
JOINT - CHAIRPERSON	Bina Booth & Rachel Cleveley
FIRST AIDERS	Sharon McCrea, Juliet Hawkins, Jane Colgan & Donna Garrard
HEALTH AND SAFETY REPRESENTATIVE	Sharon McCrea
FIRE SAFETY OFFICER	Sharon McCrea and Centre Management Team
FOOD HYGIENE REPS.	Sharon McCrea , Juliet Hawkins , Jane Colgan, Donna Garrard
SPECIAL EDUCATIONAL NEEDS CO-ORDINATOR (SENCO)	Juliet Hawkins
ACHIEVING POSITIVE BEHAVIOUR	Jane Colgan
NOMINATED SAFEGUARDING	Jane Colgan, Sharon McCrea
BEHAVIOURAL MANAGEMENT	Sharon McCrea, Jane Colgan

LADO Contact: Lisa Tingle 020 8825 8155 e.mail tinglel@ealing.gov.uk egfl.org.uk

Ealing Children’s Integrated Response Service: 020 8825 5000

Child Protection Emergency Duty (Local Authority): 020 8825 8268

Police Child Protection team: 020 8246 1901

Ofsted: 0300 123 1231

Disclosure and Barring Service: www.gov.uk

Ealing Children’s Integrated Response Services: 020 8825 8000 (incl. out of hours)

Senior Operational Manager: 020 8825 7042

Ealing Pre School Learning Alliance: 020 8567 5247

NSPCC: 0808 80 0 5000

APPENDIX B

Unexpectedly unable to collect your child

In the event of an emergency the following process will be implemented:

If you are able to, telephone the Pre School to inform them of your arrangements.

Please ensure that you have the Pre-school mobile telephone number programmed into your home and mobile telephones. The number is **020 8567 8030**.

You make arrangements with your authorised person, provide them with the password and tell them they will need to quote it.

Pre School staff will check your child's password as detailed on their registration form.

We will not hand your child over to anyone who is not known to us without them giving us your password.

Appendix C

Ofsted Reporting

It is necessary to report certain material facts and incidents to Ofsted as they arise. This should be done as soon as reasonably possible, but in any case within 14 days of the occurrence. There follows a list of these needs:

- Change of Pre School address and/or telephone number
- Any significant event likely to affect the suitability of any person responsible for the care of children on the Pre School premises.
- Any change in person(s) managing the provision.
- Any change in the registered charity name or number.
- Any court order, determination or conviction or any other grounds for disqualification from registration applying to any person working with, or caring for the children, or involved in the management of the Pre School.
- Any changes to the premises that may affect the space available to children and the quality of childcare available to them.
- Any structural works to be carried out on the premises (extensions, building improvements etc.)
- Any notifiable diseases or infections (EYFS CD contains a list).
- Any serious medical incident (including the administration of life-saving medication), accident or death occurring on the premises.
- Any written complaint raised against the Pre School
- Any written complaint made against a member of staff.
- Any complaints made arising out of suspected abuse, behaviour management, child protection issues, health and safety.
- Any breach of Policies and Procedures as set out in the Policies and Procedures manual kept on the premises.

Ofsted Inspections

- Ofsted may inspect the setting at any time, unannounced.
- Where Ofsted provide notice in advance of the period in which an inspection will take place, this information must be passed on to parents.

Appendix D

FIRE DRILL

PROCEDURE TO BE FOLLOWED IN THE EVENT OF FIRE

- **Juliet** will open the doors to the garden taking with her as many children as possible. She will collect keys to gates on exit. **Juliet** will lead the children towards the gate to the RIGHT, once accompanied by another staff member she will unlock the LEFT gate to allow other groups to exit safely.
- **Jane** will lead children towards the fire assembly point.
- **Donna** will assist in ushering the children through the doors and round to the assembly point. Any other staff or visitors will be familiar with the fire drill and will follow **Donna** out of the building.
- **Sharon** will collect the register, phone, visitor's book and contact list, she will unlock all internal doors and follow out to the garden, having made a final check of the hall and toilets to ensure that there are no children still on the premises.
- **Sharon** will do a headcount and call emergency services
- Emergency kit with coats for children and staff and essential items is stored in the Pre School shed.
- If the fire is at the rear of the building staff will lead the children out through the front doors and take the children along to Fielding Walk to ensure that they are well out of the way of the fire and emergency service. **Sharon** will collect Emergency Kit once all checks listed above have been completed.

Appendix E

Registration Form for Northfields Pre School

Please ensure that all signature fields are completed.

Note: When we refer to 'parent' in this document, we include natural/birth parents, step parents & parents who do not live with their children, but have contact with them and play a part in their lives. We also include same sex parents and foster parents

Basic Details

Name of Child..... Date of Birth.....

Name we prefer to use (if different from above).....M/F (delete as appropriate)

Name of parent(s) with whom the child lives

1.....

2.....

Does this/Do these parents have parental responsibility?

Parent named in field 1 above Yes/No (delete as appropriate)

Parent named in field 2 above Yes/No (delete as appropriate)

Address of parent(s) with whom the child lives.....

.....

Home Telephone Number.....

Mobile (1).....e.mail (1).....

Mobile (2).....e.mail (2).....

Please complete this page if relevant

Name of parent with whom the child does not live.....

Does this parent have parental responsibility? YES/NO (delete as appropriate)

Address of parent with whom the child does not live.....

.....

Mobile.....e.mail.....

Does this parent have legal access to the child? YES/NO (delete as appropriate)

Are there any persons legally barred from access to the child? YES/NO (delete as appropriate)

Emergency contact details

Parent 1 – Work/Daytime contact number.....

Parent 2 – Work/Daytime contact number.....

Any other emergency contact numbers

NameRelationship to child.....

Contact Tel.No.....

Name.....Relationship to child.....

Contact Tel.No.....

Persons authorised to collect the child other than parents

Name.....Relationship to child.....

Contact Tel.No.....

Name.....Relationship to child.....

Contact Tel.No.....

Password

Please make a note of this password on your phone or in a notebook as you will need to give this to the person who you ask to collect your child in the event of you being unable to collect your child personally.

Personal Details of the Child

Does your child attend another setting? If so please give details:

Name of setting.....

Contact Name/Key Person.....

Address.....

Tel.....

How many hours does your child attend at this setting?.....

I give my permission for Northfields Pre School to contact the above setting

Signed parent.....Date.....

Does your child suffer from any known medical conditions or allergies or have any special dietary needs or preferences? YES/NO (if yes please give details below)

How would you describe your child's ethnicity or cultural background?

What language(s) is/are spoken at home?.....

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? YES/NO (delete as appropriate)

If so, discuss and agree with the key person how you will support your child when settling in

Is there any other information that is important for us to know about your child? YES/NO:

Does your child have any special needs or disabilities? YES/NO (delete as appropriate) give details:

Names of professionals involved with the child (speech therapist, occupational therapist, physio, etc.)

Name 1.....Role.....

Agency.....Tel.....

Name 2.....Role.....

Agency.....Tel.....

Name 1.....Role.....

Agency.....Tel.....

Name.....Tel.No.....

Medical Details

Doctor Name.....Based at.....

.....Tel. No.....

Give details of any known medical conditions

Has your child received the following immunisations?

Diphtheria Yes/No Tetanus Yes/No Polio Yes/No Meningitis C Yes/No MMR Yes/No

Declaration for emergency treatment

I agree to the Manager in charge of the Pre School (or deputy in charge) taking the necessary steps to ensure that my child receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the setting. I understand that the Manager (or deputy in charge) will make every effort to inform me of any emergency or accident as soon as possible so that I may travel either to the setting or to the hospital, as appropriate. I understand that the Manager/Key Person (or deputy in charge) may have to accompany my child by ambulance to hospital in the case of a serious accident. Health Professionals are responsible for any decisions regarding medical treatment in the absence of the parents.

Signed Parent.....Date

