

Padnell Pre-School

Policies

2024/2025

The enclosed policies are those required by the Safeguarding and Welfare requirements and the Learning and Development Requirements of the Early Years Foundation Stage.



“We play and learn together”

We aim:

“To provide high quality, affordable and accessible childcare to children aged 2 to rising 5 years, in a safe and supportive environment, and to work in partnership with parents in the provision of childcare in the community offering children and their parents a service which promotes equality and values diversity”.



Supported by Hampshire County Council **Registered Charity No. 1167296**

These policies apply to all staff, including senior managers, the board of trustees, paid staff, volunteers, agency staff, students or anyone working on behalf of Padnell Pre-School

To ensure our policies and procedures remain effective we monitor and review them annually to ensure our strategies meet the overall aims to promote equality, inclusion and valuing diversity. Our policies are in line with Early Year Alliance

Name of Pre-School	Padnell Pre-School
Manager	Karen Turner
Manager	Holly Turner

Organisation

- Admissions – *January 2025*
- The role of the key person and settling in – *January 2025*
- Working in partnership with other agencies – *January 2025*
- Parental involvement – *January 2025*
- Early Years practice – *January 2025*

Suitable people

- Supervision – *February 2025*
- Employment and staffing – *February 2025*
- Induction of staff, volunteers and managers – *February 2025*
- Student placements – *February 2025*

Safety and suitability of premises, environment and equipment

- Critical incident – *February 2025*
- Risk assessment – *February 2025*
- Outdoor play – *February 2025*
- Fire safety and emergency evacuation – *February 2025*
- Recording and reporting of accidents and incidents – *February 2025*
- Health and safety general standards – *February 2025*
- Food hygiene – *February 2025*
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- Emergency closure – *February 2025*
- Heat health and protection – *February 2025*
- Notifiable incident, non-child protection – *February 2025*

Safeguarding and promoting children's welfare

- Children's rights and entitlements – *March 2025*
- Safeguarding children and child protection/Whistle blowing – *March 2025*
- Low level concerns – *March 2025*
- Confidentiality and client access to records – *March 2025*
- Information sharing – *March 2025*
- Online safety, mobile phone and photographic images – *March 2025*
- Social networking – *March 2025*
- Staff safety including home visits – *March 2025*

- Babysitting – *March 2025*
- Looked After Children – *March 2025*
- Supervision of children on outings and visits – *March 2025*
- Maintaining children's safety and security on premises and intruder procedures – *March 2025*
- Uncollected child – *March 2025*
- Missing or absent child – *March 2025*
- Making a complaint – *March 2025*
- Tapestry – *March 2025*
- Incapacitated Parent or Carer - *March 2025*
- ICT – *March 2025*

Equality of Opportunity

- Valuing diversity and promoting equality – *April 2025*
- British values – *April 2025*
- Identification, assessment and support for children with SEND – *April 2025*
- Promoting positive behaviour and physical handling – *April 2025*

Information and records

- Children's records – *May 2025*
- Financial Records – *May 2025*
- Transfer of records – *May 2025*
- Provider records – *May 2025*

Promoting Health and Hygiene

- Administering medicines – *June 2025*
- Infection control – *June 2024*
- Managing children with allergies, or who are sick or infectious – *June 2025*
- Food and drink/Oral Health – *June 2025*
- Nappy changing – *June 2025*
- First aid – *June 2025*
- Animals in the setting – *June 2025*
- No smoking – *June 2025*
- Lifesaving medication and invasive treatment policy – *June 2025*

Organisation

Admissions - *adopted January 2024*

Policy Statement

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

Procedures

We ensure that the existence of our setting is widely advertised in places accessible to all sections of the community.

We ensure that information about our setting is accessible, using simple plain English, in written and spoken form and, where appropriate, provided in different community languages and in other formats on request.

We consult with families about the opening times of the setting to ensure we accommodate a broad range of families' needs.

We arrange our waiting list in birth order. In addition, our policy may take into account: the age of the child, with priority given to children who are eligible for the free entitlement – including eligible two-year-old children;

- the length of time on the waiting list;
- whether any siblings already attend the setting; and
- the capacity of the setting to meet the individual needs of the child.

Our setting and its practices are welcoming and make it clear that fathers, mothers, other relations and carers are all welcome.

Our setting and its practices operate in a way that encourages positive regard for and understanding of difference and ability - whether gender, family structure, class, background, religion, ethnicity or competence in spoken English.

We support children and/or parents with disabilities to take full part in all activities within our setting.

To comply with the Early Years Alliance and Local and Central Government's recommendations, Padnell Pre-School accepts children between the ages of two years old to rising fives.

To minimise the disruption to the existing children within the group, new admissions are arranged to visit and commence sessions at the earliest amenable date.

We are flexible about attendance patterns to accommodate the needs of individual children and families, providing these do not disrupt the pattern of continuity in the setting that provides stability for all the children.

Sessions cannot be sold to another child if a child doesn't attend pre-school due to holiday or sickness. We ask that the pre-school is informed of any absences and parents will be contacted after each missed session, as recommended by the Safeguarding new guidelines, if we have not heard any reason for non-attendance.

It is the aim of the pre-school to offer all children a maximum of 15 funded hours. The minimum number of hours that we recommend a child to be registered for is six.

Children eligible for 30 hours it is recommended that they attend a minimum of at least two full days or twelve hours per week.

The pre-school adheres to the National Standards set by Ofsted and supported by the Early Years Alliance concerning the recommended staff ratios for children. Our current ratios are:

- 1 adult: 4 children aged under three years old;
- 1 adult: 8 children for three year olds to rising fives;
- the pre-school accepts a maximum of 30 children at any session;
- the pre-school's staff qualifications supersede those required by the National Standard, as set by Ofsted. Staff certificates are permanently displayed within the pre-school's entrance hall.

Parents/guardians and carers are requested speak to the manager when requiring session changes such the day/s or time of sessions or increasing/decreasing sessions. Please note that, as all sessions are filled at the start of term, it may not be possible to swap sessions. If parents agree sessions and then decrease the number of sessions requested, then until the session is reallocated to another child, we will charge the fees for the original agreed number of sessions for one half term (or remainder of half term if change is requested part way through half term).

Parents/carers should request changes by the end of the week prior to a half-term break. Mid-term session changes will only be made in exceptional circumstances as these can affect staffing ratios.

At Padnell Pre-School we actively promote parental involvement.

Session Fees

The Government, through Hampshire County Council's Services for Young Children Unit will provide a grant for free part-time nursery education with a registered provider. The pre-school EYE grant currently consists of 38 weeks (190 days) funding a year. An academic year is 39 weeks but with inset days, this returns to 38 weeks.

The pre-school will issue the necessary information packs and parent/guardian or carer form prior to each term that your child/ren is eligible and any concerns can be discussed with the Pre-School Manager.

Failure to comply with the terms and conditions may ultimately result in the provision of a place being withdrawn.

Non-Payment of Fees

We bill monthly and payment is expected within 14 days. If payment is not made by that date a letter will be sent to parent/carers giving one week to pay, otherwise the pre-school will have the right to exclude the child/ren from all sessions until payment has been made. If after two weeks from the date of exclusion, the fees have still not been paid, then the pre-school will take further action to recover the debt and has the right to expel the child/ren from the pre-school.

Refunds

The pre-school is unable to grant refunds for any missed sessions except where there are any exceptional circumstances, i.e. moving from the area or prolonged illness. It is not possible to receive a refund of any fees met by the Government funded grant scheme.

The pre-school also closes for statutory holidays which occur outside of the Hampshire school term holiday periods and five pre-arranged closure days each year.

Please ensure that if you move, your new details are given to the pre-school, to ensure that contact may be maintained regarding your child's placement.

We are able to offer 30 hours' free childcare to eligible families. This enables your child to stay all day if you meet the criteria. We are open from 8.50 – 2.55 pm for 38 weeks of the year. Your child can start attending 30 hours the term after their third birthday and once they have received a valid 30 hours' code, whichever is later. Term start dates are 1st September, 1st January and 1st April.

The eligibility for the 30-hour childcare is as follows:

- They earn or expect to earn the equivalent to 16 hours at National Minimum or Living Wage over the coming three months. Or are not receiving tax credits, universal credits, or childcare vouchers. Earning under £100.000 and at least £131.00 per week.
- This applies whether you are in paid employment, self-employed or on zero hours' contract.
- The parent (and their partner where applicable) should be seeking the free childcare to enable them to work.
- Where one or both parents are on maternity, paternity, shared parental or adoption leave, or if they are on statutory sick leave.
- Where one parent meets the income criteria and the other is unable to work because they are disabled, have caring responsibilities or have been assessed as having limited capability to work.
- Where a parent is in a 'start-up period' (i.e. they are newly self-employed) they do not need to demonstrate that they meet the income criteria for 12 months.
- If a non-EEA national, the parent must have recourse to public funds.

- **Please note it is parent's responsibility to re-check their eligibility every 3 months and to confirm eligibility with the school office. Without this code a 30-hour place will be withdrawn after the 'grace period' has ended.**

What happens if a parent loses eligibility?

- They will receive a 'grace period' – this means they will be able to keep their childcare for a short period.
- Once the 'grace period' has lapsed, the parent may be entitled to the universal 15 hours' entitlement.

Further Information

Follow this link to apply:

www.childcarechoices.gov.uk

Organisation

The role of the key person and settling-in - adopted January 2024

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, our 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 pre-school 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 child must be assigned a key person. The procedures set out a model for developing a key person approach that promotes effective and positive relationships for children.

Procedures

Key Person

We allocate a key person before the child starts. The key person is responsible for:

- providing an induction for the family and for settling the child into our setting;
- completing relevant forms with parents, including consent forms;
- explaining our policies and procedures to parents with particular focus on policies such as safeguarding and our responsibilities under the Prevent Duty;
- offering unconditional regard for the child and being non-judgemental;
- working with the parents to plan and deliver a personalised plan for the child's well-being, care and learning;

- Acting as the key contact for the parents.

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.

Having links with other carers involved with the child and co-ordinating the sharing of appropriate information about the child's development with those carers.

Encouraging positive relationships between children in her/his key group, spending time with them as a group each day.

Once a child is accepted by the pre-school, we will visit the child's home where a manager and the key person has further opportunity to acquaint themselves with the child.

Key persons aim is to contact or visit the child's current setting before he/she starts at Padnell Pre-School.

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 adults and children. In addition to this, we allocate every child a shared/second key person to support children and their families in the absence of their main key person.

We operate an open-door policy for parents/carers.

Settling-In

Stay and Play Sessions

These sessions are offered to have the opportunity for your child to spend time at pre-school together before your child starts.

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.

Younger children may take longer to settle in, as will children who have not previously spent time away from home. Children who have had a period of absence may also need their parent to be on hand to re-settle them.

We judge a child to be settled when they have formed a relationship with their key person; for example, the child looks for the key person when he/she arrives, goes to them for comfort, and seems pleased to be with them. The child is also familiar with where things are and is pleased to see other children and participate in activities.

When parents leave, we ask them to say goodbye to their child and explain that they will be coming back and when.

Parents/carers are encouraged to drop in once a term to meet with their child's key person to discuss their records of development.

The Progress Check at age Two

The key person carries out the progress check at age two in accordance with any local procedures that are in place and referring to the guidance *A Know How Guide: The EYFS progress check at age two*.

The progress check aims to review the child's development and ensures that parents have a clear picture of their child's development.

A template for completing the two-year-old progress check is provided on Tapestry.

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.

Once the timing of the child's progress check is confirmed, parents are invited to discuss their child's progress at a mutually convenient time.

The setting must seek to engage both parents and make allowance for parents who do not live with their child to be involved.

Where any concerns about a child's learning and development are raised these are discussed with the parents, the SENCo and the setting manager.

If concerns arise about a child's welfare, they must be addressed through the safeguarding children and child protection procedure.

The progress check will describe the actions that will be taken by us 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.

The key person must be clear about the aims of the progress check as follows:

- to review a child's development in the three prime areas of the EYFS;
- to ensure that parents have a clear picture of their child's development;
- note areas where a child is progressing well and identify any areas where progress is less than expected;
- describe actions the provider intends to take to address any developmental concerns (working with other professionals as appropriate).

Further Information

UNCRC links to Articles 3, 13 and 29 (*we understand the importance of the unique child and work together with parents to ensure their needs are met and that every child is supported to fulfil their potential*).

Organisation

Parental involvement - adopted January 2024

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.

The Children Act (1989) defines *parental responsibility* as '*all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property*'.

Procedures

Parents are made to feel welcome in our setting and they are greeted appropriately.

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 make every effort to accommodate parents who have a disability or impairment.

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 including our *Safeguarding Children and Child Protection* policy and our responsibilities under the Prevent Duty, and through regular informal communication. We check to ensure parents understand the information that is given to them.

Information about a child and his or her family is kept confidential within our setting. We provide you with a privacy notice that details how and why we process your personal information. The exception to this is where there is cause to believe that a child may be suffering, or is likely to suffer, significant harm, or where there are concerns regarding child's development that need to be shared with another agency. We will seek parental permission unless there are reasons not to in order to protect the safety of the child. Reference is made to our Information Sharing Policy on seeking consent for disclosure.

- We seek specific parental consent to administer medication, take a child for emergency treatment, take a child on an outing and take photographs for the purposes of record keeping. The expectations that we make on parents are made clear at the point of registration.
- We seek parents' views regarding changes in the delivery of our service. Parents are actively encouraged to participate in decision making processes according to the structure in place within our setting.
- We encourage parents to become involved in the social and cultural life of the setting and actively contribute to it.
- We encourage and support parents to play an active part in the governance and management of the setting.
- As far as possible our service is provided in a flexible way to meet the needs of parents without compromising the needs of children.
- We provide sufficient opportunity for parents to share necessary information with staff and this is recorded and stored to protect confidentiality.
- There is a clear expectation that parents will participate in settling their child at the commencement of a place according to an agreed plan.

- Key persons support parents in their role as the child's first and most enduring educators.
- Key persons regularly meet with parents to discuss their child's learning and development and to share concerns if they arise.
- There is sufficient opportunity for parents to share necessary information with staff and this is recorded and stored to protect confidentiality.
- Where applicable, our key persons work with parents to carry out an agreed plan to support special educational needs.
- Where applicable, our key persons work with parents to carry out any agreed tasks where a Protection Plan is in place for a child.
- 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 support families to be involved in activities that promote their own learning and well-being; informing parents about relevant conferences, workshops and training.
- We consult with parents about the times of meetings to avoid excluding anyone.
- We provide information about opportunities to be involved in the setting in ways that are accessible to parents with basic skills needs, or those for whom English is an additional language; making every effort to provide an interpreter for parents who speak a language other than English and to provide translated written materials.
- 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. There are opportunities for parents to take active roles in supporting their child's learning in the setting: informally through helping out or taking part in activities with their child, or through structured projects engaging parents and staff in learning about children's learning.

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

- Admissions policy;
- Complaints procedure;
- Record of complaints;
- Developmental records of children.

Further Information

UNCRC links to Article 18 (*Our service supports and welcomes contributions from both parents and work to ensure information is shared appropriately*).

Organisation

Early Years Practice – adopted January 2024

Policy Statement

Provide a happy welcoming and secure environment where children play and learn together with their individual needs supported.

Procedure

Objectives

- Children need to form a secure attachment to their key person when they join the setting to feel safe, happy and eager to participate and learn. It is their *entitlement* to be settled comfortably into a new environment.
- The needs of part-time children are considered.
- Introductions and induction of the parent is carried out before children start.
- *Group times* of the day make the very best of routine opportunities to promote ‘tuning-in’ to the child emotionally and create opportunities for learning. We actively promote British values, inclusion, equality of opportunity and the valuing of diversity.
- We operate a positive behaviour management approach. Behaviour management procedures cover how staff should respond to all aspects of behaviour, including children who exhibit challenging behaviour towards other children. These procedures build on the Early Years Alliance’s approach to learning based on three key statements.
 1. Learning is a lifelong process, which enables children and adults to contribute to and shape their world.
 2. We want the curriculum we provide to help children to learn to:
 - be confident and independent
 - be aware of and responsive to their feelings
 - make caring and thoughtful relationships with other people
 - become increasingly excited by, interested in, and knowledgeable and questioning about the world around them.

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

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

Children (2-5 years)

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

Waiting list and admissions

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

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

- services are widely advertised and information is accessible to all sections of the community.
- where the number of children wanting places exceeds the number of places available a waiting list is operated.

Funded places – free entitlement

All three- and four-year-olds in England are entitled to 15 hours free childcare and early education each week for 38 weeks of the year. Some eligible two year olds are also entitled. Funded places are offered in accordance with national and local codes of practice and adherence to the relevant Provider Agreement/Contract with the local authority.

Legal References

Special Educational Needs and Disability Act 2001

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

Equality Act 2010

Childcare Act 2006

Organisation

Working in partnership with other agencies - adopted January 2024

Policy Statement

We work in partnership with local and national agencies to promote the well-being of all children. We will never share your data with any organisation to use for their own purposes.

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 Privacy Notice Information Sharing Protocol, Safeguarding Children and Child Protection Policy and the Supporting Children with Special Educational Needs Policy.

Information shared by other agencies with us is regarded as third party information. This is also kept in confidence and not shared without consent from that agency.

When working in partnership with staff from other agencies, we make those individuals welcome in the setting and their professional roles are respected.

We follow the protocols for working with agencies, for example on child protection. Any professional 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 and signpost to 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.

Schools

Setting work in partnership with schools to assist children's transition to school and share information.

The setting manager actively seeks to forge partnership with local schools with the aim of sharing best practice and creating a consistent approach.

Further Information

UNCRC links to Articles 3 and 29 (*we support good partnership working and share information in order to offer the best possible support for every child*).

Suitable People

Supervision - adopted February 2024

Policy Statement

Providers must put appropriate arrangements in place for the supervision of staff who have contact with children and families. Effective supervision provides support, coaching and training for the practitioner and promotes the interests of children. Supervision should foster a culture of mutual support, teamwork and continuous improvement, which encourages the confidential discussion of sensitive issues.

Supervision should provide opportunities for staff to:

- discuss any issues – particularly concerning children's development or well-being
- identify solutions to address issues as they arise; and
- receive coaching to improve their personal effectiveness.

Definition

For the purpose of this policy supervision is defined as a process by which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational, professional and personal objectives in order to promote positive outcomes for service users.

Procedures

Supervision is a requirement of the Early Years Foundation Stage and this policy is based on the premise that the supervision of staff is an integral part of the day to day business of our organisation. It will occur both formally and in other forums including informal discussions and group settings and, in all of these forums the process of supervision should be informed by the standards set out within this document.

The process of supervision is supported by the development of a relationship between supervisors and supervisees which provides a safe environment to support the worker and facilitate reflection, challenge and critical thinking.

One-to-one supervision is at the heart of the process and all staff should receive regular online checks of staff DBS will be carried out at supervisions.

Ad hoc supervision is the dialogue that takes place between a supervisor and supervisee as the need arises. This should be available to all staff but is not a substitute for formal one to one sessions. The value of ad hoc supervision is that it is an important way of supporting staff, improving performance, keeping pace with change and ensuring that organisational requirements are met.

Padnell Pre-School will:

- prioritise supervision as an important activity within the service;
- ensure that all staff that come within the scope of this policy have a named supervisor who also has line management responsibility for their work and welfare;
- ensure appropriate space is provided for one to one meetings once a term;
- regularly evaluate the quality of supervision being provided.

Padnell Pre-School recognises that:

- staff supervision is integral to the effective delivery of services;
- the quality of staff supervision impacts on outcomes for children and their families;
- the delivery of supervision must be a priority task within the organisation;
- all staff within have the right to receive regular formal supervision from supervisors;
- all staff have a responsibility to participate in supervision and attend formal session;
- the process of supervision is a shared responsibility: staff and their supervisors are expected to contribute to the effectiveness of the process and the organisation has a responsibility to facilitate a culture, which supports the process.

Supervisors will:

- ensure the delivery of one to one supervision sessions at a frequency in line with this policy;
- ensure that supervision is recorded in line with the expectations set out within this policy;
- ensure that the prime focus of supervision is the quality of service being received by children and families;
- use the supervision agreement as the basis for the development of a relationship where supervisees can be supported in their work and reflect on their practice;

- ensure the supervisee is clear, if wishing to raise any concerns about the quality of supervision being received, that the Chair of the Board of Trustees can be approached;
- use the supervisory process to learn from good practice and give constructive feedback in order to promote professional development;
- address performance concerns as they arise and work positively with the supervisee to improve practice.

Supervisees will:

- take responsibility for attending one to one supervision or group sessions as set out in their supervision agreement.
- prepare adequately for supervision and take an active part in the process.

The Supervision Agreement

The development of a productive supervisory relationship starts with:

- clarity about roles and responsibilities and organisational requirements;
- building rapport, understanding each other's perspective and any other factors that might affect the process.

Acknowledging that effective supervision may not always be comfortable and exploring how power, authority and differences of opinion may be negotiated.

It is the responsibility of supervisors to ensure that an agreement is in place for every supervisee. This agreement should be signed by both parties and placed in the supervisee's file.

Checking Continuing Suitability

- supervisors check with staff if there is any new information pertaining to their suitability to work with children. This only needs to be recorded on the supervision meeting record;
- where staff are on zero hours' contracts or are employed as and when needed, their line manager completes the staff suitability self-declaration form quarterly, and/or at the beginning of every new period of work;

- regarding the use of agency staff/support workers/self-employed persons there is an expectation that as part of the agreement with agencies they have sought information regarding their employee's suitability to work with children. Line managers must review this regularly;
- The position for students on placement is the same as that for agency staff.

Exceptional Circumstances

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

Suitable People

Employment and staffing - adopted February 2024

(Including vetting, contingency plans, training and development)

Policy Statement

We provide a staffing ratio in line with the Early Years Foundation Stage Statutory Framework requirements 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

Ratios

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;
- 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.
-

The number of children for each key person takes into account the individual needs of the children and the capacity of the individual key person to manage their cohort. A minimum of two staff/adults are on duty at any one time; one of whom is one of our manager or deputy.

Our managers deploy our staff, students and volunteers to give adequate supervision of indoor and outdoor areas, ensuring that children are usually within sight and hearing of staff, and always within sight *or* hearing of staff at all times.

All staff are deployed according to the needs of the setting and the children attending. We assign each child 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 meetings to undertake curriculum planning and to discuss children's progress, their achievements and any difficulties that may arise from time to time.

Vetting and Staff Selection

We work towards offering equality of opportunity by using non-discriminatory procedures for staff recruitment and selection.

All members of staff have job descriptions that set out their roles and responsibilities. We welcome applications from all sections of the community. Applicants will be considered on the basis of their suitability for the post, regardless of disability, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, sex, age, marriage or civil partnership. Applicants will not be placed at a disadvantage by our imposing conditions or requirements that are not justifiable.

We follow the requirements of the Early Years Foundation Stage and Ofsted guidance on checking the suitability of all staff and volunteers who will have unsupervised access to children. This includes obtaining references and ensuring they have a satisfactory enhanced criminal records check with barred list(s) check through the Disclosure and Barring Service [DBS]. This is in accordance with requirements under the Safeguarding Vulnerable Groups Act (2006) and the Protection of Freedoms Act (2012).

Where an individual is subscribed to the DBS Update Service we will carry out a status check of their DBS certificate to ensure that it does not reveal any information that would affect their suitability for the post. We will ask for permission before a DBS Update Service check is carried out.

We keep all records relating to the employment of our staff and volunteers; in particular, those demonstrating that suitability checks have been done, including the date of issue, name, type of DBS checks and unique reference number from the DBS certificate, along with details of our suitability decision.

We require that all our staff and volunteers keep their DBS check up-to-date by subscribing to the DBS Update Service throughout the duration of their employment with us.

Our 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. 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. Ofsted must be informed.

Paid staff members are not permitted to work the same sessions as their child attends. Staff contracts are reviewed annually.

Changes to Staff

We inform Ofsted of any changes to our Registered Person trustees/director(s) of our provision and our manager.

Training and Staff Development

The setting manager holds a Level 5 Certificate in Leadership of Children and Young People's all other staff hold or are working to NVQ Level 3 Certificates.

We provide in-service training to all staff - whether paid staff or volunteers.

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 are introduced within an induction plan.

We support the work of our staff by holding regular supervision meetings.

We are committed to recruiting, appointing and employing staff in accordance with all relevant legislation and best practice.

Staff Taking Medication or 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. Our staff will only work directly with the

children if medical advice confirms that the medication is unlikely to impair their ability to look after children properly.

Staff medication on the premises will be stored securely and kept out of reach of the children at all times.

If we have reason to believe that a member of staff is under the influence of alcohol or any other substance that may affect their ability to care for children, they will not be allowed to work directly with the children and further action will be taken.

Managing Staff Absences and Contingency Plans for Emergencies

Our staff team 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.

We will normally respect requests for time off to care for dependants in special and exceptional circumstances. Such time off will either be unpaid, or made up at another time, this will be considered along with keeping the effect on the children with regards to continuity and welfare as a priority.

Immediate family can have one day paid and one day for funeral.

Where staff are unwell and take sick leave in accordance with their contract of employment, we organise cover to ensure ratios are maintained.

Sick leave is monitored and action is taken where necessary in accordance with the contract of employment.

We budget for predictable fluctuations in income and expenditure. Budgets are completed annually and updated monthly to take into account all of the factors that may affect income and expenditure.

Our setting aims to hold reserves to meet redundancy obligations as required by law and sustain the pre-school if income falls below expected levels, in addition to meeting any unexpected building costs. The amount held in the reserves is reviewed annually to ensure that sufficient funds are available.

Further Information

UNCRC links to Articles 19 and 34 (*we undertake and monitor the Disclosure and Barring Service (DBS) checks on all members of staff*).

Suitable People

Induction of Staff, Volunteers and Managers - *adopted February 2024*

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:

- have an understanding of our safeguarding induction linking to policies and our procedures;
- introductions to all staff;
- familiarising with the building, health and safety and fire procedures;
- ensuring our policies and procedures have been read and are carried out;
- introduction to parents, especially parents of allocated key children where appropriate;
- familiarisation with confidential information in relation to any key children where applicable;
- details of the tasks and daily routines to be completed.

The induction period lasts two months. The managers induct new staff and volunteers. A member of the senior management team 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.

Safeguarding training is mandatory and will be completed in the first three months. There will be initial briefing on the first day.

Following induction, we continue to support our staff to deliver high quality performance through regular supervision.

All members of staff receive a copy of our Grievance Policy and Disciplinary Procedures.

The induction process is reviewed annually.

Suitable People

Student Placements - *adopted February 2024*

Policy Statement

We recognise that qualifications and training make an important contribution to the quality of the care and education we provide. 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 Person requirements of the Early Years Foundation Stage and have a satisfactory enhanced DBS check with barred list check(s).

We require schools placing students under the age of 17 years with the setting to vouch for their good character.

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 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.

We take out employers' liability insurance and public liability insurance, which covers both trainees and voluntary helpers

We require students to keep to our Confidentiality and Client Access to Records Policy.

We co-operate with students' tutors in order to help students to fulfil the requirements of their course of study.

We provide students, at the first session of their placement, with a short induction and training pack on how our setting is managed, how our sessions are organised and our policies and procedures.

We communicate a positive message to students about the value of qualifications and training.

We make the needs of the children paramount by not admitting students in numbers that hinder the essential work of the setting.

We ensure that trainees and students placed with us are engaged in bona fide early years training, which provides the necessary background understanding of children's development and activities.

We require students to inform the Pre-school Manager of any planned absence as soon as this is known or non-planned absence on the first day.

Safety and Suitability of Premises, Environment and Equipment

Critical Incident Policy – adopted February 2024

Policy Statement

A delegated person should contact or liaise with the emergency services and take advice on how to handle the situation and what needs to be done.

If the children and staff need to be evacuated in an emergency, the fire drill evacuation can take place. The children and staff will leave the building by the nearest fire exit and meet at the assembly point (Padnell Infant School). The children's register, safety plan and contact box should be collected during the exiting of the building and if at all possible the children's medication boxes and first aid kit. Parent/carers will be informed so that the children can be collected.

The chairperson is to be informed.

The manager or deputy manager should collect and collate all information and produce an interim report detailing action that needs to be taken.

Staff, trustees, parents/carers and children need to be kept informed during and after the incident.

If the pre-school is closed Hampshire County Council will need to be informed by email and Ofsted will need to be telephoned.

The manager or deputy manager should manage the return of staff and children, taking into account Health and Safety. This can be announced through the Pre-Schools website and Hampshire County Council.

The manager or deputy manager, head teacher of Padnell Infants School and chair should meet and review the incident for further risk management.

Emergency Contact Number

Karen Turner, Manager	02392 253758 07543439680
Holly Turner, Manager	02392 253758 07543439680
Hampshire County Council	EYE URN 594889
Ofsted	EY437909 03001231231

Safety and Suitability of Premises, environment and Equipment

Risk Assessment - *adopted February 2024*

Policy Statement

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

Risk assessment means:

Taking note of aspects of your workplace and activities that could cause harm, either to yourself or to others, and deciding what needs to be done to prevent that harm, making sure this is adhered to.

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

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

This policy is based on the five steps below:

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

Assessment as to whether the level of a risk is high, medium, low. This takes into account both the likelihood of it happening, as well as the possible impact if it did.

Control measures to reduce/eliminate risk: What will you need to do, or ensure others will do, in order to reduce that risk?

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

Procedures

The managers undertake training and ensure our staff and volunteers have adequate training in health and safety matters.

Our risk assessment process covers adults and children and includes:

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

We maintain checks daily before opening as well as those that are checked on a weekly and termly basis when a full risk assessment is carried out.

PAT testing is completed yearly by the school caretaker.

Our managers ensure that staff members carry out risk assessments that include relevant aspects of fire safety, food safety for all areas of the premises.

Our managers ensure that staff members carry out risk assessments for work practice including:

- changing children;
- preparation and serving of food/drink for children;
- children with allergies;
- cooking activities with children;
- supervising outdoor play and indoor/outdoor climbing equipment;
- assessment, use and storage of equipment for disabled children;

- the use and storage of substances which may be hazardous to health, such as cleaning chemicals;
- visitors to the setting who are bring equipment or animals as part of children's learning experiences; and
- following any incidents involving threats against staff or volunteers.

Our managers ensure that staff members carry out risk assessments for off-site activities if required, including:

- children's outings (including use of public transport)
- home visits; and
- other off-site duties such as attending meetings etc.

We take precautions to reduce the risks of exposure to Legionella (Legionnaires disease). A monthly check is carried out by the school caretaker.

Legal framework

Management of Health and Safety at Work Regulations (1999)

Safety and Suitability of Premises, environment and Equipment

Outdoor Play- adopted February 2023

Policy Statement

"Play is an essential part of every child's life and vital to the processes of human development. It provides the mechanism for children to explore the world around them and the medium through which skills are developed and practised. It is essential for physical, emotional and spiritual growth, intellectual and educational development and acquiring social and behavioural skills".

The National Voluntary Council for Children's Play [N.V.C.C.P.] Charter

We believe that children learn through outdoor play, which complements and enhances their indoor learning.

Aims

Promote good quality, challenging, safe and accessible play for all children.

Provide well-planned engaging activities outside, similar but different to indoors.

Provide an environment to extend and improve children's learning and well-being regardless of the weather.

Make the most of an environment over which we have little control.

Expand children's horizons of what learning can be experienced outside.

Fulfil the requirements of the Early Years Foundation Stage outdoors as well as indoors.

Learning, Teaching and Caring Opportunities

Be independent.

Be inventive and creative.

Embrace new experiences.

Make their own choices and decisions.

Take risks and solve problems.

Learn and play in diverse groupings, which are not always controlled or supported by an adult.

Develop individual interests and find own boundaries.

Communicate, co-operate and negotiate with others.

Experience a sense of adventure, excitement and fun.

Develop fine and gross-motor skills.

Improve their learning processes by being on the move.

Develop physical skills for supporting emotional well-being.

Develop an appreciation of things seen, touched, smelt and heard.

Develop a sense of awe and wonder in the natural world.

Experience the seasons in all their richness.

Develop knowledge and understanding of the natural environment, for examples life cycle

Develop and extend cognitive skills through active experience, discovery and practice.

Revisit, repeat, re-live, recall, build-on and adapt previous experiences.

Opportunities to experiment, observe, hypothesise, draw conclusions.

Experience quiet and secluded areas, for example, dens and tents.

Procedure

To provide children with a broad and balanced curriculum indoors and out.

To teach the children care and respect for each other, plants, animals, wildlife and the environment.

Help children to understand self-care routines and looking after themselves, such as what to do when they are too warm or too cold; hungry or thirsty; or need the toilet.

Children may move large or heavy objects such as planks, bricks and tyres when appropriate round the garden to make their own constructions. We show the children the best way to move these objects independently, or with a friend and encourage the children to ask us to help test their construction for safety.

Sand should stay in the sand pit, unless being specifically used elsewhere.

Children are encouraged to wear wellington boots when the garden is wet and muddy and waterproof clothing as required.

To teach children safety rules when climbing. Never to climb with toys in their hands. Never to push, pull or hold onto their friends when climbing. Not to play out in role-play shoes or dressing up clothes.

Wheelchairs to access all areas of the garden where possible.

To follow the 'slide rules', respecting others when using the slide.

To provide children with honestly appropriate answers to their questions about the world around them and help them to find the answer if we don't know ourselves.

Make full use of prevailing weather conditions after risk assessing the circumstances.

Safety and Suitability of Premises, Environment and Equipment

Fire safety and Emergency Evacuation- *adopted February 2024*

Policy Statement

We ensure the highest possible standard of fire precautions are in place. 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 a Fire Safety Consultant. A Fire Safety Log Book is used to record the findings of risk assessment, any actions taken or incidents that have occurred and our fire drills. We ensure our policy is in line with the procedures specific to our building, making reasonable adjustments as required.

Fire Safety Consultant Churches Fire – Fire Marshalls Manager and Deputy Manager.

Procedures

Fire Safety Risk Assessment

The basis of fire safety is risk assessment, carried out by a 'competent person'. The managers have received training in fire safety sufficient to be competent to carry out the risk assessment; this will be written and will follow the Government Guidance Fire Safety Risk Assessment - Educational Premises (HMG 2006).

Our fire safety risk assessment focuses on the following for each area of the setting:

- electrical plugs, wires and sockets;
- electrical items;
- cookers;
- matches, used for lighting birthday candles, kept in high kitchen cupboard;
- matches, taken to Joey's Field are kept secure in a plastic tool box;
- flammable materials – including furniture, furnishings, paper etc.;
- flammable chemicals;
- means of escape;
- anything else identified.

Fire Safety Precautions Taken

We ensure that fire doors are clearly marked, never obstructed and easily opened from the inside.

We ensure that smoke detectors/alarms and firefighting appliances conform to BS EN standards, are fitted in appropriate high risk areas of the building and are checked as specified by the manufacturer.

We have all electrical equipment PAT tested by Site Manager. Any faulty electrical equipment is taken out of use and either repaired or replaced.

The fire alarm is tested weekly to ensure it is in good working order.

Our emergency evacuation procedures are:

- clearly displayed in the premises;
- explained to new members of staff, volunteers and parents; and
- practised regularly at least once every six weeks.
- records are kept of fire drills and the servicing of fire safety equipment.

Emergency Evacuation Procedure in our Fire Safety Plan

Procedures for practice drills include:

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

The pre-school has three emergency exits that may be used for evacuation are:

- Assembly Point 1 – The Padnell Infant School playground
- Assembly Point 2 – The Padnell Junior School field

If re-entry to the building is not possible all staff and children will move to the Infant or Junior School hall for Parent/Carer to be contacted for collection of children. During fire evacuation the Manager collects index file, register and mobile phone.

For Fire Practice While in Joey's Field - Procedure

A hand held bell is rung for inside the Preschool setting. Manager or deputy will be aware of any practices going ahead during session.

In Joys Field a fire practice is held by blowing a whistle three time. Children asked to run to the whistle. A register and head count are taken. Explained to the children, for a real fire we would all go back to Preschool.

Fire Emergency Joey's Field - Procedure

At preschool an electronic ring will detect fire sounding the smoke alarm, Manager or deputy will be aware to listen for ring.

Mobile phone call from Preschool will be made from Manager or Deputy to confirm fire emergency and where to meet. (Either Padnell Infant Playground or Padnell Juniors playing field.

Fire in Joey's Field

There are three exits – main gate; wooden gate bordering boundary to school field; and green metal gate to main road. Managers to determine the safest, quickest escape route for the safety of all in session and containment of fire and minimal damage to Joey's Field.

Fire Drills

We hold a fire drill every half term.

We record the following information about each fire drill in the Fire Safety Log Book:

- date and time of the drill;
- number of adults and children involved;
- how long it took;
- whether there were any problems that delayed evacuation;
- any further action taken to improve the drill procedure.

Legal Framework

Regulatory Reform (Fire Safety) Order 2005

Safety and Suitability of Premises, Environment and Equipment

Recording and reporting of accidents and incidents - adopted February 2024

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 file:

- is kept safely and accessibly;
- is accessible to all staff and volunteers, who know how to complete it; and
- is reviewed monthly alongside incidents and children absences to identify any potential or actual hazards.

Reporting Accidents and Incidents

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

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

Local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, while in our care and we act on any advice given by those agencies. Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health Department.

We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR. We report to the Health and Safety Executive (HSE):
Any work-related accident leading to an injury to a member of the public (child or adult), for which they are taken directly to hospital for treatment.

Any work-related accident leading to a specified injury to one of our employees. Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.

Any work-related accident leading to an injury to one of our employees that results in them being unable to work for seven consecutive days. All work-related injuries that lead to one of our employees being incapacitated for three or more days are recorded in our accident book. When one of our employees suffers from a reportable occupational disease or illness as specified by the HSE.

Our Incident Book

We have ready access to telephone numbers for emergency services. Where we rent premises we ensure we contact the Hampshire County Council Help Desk – Reactive Maintenance when dealing with an emergency.

We ensure that our staff and volunteers carry out all health and safety procedures to minimise risk and that they know what to do in an emergency.

On discovery of an incident, we report it to the appropriate emergency services – fire, police, and ambulance – if those services are needed.

If an incident occurs before any children arrive, our manager risk assesses the situation and decide if the premises are safe to receive children. Our managers may decide to offer a limited service or to close the setting.

Where an incident occurs whilst the children are in our care and it is necessary to evacuate the premises/area, we follow the procedures in our Fire Safety and Emergency Evacuation Policy or, when on an outing, the procedures identified in the risk assessment for the outing. If a crime may have been committed, we ask all adults witness to the incident make a witness statement including the date and time of the incident, what they saw or heard, what they did about it and their full name and signature.

We keep an incident book for recording major incidents, including some of those that that are reportable to the Local Authority or Health and Safety Executive as above.

These incidents include:

- a break in, burglary, or theft of personal or our setting's property;
- an intruder gaining unauthorised access to our premises;
- a fire, flood, gas leak or electrical failure;
- an attack on an adult or child on our premises or nearby;
- any racist incident involving families or our staff on the setting's premises;
- a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on our premises;
- the death of a child or adult; and
- a terrorist attack, or threat of one.

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, would also be recorded.

In the 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 our 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.

Death of a Child On-Site

Identifying

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

Informing

- the designated person ensures emergency services have been contacted; ambulance and police;

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

Responding

- the trustees/ managers will coordinate support for staff and children to ensure their mental health and well-being.

Education Inspection Framework

- As required under the *Education Inspection Framework*, we maintain a summary record of all accidents, exclusions, children taken off roll, incidents of poor behaviour and discrimination, including racist incidents, and complaints and resolutions.

Legal Framework

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (As Amended)
- The Health and Safety (Enforcing Authority) Regulations 1998

Further Information

- Education Inspection Framework: Education, Skills and Early Years (Ofsted 2019)
- Early Years Inspection Handbook for Ofsted Registered Provision (Ofsted 2019)
- RIDDOR Guidance and Reporting Form: www.hse.gov.uk/riddor
- Accident Record (Pre-school Learning Alliance 2019)
- CIF Summary Record (Pre-school Learning Alliance 2016)

- Reportable Incident Record (Pre-school Learning Alliance 2015)

Safety and Suitability of Premises, Environment and Equipment

Health and Safety General Standards - adopted February 2024

Policy Statement

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

We aim to make children, parents, staff and volunteers aware of health and safety issues and to minimise the hazards and risks enabling the children to thrive in a healthy and safe environment.

Our members of staff responsible for health and safety in the pre-school are:
Karen Turner (Pre-School Manager) and Holly Turner (Pre-school Manager).

The managers are competent to carry out these responsibilities and have undertaken health and safety training and regularly update their knowledge and understanding.

We display the necessary health and safety poster in the foyer.

Insurance Cover

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

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. Health and Safety checks are carried out by staff and children each morning.

Safety of Adults

Adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment.

When adults need to reach up to store equipment or to change light bulbs they are provided with safe equipment to do so.

We ensure that all warning signs are clear and in appropriate languages.

The sickness of staff and their involvement in accidents is recorded. The records are reviewed termly to identify any issues that need to be addressed.

We keep all cleaning chemicals in their original containers, inside a cupboard, clearly marked COSHH.

Adults do not lift or carry children for their own safety. Except in an emergency situation.

Floors

All floor surfaces are checked daily to ensure they are clean and not uneven, wet or damaged. Any wet spills are mopped up immediately.

Electrical and Gas Equipment

All electrical equipment conforms to safety requirements and is checked regularly. Faulty equipment is moved from usage and clearly labelled

All pieces of equipment have safety status stickers on them detailing when last checked and when next check is due, including initials of who has checked them.

Our meter cupboard is not accessible to the children.

Fires, heaters, wires and leads are properly guarded and the children are taught not to touch them.

There are sufficient sockets to prevent overloading.

We ensure that the temperature of hot water is controlled to prevent scalds.

Lighting and ventilation is adequate in all areas including storage areas.

Storage

All resources and materials, which are used by the children, are stored safely.

All equipment and resources are stored or stacked safely to prevent them accidentally falling or collapsing.

Outdoor Area

Our outdoor area is securely fenced. All gates and fences are childproof and safe.

Our outdoor area is checked for safety and cleared of rubbish, animal droppings and any other unsafe items before it is used.

We leave receptacles upturned to prevent collection of rainwater. Where water can form a pool on equipment, it is emptied before children start playing outside.

We check that children are suitably attired for the weather conditions and type of outdoor activities; ensuring that sun cream is applied and hats are worn during the summer months.

Hygiene

We seek information from the Public Health England to ensure that we keep up-to-date with the latest recommendations.

Our daily routines encourage the children to learn about personal hygiene.

We have a daily cleaning routine for the setting, which includes the main room, kitchen and toilets.

We have a schedule for cleaning resources and equipment, dressing-up clothes and furnishings.

The toilet area has a high standard of hygiene, including hand washing and drying facilities and disposal facilities for nappies.

We implement good hygiene practices by:

- cleaning tables between activities;
- cleaning and checking toilets regularly;
- wearing protective clothing - such as aprons and disposable gloves - as appropriate;
- providing sets of clean clothes; - wash cloths at the end of each day and provide new cloths at the beginning of each week;
- providing tissues and wipes;
- Handwashing before eating.

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.

We keep a full inventory of all items in the setting for audit and insurance purposes.

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 suitable for children's play.

Physical play is constantly supervised.

Children are taught to handle and store tools safely.

Children learn about health, safety and personal hygiene through the activities we provide and the routines we follow.

Any faulty equipment is removed from use and is repaired. If it cannot be repaired it is discarded. Large pieces of equipment are discarded only with the consent of the managers.

Control of Substances Hazardous to Health

Our staff implement the current guidelines of the *Control of Substances Hazardous to Health Regulations (COSHH)*.

We keep a record of all substances that may be hazardous to health - such as cleaning chemicals, or gardening chemicals if used and where they are stored.

Hazardous substances are stored safely away from the children.

We keep all cleaning chemicals in their original containers.

We keep the chemicals used in the setting to the minimum in order to ensure health and hygiene is maintained.

Members of staff wear protective gloves when using cleaning chemicals.

UNCRC links with Articles 6, 24, 27, 32, 33 and 36 (*Our Health and Safety Policy and our Health and Safety Officers ensure the environment is a safe and healthy place to be*)

Legal Framework

Health and Safety at Work Act (1974)

Management of Health and Safety at Work Regulations (1999)

Electricity at Work Regulations 1989

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

Manual Handling Operations Regulations (1992 (As Amended 2004))

Health and Safety (Display Screen Equipment) Regulations 1992

Safety and Suitability of Premises, Environment and Equipment

Food hygiene - *adopted February 2024*

(Including procedure for reporting food poisoning)

Policy Statement

In our setting we endorse healthy snacks for children.

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

The Pre-school Managers and SENCo have Level II Food Safety Certificate.

Procedures

The manager understands the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to their business.

We use reliable suppliers for the food we purchase.

We display a food allergen poster for parent's information along with a list of food ingredients when being used for cooking and investigation activities.

Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.

- un-refrigerated food is served to children within four hours of preparation at home;
- food preparation areas are cleaned before use as well as after use;
- 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;

- do not have unsupervised access to electrical equipment such as blenders etc.

Reporting of Food Poisoning

Food poisoning can occur for a number of reasons; not all cases of sickness or diarrhoea are as a result of food poisoning and not all cases of sickness or diarrhoea are reportable.

Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within the setting, the manager will contact the Environmental Health Department and the Health Protection Agency, to report the outbreak and will comply with any investigation.

We notify Ofsted as soon as reasonably practicable of any confirmed cases of food poisoning affecting two or more children looked after on the premises, and always within 14 days of the incident.

Legal Framework

Regulation (EC) 853/2004 of the European Parliament and of the Council on the hygiene of foodstuffs

Safety and Suitability of Premises, Environment and Equipment

Appropriate Dress and Jewellery - adopted February 2024

Policy Statement

We aim to make all our staff and students easily identifiable to children, Parents/Carers, and outside agencies. We wish our staff to be well presented and appropriately dressed and to show a sense of unity.

Procedures

Dress

All staff must wear the uniform provided by Padnell Pre-School, polo t-shirt, a sweatshirt/zipped jacket, a fleece and waterproofs as required.

Name badges are provided to be worn at all times.

Jeans, trousers, three-quarter length bottoms, shorts, tracksuit bottoms, long skirts are all appropriate to be worn. Short skirts above the knee are not appropriate.

Flat shoes only to be worn, any form of trainers, shoes, boots or sandals with straps/back supports may be worn, NO heels.

Hair must be tidy and no hats are worn whilst indoors.

Children

Sensible footwear to be worn at all times.

Parents must ensure that any jewellery worn by children poses no danger, particularly earrings which may get pulled, bracelets which can get caught when climbing or necklaces that may pose a risk of strangulation.

No jewellery, except studs are allowed in pierced ears.

No jewellery to be worn in pre-school and any worn will be removed and returned at the end of the session.

Safety and Suitability of Premises, Environment and Equipment

Emergency Closure - *adopted February 2024*

Policy Statement

It is the policy of Padnell Pre-School to open as usual, unless circumstances beyond our control make it unsafe for children and/or staff. Reasons for emergency closure include, but are not limited to, the following:

- fire damage;
- flooding;
- snow/ice;
- heatwave/high temperatures;
- high level of sickness among staff and/or children;
- pandemic;
- no heating, power or water in the building.

The policy is updated annually and members of staff are expected to read the policy when it is updated.

Parents/carers of children attending the pre-school are made aware that all the pre-school's policies are available for them to read on the pre-school's Facebook page or a hard copy can be requested.

Parents/carers are informed via the pre-school newsletter and Facebook page when policies have been updated.

Procedure

Should circumstances arise which result in the pre-school being unable to open for a session or sessions, we will follow the below procedure:

- Pre-school Managers will make a decision as to whether the pre-school will close based on the safety of children and/or staff travelling to and from the setting or while at the setting.
- In the event of bad/extreme weather, information sourced from local school and council websites to make the decision.

- The pre-school will reopen only if the staffing ratio of 1:4 for 2-year-olds and 1:8 for 3 and 4-year-olds can be maintained.
- If a decision is made to close the pre-school, then the Managers will inform staff by phone or message.
- Parents/carers will be informed of the decision not to open by email and Facebook and/or phone. It is therefore essential that contact details are kept up-to-date for both staff and parents. Parents are asked to update their enrolment form yearly.
- The pre-school emails can be accessed remotely and therefore parents/carers can be contacted even if there is no access to the building.
- Some members of staff will undertake different responsibilities during an emergency closure. Those members of staff will be made aware of those responsibilities by the Managers.
- Emergency closures are not specified in staff employment contracts. It is at the discretion of the Trustees as to whether or not staff will be paid in the event of an emergency closure.
- It will be the responsibility of the Managers to contact the relevant services (e.g. fire, gas, etc.) if necessary.
- It will be the responsibility of the Managers to contact the relevant bodies (e.g. local council, Ofsted etc. if necessary.
- The emergency closure will be recorded in the register.
- In the event of an emergency closure/evacuation, staff will remain with the children to ensure that ratios are maintained and parents/carers would be contacted as soon as possible.

Pandemics

In the event of a pandemic, the pre-school will endeavour to remain open while it is safe to do so. It should be noted that children are highly efficient spreaders of respiratory infections. Depending on the nature of the pandemic, the Government may advise schools and education settings to close.

The pre-school will also liaise with Padnell Infant and Padnell Junior Schools and take into consideration any decisions they might make to close or procedure they might introduce.

Reasons for closure may include:

- too many staff off work ill;
- a large number of children off ill;
- government guidance or procedures;

- Padnell grounds closure.

If a child is suffering from a notifiable illness, it will be the responsibility of the Manager to inform Ofsted. The Manager will act on any advice given by Public Health England and/or the local Health Protection Agency.

In the event of a child/children becoming ill and showing symptoms associated with the pandemic, the below procedure will be followed:

- The unwell child/children will be separated from the other children. Because of the layout of the setting, this may involve moving all of the remaining children into one area.
- One member of staff will stay with the unwell child/children until their parent/carer arrives to collect them. Personal Protective Equipment (PPE) will be worn by the member of staff if necessary.
- The parents/carers of all the children attending the sessions will be contacted by phone to advise them of the illness and give them the opportunity to collect their child if they wish to do so.

While the setting remains open, the staff will ensure:

- they wash their hands frequently using anti-bacterial wash;
- children wash their hands after using the toilet and before eating;
- all tissues will be disposed of in a lined bin with a lid;
- they will not come into work if they have pandemic-like symptoms;
- that if they experience the onset of pandemic-like symptoms while at work, they will inform the Manager immediately and go home as soon as possible.

In the event of a pandemic occurring, messages will be sent to parents/carers by phone or email. The pre-school Facebook page will also be kept up-to-date with information regarding closures, advice and updates.

Reopening After an Emergency Closure

- The pre-school Facebook page will be regularly updated regarding how long the pre-school will be closed.
- Staff will be informed by phone and/or message by the Manager or Deputy Manager that the setting will be reopening, along with any precautions/procedures they need to follow.

- Under no circumstances are parents/carers entitled to a refund of fees or funded hours if the pre-school is unable to open.

Safety and Suitability of Premises, Environment and Equipment

Heat Health and Protection - adopted February 2024

Policy Statement

It is the aim of Padnell Pre-School to protect the children and staff in the event of heatwaves and/or extreme high temperatures, as children cannot control their body temperature as efficiently as adults during hot weather because they do not sweat as much and so can be at risk of ill-health from heat. Children's susceptibility to high temperatures varies; those under 4 years of age, who are overweight, or who are taking certain medication may be at increased risk of adverse effects. Some children with disabilities or complex health needs may be more susceptible to high temperatures.

Procedure

Actions to Protect Children Suffering from Heat Illness

The following steps to reduce body temperature should be taken immediately:

1. Move the child to as cool a room as possible and encourage them to drink cool water (such as water from a cold tap).
2. Cool the child as rapidly as possible, using whatever methods you can. For example, sponge or spray the child with cool (25 to 30°C) water – if available, place cold packs around the neck and armpits, or wrap the child in a cool, wet sheet and assist cooling with a fan.
3. Dial 999 to request an ambulance if the person doesn't respond to the above treatment within 30 minutes.

If a child loses consciousness, or has a fit, place the child in the recovery position, call 999 immediately and follow the steps above until medical assistance arrives.

Protecting Children Outdoors

During periods of high temperature, the following steps should be taken:

- children should not take part in vigorous physical activity on very hot days, such as when temperatures are in excess of 30°C;

- encourage children playing outdoors to stay in the shade as much as possible;
- children should wear loose, light-coloured clothing to help keep cool and sunhats with wide brims to avoid sunburn;
- use sunscreen (at least factor 15 with UVA protection) to protect skin if children are playing or taking lessons outdoors for more than 20 minutes – we ask parents to put an all-day sunscreen on at home before coming to pre-school;
- Provide children with plenty of water (such as water from a cold tap) and encourage them to drink more than usual when conditions are hot.

Protecting Children Indoors

During periods of high temperature, the following steps should be taken:

- open windows as early as possible in the morning before children arrive to allow stored heat to escape from the building;
- almost close windows when the outdoor air becomes warmer than the air indoors – this should help keep the heat out while allowing adequate ventilation;
- use only the outdoor awnings area and close indoor blinds but do not let them block window ventilation;
- keep the use of electric lighting to a minimum;
- oscillating mechanical fans can be used to increase air movement if temperatures are below 35°C – at temperatures above 35°C fans may not prevent heat-related illness and may worsen dehydration;
- encourage children to eat normally and drink plenty of cool water.

Safety and Suitability of Premises, Environment and Equipment

Notifiable Incident – new policy, adopted Feb 2024

Policy Statement

It is the aim of Padnell Pre-School to protect the children and staff in the event of a notifiable incident and for staff respond swiftly, appropriately and effectively in the case of an incident within the setting.

Procedure

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

A 'notifiable' incident' could include:

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

The designated health and safety officer:

- has all emergency services numbers immediately to hand;
- has a list of contacts for maintenance and repair;

- ensure that members of staff know what to do in an emergency;
- risk assess the situation and decides, with the owners/trustees/directors, if the premises are safe to receive children before any children are arrive or to offer a limited service.

Emergency Evacuation

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

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

Emergency Closure

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

- Trustees make the decision to close – thereby withdrawing the service.
- A third party makes the decision to close for example:
 - o a school, where the setting is on a school site;
 - o the emergency services.
- A parent makes the decision for their child not to attend.
 - o if a parent makes the decision for their child not to attend due to a critical incident, the child's fees are due as normal;

- further consideration of individual incidences must be done in consultation with the/trustees.

Recording and Reporting

- On discovery of the notifiable incident, the member of staff reports to the appropriate emergency service, fire, police, ambulance, if those services are needed.
- The member of staff ensures that the setting managers are informed (if not on the premises at the time) and that the trustees are informed.
- The setting manager completes and sends an incident record to the trustees, who, according to the severity of the incident notifies Ofsted or RIDDOR.
- If the incident indicates that a crime may have been committed, all staff witness to the incident should make a written statement.
- Staff do not discuss the incident with the press.

RIDDOR reportable events include:

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

This may include:

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

The setting managers informs the owners/trustees/directors and completes an accident and/or incident record; witness statements are taken as previously detailed.

- if the incident is RIDDOR reportable, the setting manager telephones HSE Contact Centre on 0345 300 9923 or reports online at www.hse.gov.uk/riddor/report.htm;
- RIDDOR Reportable events require reporting to RIDDOR within 15 days of the event occurring.

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

The owners/trustees/directors review how the situation was managed, as above, to ensure that investigations were rigorous and that policies and procedures were followed.

If an insurance claim is likely:

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

Safeguarding and Promoting Children's Welfare

Children's Rights and Entitlements - adopted March 2024

Policy Statement

Our setting will work with children, parents and the community to ensure the rights and safety of children, young people* and vulnerable adults. Our safeguarding policy is based on the three key commitments of the Early Years Alliance Safeguarding Children Policy.

Procedure

We carry out the following procedures to ensure we meet the three key commitments of the Alliance Safeguarding Children Policy, which incorporates responding to child protection concerns.

Key Commitment 1

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

Staff and Volunteers

The designated person and the suitably trained deputy ensure they have relevant links with statutory and voluntary organisations with regard to safeguarding.

The designated person (and the person who deputises for them) understands LSCB safeguarding procedures, attends relevant LSCB training at least every two years and refreshes their knowledge of safeguarding at least annually.

We ensure all staff and parents are made aware of our safeguarding policies and procedures.

All staff have an up-to-date knowledge of safeguarding issues, are alert to potential indicators and signs of abuse and neglect and understand their professional duty to ensure safeguarding. Child protection concerns are reported to the local authority children's social care team or the NSPCC. They receive updates on safeguarding at least annually.

All staff are confident to ask questions in relation to any safeguarding concerns and know not to just take things at face value but can be respectfully sceptical.

All staff understand the principles of early help (as defined in *Working Together to Safeguard Children*, 2018) and are able to identify those children and families who may be in need of early help and enable them to access it.

All staff understand LSCB thresholds of significant harm and understand how to access services for families, including for those families who are below the threshold for significant harm.

All staff understand how to escalate their concerns in the event that they feel either the local authority and/or their own organisation has not acted adequately to safeguard.

All staff understand what the organisation expects of them in terms of their required behaviour and conduct, and follow our policies and procedures on positive behaviour, online safety (including use of mobile phones), whistleblowing and dignity at work.

Children have a key person to build a relationship with, and are supported to articulate any worries, concerns or complaints that they may have in an age appropriate way.

All staff understand our policy on promoting positive behaviour and follow it in relation to children showing aggression towards other children.

All staff understand our policy on promoting positive behaviour and follow it in relation to children showing aggression towards other children.

Adequate and appropriate staffing resources are provided to meet the needs of children.

Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.

Enhanced criminal records and barred lists checks and other suitability checks are carried out for staff and volunteers prior to their post being confirmed, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.

Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information.

Enhanced criminal records and barred lists checks are carried out on anyone working on the premises.

Volunteers must:

- be aged 17 or over;
- be considered competent and responsible;
- receive a robust induction and regular supervisory meetings;
- be familiar with all the settings policies and procedures;
- be fully checked for suitability if they are to have unsupervised access to the children at any time.

Information is recorded about staff qualifications, and the identity checks and vetting processes that have been completed including:

- the criminal records disclosure reference number;
- certificate of good conduct or equivalent where a UK DBS check is not appropriate;
- the date the disclosure was obtained; and
- details of who obtained it.

All staff and volunteers are informed that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).

All staff and volunteers are required to notify us if anyone in their household (including family members, lodgers, partners etc.) has any relevant convictions, court orders, reprimands and warnings or has been barred from, or had registration refused or cancelled in relation to any childcare provision (see above questions), or have had orders made in relation to care of their children.

Annual 'suitability' declarations are completed once a year and during staff supervisory meetings which are held termly. We notify the Disclosure and Barring Service of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of a child protection concern.

Volunteers do not work unsupervised. Procedures are in place to record the details of visitors to the setting. Security steps are taken to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.

Steps are taken to ensure children are not photographed or filmed on video for any other purpose than to record their development or their participation in events organised by us. Parents sign a consent form and have access to records holding visual images of their child. These are deleted when the child leaves the setting.

We keep a written record of all complaints and concerns including details of how they were responded to.

We ensure that robust risk assessments are completed, that they are seen and signed by all relevant staff and that they are regularly reviewed and updated, in line with our health and safety policy.

Key Commitment 2

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

Responding to Suspicions of Abuse

If any member of staff becomes concerned that a child might be at risk of abuse it is regarded a *duty of care* to pass on concerns to the appropriate professionals who can assess what action, if any, is in the best interest of the child.

We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.

We ensure that all staff have an understanding of the additional vulnerabilities that arise from special educational needs and/or disabilities, plus inequalities of race, gender, language, religion, sexual orientation or culture, and that these receive full consideration in relation to child, young person or vulnerable adult protection.

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; the things they say (direct or indirect disclosure) or through changes in their

appearance, their behaviour, or their play; unexplained bruising, marks or signs of possible abuse or neglect; and any reason to suspect neglect or abuse outside the setting.

We are aware of the 'hidden harm' agenda concerning parents with drug and alcohol problems and consider other factors affecting parental capacity and risk, such as social exclusion, domestic violence, radicalisation, mental or physical illness and parent's learning disability.

We are aware that children's vulnerability is potentially increased when they are privately fostered and when we know that a child is being cared for under a private fostering arrangement, we inform our local authority children's social care team.

We are aware of other factors that affect children's vulnerability that may affect, or may have affected, children and young people using our provision, such as abuse of children who have special educational needs and/or disabilities; fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, including through internet abuse; Female Genital Mutilation and radicalisation or extremism.

In relation to radicalisation and extremism, we follow the Prevent Duty guidance for England and Wales published by the Home Office and LSCB procedures on responding to radicalisation.

The designated person completes online Channel training, online Prevent training where available to ensure they are familiar with the local protocol and procedures for responding to concerns about radicalisation.

We are aware of the mandatory duty that applies to teachers and health workers to report cases of Female Genital Mutilation to the police.

We also make ourselves aware that some children and young people are affected by gang activity, by complex, multiple or organised abuse, through forced marriage or honour based violence or may be victims of child trafficking. While this may be less likely to affect young children in our care, we may become aware of any of these factors affecting older children and young people who we may come into contact with.

Where we believe that a child in our care or that is known to us may be affected by any of these factors we follow the procedures below for reporting child protection concerns and follow the LSCB procedures.

Where such evidence is apparent, the staff member who noticed a concern makes a dated record of the details of the concern and discusses what to do with the setting managers who act as the 'designated senior person'. The information is stored on the child's personal file, in a locked cabinet.

In the event that a staff member or volunteer is unhappy with the decision made of the designated person in relation to whether to make a safeguarding referral they must follow escalation procedures.

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.

All staff are also aware that adults can also be vulnerable and know how to refer adults who are in need of community care services.

We have a whistleblowing policy in place.

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, although it is OK to ask questions for the purposes of clarification;

does not make promises that cannot be kept when a child confides in them; 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 in the pre-school office.

The member of staff acting as the 'designated person' is informed of the issue at the earliest opportunity, and within 1 working day.

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 Early Years Alliance's publication 'Child Protection Record' contains detailed procedures for making a referral to the local social care team, as well as a template form for recording concerns and making a referral.

We keep a copy of this document and follow the detailed guidelines given.

All members of staff are familiar with the Alliance's Child Protection Record and follow the procedures for recording and reporting.

Escalation Process

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

Informing Parents

Parents are normally the first point of contact. Concerns are discussed with parents to gain their view of events, unless it is felt that this may put the child at risk, or interfere with the course of a police investigation. Advice will be sought from social care if necessary.
Parents are informed when we make a record of concerns in their child's file and that we also make a note of any 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 at risk.

This will usually be the case where the parent is the likely abuser.

If there is a possibility that advising a parent beforehand may place a child at greater risk (or interfere with a police response) advice from children's social work services should be sought, about whether or not to advise parents beforehand, and a record kept of the advice given and followed.

Liaison with Other Agencies

We work within the Local Safeguarding Children Board guidelines.

We have a copy of 'What to do if you're worried a child is being abused' advice for practitioners and is also available for parents, all staff are familiar with what to do if they have concerns.

We have procedures for contacting the local authority on child protection issues, to ensure that it is easy, in any emergency, for the setting and social services to work well together.
We notify Ofsted of any incident or accident and any changes in our arrangements which may affect the well-being of children or where an allegation of abuse is made against a member of staff (whether the allegations relate to harm or abuse committed on our premises

or elsewhere). Notifications to Ofsted are made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made.

Contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) are also kept.

Allegations Against Staff

We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the setting, or anyone living or working on the premises occupied by the setting, which may include an allegation of abuse.

We follow the guidance of the Local Safeguarding Children Board when responding to any complaint that a member of staff, or volunteer within the setting, or anyone living or working on the premises occupied by the setting, has abused a child.

We respond to any inappropriate behaviour displayed by members of staff, volunteer or any other person living or working on the premises, which includes:

- inappropriate sexual comments;
- excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or inappropriate sharing of images.

We ensure that all staff or volunteer know how to raise concerns about a member of staff or volunteer within the setting. We respond to any concerns raised by staff and volunteers who know how to escalate their concerns if they are not satisfied with the response.

We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, may have taken, or is taking place, by first recording the details of any such alleged incident.

We refer any such complaint immediately to the Local Authority's Designated Officer to Investigate **or the LADO Service Initial enquiry form: 01962 876364.**

We also report any such alleged incident to Ofsted (unless advised by LADO that this is unnecessary due to the incident not meeting the threshold), as well as what measures we have taken. We are aware that it is an offence not to do this.

We co-operate entirely with any investigation carried out by children's social care in conjunction with the police.

Where the management team/board of trustees and the LADO agree it is appropriate in the circumstances, the member of staff or volunteer will be suspended for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place, but is to protect the staff, as well as children and families throughout the process.

Disciplinary Action

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

Key Commitment 3

We are committed to promoting awareness of child abuse issues throughout our training and learning programmes for adults. We are also committed to empowering young children, through our early childhood curriculum, promoting their 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 (including child sexual exploitation) and neglect and that they are aware of the local authority guidelines for making referrals.

Designated persons receive appropriate training, as recommended by the Local Safeguarding Children Board, every two years and refresh their knowledge and skills at least annually.

We ensure that all staff know the procedures for reporting and recording any concerns they may have about the provision.

We ensure that all staff receive updates on safeguarding via emails, newsletters, online training and/or discussion at staff meetings at least once a year.

Planning

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

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.

Safeguarding and Promoting Children's Welfare

Safeguarding Children and Child Protection/Whistleblowing - adopted March 2024

(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, young people* and vulnerable adults. Our safeguarding policy is based on the three key commitments of the Early Years Learning Alliance Safeguarding Children

Procedure

We carry out the following procedures to ensure we meet the three key commitments of the Alliance Safeguarding Children Policy, which incorporates responding to child protection concerns.

Key Commitment 1

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

The designated persons are *Karen Turner and Holly Turner*. **The back-up designated persons are** Helen Jones and Kendel Simcox. **The designated officer is** Mandy Grayson.

Safeguarding Roles

- All staff recognise and know how to respond to signs and symptoms that may indicate a child is suffering from or likely to be suffering from harm. They understand that they have a responsibility to act immediately by discussing their concerns with the designated person or a named back-up designated person.
- The manager and deputy are the designated person and back-up designated person, responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults.
- All concerns about the welfare of children in the setting should be reported to the designated person or the back-up designated person.

- The designated person ensures that all educators are alert to the indicators of abuse and neglect and understand how to identify and respond to these.
- The setting should not operate without an identified designated person at any time.
- The line manager of the designated person is the designated officer.
- The designated person informs the designated officer about serious concerns as soon as they arise and agree the action to be taken, seeking further clarification if there are any doubts that the issue is safeguarding.
- If it is not possible to contact the designated officer, action to safeguard the child is taken first and the designated officer is informed later. If the designated officer is unavailable advice is sought from their line manager or equivalent.
- Issues which may require notifying to Ofsted are notified to the designated officer to make a decision regarding notification. The designated person must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the designated officer immediately seeks guidance from the owners/directors/trustees. There continues to be a requirement that the designated officer follows legislative requirements in relation to reporting to RIDDOR.
- We follow the procedures of their Local Safeguarding Partners (LSP) for safeguarding and any specific safeguarding procedures such as responding to radicalisation/extremism concerns. Procedures are followed for managing allegations against staff, as well as for responding to concerns and complaints raised about quality or practice issues, whistle-blowing and escalation.

Responding to Marks or Injuries Observed

- If a member of staff observes or is informed by a parent/carer of a mark or injury to a child that happened at home or elsewhere, the member of staff makes a record of the information given to them by the parent/carer in the child's personal file, which is signed by the parent/carer.
- The member of staff advises the designated person as soon as possible if there are safeguarding concerns about the circumstance of the injury.
- If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the designated person decides the course of action to be taken after reviewing

a Child welfare and protection summary and completing the Safeguarding incident reporting form.

- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the designated person.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated person decides the course of action required, safeguarding incident reporting form is completed as above, taking into consideration any explanation given by the child.
- If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the designated person.
- If there is no cause for further concern, a record is made in the Accident Record, with a note that the circumstances of the injury are not known.
- If the injury is unlikely to have occurred at the setting, this is raised with the designated person
- The parent/carer is advised at the earliest opportunity.
- If the parent believes that the injury was caused at the setting this is still recorded in the Accident Record and an accurate record made of the discussion is made on the child's personal file.

Responding to the Signs and Symptoms of Abuse

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

Responding to a Disclosure by a Child

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

Decision Making (All Categories of Abuse)

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

Seeking Consent from Parents/Carers to Share Information Before Making a Referral for Early Help

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

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

**Tier 2: Children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled.*

Informing Parents when Making a Child Protection Referral

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

- there is a possibility that a child may be put at risk of harm by discussion with a parent/carer, or if a serious offence may have been committed, as it is important that any potential police investigation is not jeopardised
- there are potential concerns about sexual abuse, fabricated illness, FGM or forced marriage

- contacting the parent puts another person at risk; situations where one parent may be at risk of harm, e.g. abuse; situations where it has not been possible to contact parents to seek their consent may cause delay to the referral being made

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

Referring

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

Further Recording

- Information is recorded using the Safeguarding incident reporting form. Discussion with parents and any further discussion with social care is recorded. If recording a conversation with parents that is significant, regarding the incident or a related issue, parents are asked to sign and date it a record of the conversation. It should be clearly recorded what action was taken, what the outcome was and any follow-up.
- If a referral was made, copies of all documents are kept and stored securely and confidentially (including copies in the child's safeguarding file).

- Each member of staff/volunteer who has witnessed an incident or disclosure should also make a written statement on the safeguarding incident reporting form, as above.
- Follow up phone calls to or from social care are recorded in the child's file; with date, time, the name of the social care worker and what was said.
- Safeguarding records are kept up to date and made available for confidential access by the designated officer to allow continuity of support during closures or holiday periods.

Reporting a Serious Child Protection Incident

The designated person is responsible for reporting to the designated officer and seeking advice if required prior to making a referral as described above.

- For child protection concerns at Tier 3 and 4** it will be necessary for the designated person to complete a Confidential safeguarding incident report form and send it to the designated officer.
- Further briefings are sent to the designated officer when updates are received until the issue is concluded.

** Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. Tier 4: Children in acute need, who are suffering or are likely to suffer significant harm.

Professional Disagreement/Escalation Process

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

Whistleblowing

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

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

There are 3 stages to raising concerns as follows:

1. If staff wish to raise or discuss any issues which might fall into the above categories, they should normally raise this issue with their manager/Designated Person.
2. Staff who are unable to raise the issue with their manager/Designated Person should raise the issue with their line manager's manager/Designated Officer.
3. If staff are still concerned after the investigation, or the matter is so serious that they cannot discuss it with a line manager, they should raise the matter with [insert name and contact details of most senior person].

Ultimately, if an issue cannot be resolved and the member of staff believes a child remains at risk because the setting or the local authority have not responded appropriately, the NSPCC have introduced a whistle-blowing helpline 0800 028 0285 for professionals who believe that:

- their own or another employer will cover up the concern;
- they will be treated unfairly by their own employer for complaining;
- if they have already told their own employer and they have not responded.

Female genital mutilation (FGM)

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

It is illegal to undertake FGM or to assist anyone to enable them to practice FGM under the Female Genital Mutilation Act 2003, it is an offence for a UK national or permanent UK resident to perform FGM in the UK or overseas. The practice is medically unnecessary and poses serious health risks to girls. FGM is mostly carried out on girls between the ages of 0-15, statistics indicate that in half of countries who practise FGM girls were cut before the age of 5. LSCB guidance must be followed in relation to FGM, and the designated person is informed regarding specific risks relating to the culture and ethnicity of children who may be attending their setting and shares this knowledge with staff.

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

Children and Young People Vulnerable to Extremism or Radicalisation

Early years settings, schools and local authorities have a duty to identify and respond appropriately to concerns of any child or adult at risk of being drawn into terrorism. LSP's have procedures which cover how professionals should respond to concerns that children or young people may be at risk of being influenced by or being made vulnerable by the risks of extremism.

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

- The designated person is required to familiarise themselves with LSP procedures, as well as online guidance including:

- Channel Duty guidance: Protecting people vulnerable to being drawn into terrorism www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance
- Prevent Strategy (HMG 2011) www.gov.uk/government/publications/prevent-strategy-2011
- The prevent duty: for schools and childcare providers
www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty
- The designated person should follow LSP guidance in relation to how to respond to concerns regarding extremism and ensure that staff know how to identify and raise any concerns in relation to this with them.
- The designated person must know how to refer concerns about risks of extremism/radicalisation to their LSP safeguarding team or the Channel panel, as appropriate.
- The designated person should also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of violent extremism.
- The designated person also ensures that all staff complete *The Prevent Duty in an Early Years Environment* and *Understanding Children's Rights and Equality and Inclusion in Early Years Settings* online EduCare courses.
- If available in the area, the designated person should complete WRAP (or equivalent) training and support staff to access the training as offered by local authorities. WRAP training covers local arrangements for dealing with concerns that a child may be at risk of extremism and/or radicalisation.
- The designated person should understand the perceived terrorism risks in relation to the area that they deliver services in.

Parental Consent for Radicalisation Referrals

LSP procedures are followed in relation to whether parental consent is necessary prior to making a referral about a concern that a child or adult may be at risk of being drawn into terrorism. It is good practice to seek the consent of the person, or for very young children, the consent of their parent/carer prior to making a referral, but it is not a requirement to seek

consent before referring a concern regarding possible involvement in extremism or terrorism if it may put a child at risk, or if an offence may have been or may be committed. Advice should be sought from line managers and local agencies responsible for safeguarding, as to whether or not consent should be sought on a case-by-case basis. Designated persons should be mindful that discussion regarding potential referral due to concerns may be upsetting for the subject of the referral and their family. Initial advice regarding whether an incident meets a threshold for referral can be sought from the relevant local agency without specific details such as names of the family being given in certain circumstances.

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

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

Concerns About Children Affected by Gang Activity/Serious Youth Violence

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

Forced Marriage/Honour-based Violence

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

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

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

In an emergency police should be contacted on 999.

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

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

Further Information

Multi-agency practice guidelines: Handling cases of Forced Marriage (HMG 2014)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf

NSPCC 24-hour FGM helpline: 0800 028 3550 or email fgmhelp@nspcc.org.uk

Government help and advice: www.gov.uk/female-genital-mutilation

Safeguarding and Promoting Children's Welfare

Low Level Concern – adopted March 2024

Policy Statement

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

What is a low-level concern?

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

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

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

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

Examples of such behaviour could include:

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

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

Responding to Low-Level Concerns

Any low-level concerns about the conduct of staff, students or volunteers must be shared with the designated person and recorded on 06.02a low level concerns form. The designated person should be informed of all low-level concerns and make the final decision on how to respond. Where appropriate this can be done in consultation with their line manager.

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

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

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

Identifying

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

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

Informing

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

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

of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.

- Staff do not investigate the matter unless the LADO has specifically advised them to investigate internally. Guidance should also be sought from the LADO regarding whether or not suspension should be considered. The person dealing with the allegation must take steps to ensure that the immediate safety of children, parents and staff is assured. It may be that in the short-term measures other than suspension, such as requiring a staff member to be office based for a day, or ensuring they do not work unsupervised, can be employed until contact is made with the LADO and advice given.
- The designated person ensures staff fill in 06.1b Safeguarding incident reporting form.
- If after discussion with the designated person, the LADO decides that the allegation is not obviously false, and there is cause to suspect that the child/ren is suffering or likely to suffer significant harm, then the LADO will normally refer the allegation to children's social care.
- If notification to Ofsted is required the designated person will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The designated person will liaise with the designated officer about notifying Ofsted.
- The designated person ensures that the 06.1c Confidential safeguarding incident report form is completed and sent to the designated officer. If the designated officer is unavailable, their equivalent must be contacted.
- Avenues such as performance management or coaching and supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate. If an allegation is ultimately upheld the LADO may also offer a view about what would be a proportionate response in relation to the accused person.
- The designated person must consider revising or writing a new risk assessment where appropriate, for example if the incident related to an instance where a member of staff has physically intervened to ensure a child's safety, or if an incident relates to a difficulty with the environment such as where parents and staff are coming and going and doors are left open.
- All allegations are investigated even if the person involved resigns or ceases to be a volunteer.

Allegations Against Agency Staff

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

Allegations Against the Designated Person

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

Recording

- A record is made of an allegation/concern, along with supporting information, using 06.02a Low level concerns form. This is then entered on the file of the child, and the 06.1a Child welfare and protection summary is completed and placed in the front of the child's file.
- If the allegation refers to more than one child, this is recorded in each child's file
- If relevant, a child protection referral is made, with details held on the child's file.

Disclosure and Barring Service

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

Escalating Concerns

- If a member of staff believes at any time that children may be in danger due to the actions or otherwise of a member of staff or volunteer, they must discuss their concerns immediately with the designated person.
- If after discussions with the designated person, they still believe that appropriate action to protect children has not been taken they must speak to the designated officer.
- If there are still concerns then the whistle blowing procedure must be followed, as set out in 06.1 Responding to safeguarding or child protection concerns.

Safeguarding and Promoting Children's Welfare

Confidentiality and Client Access to Records - adopted March 2024

Policy Statement

'Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case.'

Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (HMG 2015)

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. We have record keeping systems in place that meet legal requirements; the means that we use to store and share that information takes place within the framework of the General Data Protection Regulations (2018) and the Human Rights Act (1998).

Procedure

Most things that happen between the family, the child and the setting are confidential to our setting. In exceptional circumstances information is shared, for example with other professionals when transferring to other settings or possibly social care or the police. Information shared with other agencies is done in line with our Information Sharing Policy. We always check whether parents regard the information they share with us to be confidential or not.

Some parents/carers may share information about themselves with other parents as well as with our staff; we cannot be held responsible if information is shared by those parents whom the person has 'confided' in.

Information shared between parents/carers 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 are not responsible should that confidentiality be breached by participants. We inform parents when we need to record confidential information beyond the general personal information we keep (see our Children's Records Policy and Privacy Notice) - for example with regard to any injuries, concerns or changes in relation to the child or the family, any discussions with parents/carers on sensitive matters, any records we are obliged to keep regarding action taken in respect of child protection and any contact and correspondence with external agencies in relation to their child.

We keep all records securely (see our Children's Records Policy and Privacy Notice)
Most information is kept in a manual file. or electronically. Our staff may also use a computer to type reports, or letters.

Our staff discuss children's general progress and well-being together in meetings, but more sensitive information is restricted to our manager and the child's key person, and is shared with other staff on a need to know basis.

We do not discuss children with staff who are not involved in the child's care, nor with other parents/carers or anyone else outside of the setting.

Our discussions with other professionals take place within a professional framework and not on an informal or ad-hoc basis.

Where third parties share information about an individual; our practitioners and manager check if it is confidential, both in terms of the party sharing the information and of the person whom the information concerns.

Client Access to Records

Parents/carers may request access to any confidential records we hold on their child and family following the procedure below:

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

We acknowledge the request in writing, informing the parent with parental responsibility that an arrangement will be made for him/her to see the file contents, subject to third party consent.

Our written acknowledgement allows one month for the file to be made ready and available. We will be able to extend this by a further two months where requests are complex or numerous. If this is the case, we will inform you within one month of the receipt of the request and explain why the extension is necessary

A fee may be charged for repeated requests, or where a request requires excessive administration to fulfil.

- a reasonable fee to cover admin costs may be charged to the parent/carer;
- our managers may seek legal advice before sharing a file;
- our managers go through the file to ensure that all documents have been filed correctly, that entries are in date order and that there are no missing pages. They note any information, entry or correspondence or other document which mentions a third party;
- we write to each of those individuals explaining that the subject has requested sight of the file, which contains a reference to them, stating what this is.

They are asked to reply in writing to our manager giving or refusing consent for disclosure of that material.

We keep copies of these letters and their replies on the child's file.

'Third parties' include each family member noted on the file; so where there are separate entries pertaining to each parent, stepparent, grandparent etc. we write to each of them to request third party consent.

Third parties also include workers from any other agency, including children's social care and the health authority for example. Agencies will normally refuse consent to share information, preferring instead for the parent to be redirected to those agencies for a request to see their file held by that agency.

Members of our staff should also be written to, but we reserve the right under the legislation to override a refusal for consent or to just delete the name of the staff member and not the information. We may grant refusal if the member of staff has provided information that could

be considered 'sensitive' and the staff member may be in danger if that information is disclosed; or if that information is the basis of a police investigation. However, if the information is not sensitive, then it is not in our interest to withhold that information from a parent/carer. In each case this should be discussed with members of staff and decisions recorded.

When we have received all the consents/refusals our managers take a photocopy of the complete file. On the copy of the file, our manager removes any information that a third party has refused consent for to disclose and blank out any references to the third party, and any information they have added to the file, using a thick marker pen. 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'. We photocopy the 'clean copy' again and collate it for the parent/carer to see. Our managers inform the parent/carer that the file is now ready and invite[s] him/her to make an appointment to view it.

Our managers meeting with the parent/carer to go through the file, explaining the process as well as what the content of the file records about the child and the work that has been done. Only the person(s) with parental responsibility can attend that meeting, or the parent's legal representative or interpreter.

The parent/carer may take a copy of the prepared file away; but, to ensure it is properly explained to and understood by the parent, we never hand it over without discussion. It is an offence to remove material that is controversial or to rewrite records to make them more acceptable. Our recording procedures and guidelines ensure that the material reflects an accurate and non-judgemental account of the work we have done with the family. If a parent/carer feels aggrieved about any entry in the file, or the resulting outcome, then we refer the parent/carer to our complaints procedure.

The law requires that the information we hold must be held for a legitimate reason and must be accurate. If a parent/carer says that the information we hold is inaccurate, then the parent/carer has a right to request for it to be changed. However, this only pertains to factual inaccuracies. Where the disputed entry is a matter of opinion, professional judgement, or represents a different view of the matter than that held by the parent, we retain the right not to change that entry, but we can record the parent's/carers view of the matter. In most cases, we would have given a parent/carer the opportunity at the time to state their side of the matter, and it would have been recorded there and then.

If there are any controversial aspects of the content of a child's file, we must seek legal advice. This might be where there is a court case between parents/carers, where social care or the police may be considering legal action, or where a case has already completed and an appeal process is underway.

We never 'under-record' for fear of the parent/carer seeing, nor do we make 'personal notes' elsewhere.

Telephone advice regarding general queries may be made to The Information Commissioner's Office Helpline 0303 123 1113.

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

Legal Framework

General Data Protection Regulations (GDPR) (2018)

Human Rights Act (1998)

Safeguarding and Promoting Children's Welfare

Online Safety, Mobile Phone and Photographic Images - adopted March 2024

Policy Statement

Mobile phones play an increasing part in everyone's lives, but Padnell Pre-School believes that in order to fully ensure the protection of the children in its care, certain procedure for mobile phone use within this setting needs to be abided by.

Photographs of children are often used in gathering observations of children's achievements how these are collected, developed and stored are also a consideration of this setting to ensure children are adequately safeguarded.

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

Procedure

Information Communication Technology (ICT) Equipment

Only ICT equipment belonging to the setting is used by staff and children.

The manager is responsible for ensuring all ICT equipment is safe and fit for purpose.

All computers have virus protection installed.

Safety settings are set to ensure that inappropriate material cannot be accessed.

Internet Access

Children do not normally have access to the internet and never have unsupervised access. Occasionally staff access the internet with children for the purposes of promoting their learning,

The manager has overall responsibility for ensuring that children and young people are safeguarded and risk assessments in relation to online safety are completed.

If a second hand computer is purchased or donated to the setting, the manager will ensure that no inappropriate material is stored on it before children use it.

All computers for use by children are located in an area clearly visible to staff.

Children are not allowed to access social networking sites.

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

Email

Children are not permitted to use email in the setting. Parents/carers and staff are not normally permitted to use setting equipment to access personal emails.

Staff do not access personal or work email whilst supervising children.

Mobile Phones – Children

Children do not bring mobile phones or other ICT devices with them to the setting. If a child is found to have a mobile phone or ICT device with them, this is removed and stored in the office until the parent/carer collects them at the end of the session.

Mobile Phones – Staff and Visitors

Lockers are provided for staff to store their personal belongings. Personal electronic devices e.g. mobile phones, camera/phones, iPods, etc. are not to be used in the setting.

Practitioners are able to access their mobile phones during their lunch break whilst in the office.

The pre-school telephone number is used as their emergency contact whilst practitioners are at work.

Parent helpers, volunteers and visitors are asked to hand their mobile phones into the office. We stress that any photo taking technology must not be used whilst on the Pre-school premises.

Parents/carers, volunteers and visitors are able to use their phones to receive calls on their mobile phones, if necessary, in the office where no children are present.

Parents/carers are asked to not use their phones when coming into pre-school.

Cameras and Videos

Our staff and volunteers must not bring their personal cameras or video recording equipment into the setting.

Photographs and recordings of children are only taken for valid reasons i.e. to record their learning and development, or for displays within the setting, with written permission received by parents/carers. Such use is monitored by the manager.

Where parents/carers request permission to photograph or record their own children at special events, general permission is gained from all parents for their children to be included.

Parents/carers are advised that they do not have a right to photograph anyone else's child or to upload photos of anyone else's children.

If photographs of children are used for publicity purposes, parental consent must be given and safeguarding risks minimised, for example, ensuring children cannot be identified by name or through being photographed in a sweatshirt with the name of their setting on it.

The Code of Conduct signed by all members of staff stipulates that staff do not discuss or share photos of the setting, work colleagues, children or families through social networking websites as it is seen as a breach of confidentiality.

Only the pre-school cameras are used to take photographs of the children. Photographs are only printed at the pre-school or by a reputable printing company.

Under no Circumstance should any member of staff use their mobile phone to take photographs of the children within the setting, any such event will result in disciplinary action which could lead to dismissal.

Legal Framework

Primary Legislation

General Data Protection Regulation (2018)

Children Act (1989 s47)

Protection of Children Act (1999)

The Children Act (Every Child Matters) (2004)

Safeguarding Vulnerable Groups Act (2006)

Safeguarding and Promoting Children's Welfare

Social Networking – *adopted March 2043*

Policy Statement

The social networking policy has been produced to address key safeguarding issues for consideration and identifies the responsibilities of all members of staff.

Padnell Pre-School recognises the lines between public and private and personal and professional can become blurred on online social networks. In addition, we raise awareness of the potential damage that could be caused (either directly or indirectly) to the pre-school through personal use of social media, when members of staff can be identified as employees of the pre-school.

Procedures

All staff read and sign the code of conduct for professional behaviour expectations and are aware of relevant Child Safety policies.

Staff will only disclose or discuss publicly available information. In addition, care must be taken over what is said and how it might be interpreted.

Staff should carefully consider their personal use of social networking sites and regularly review the level of private information that they share online and the suitability of any content in respect of their professional role.

Staff will ensure that privacy settings for personal social networking sites are set to a maximum to minimise the risk of members of the public accessing inappropriate information or images of a staff member.

Private communications with parents are to remain within professional boundaries and not used as a platform for contacting parents or carers.

Staff must not post anything onto social networking sites such as Facebook that could be construed to have an impact on the pre-schools' reputation.

Staff should report any concerns or breaches to the manager.

Staff must not post any reference to the company on any internet site. This includes the use of the company name. Or post anything onto social networking sites that would offend any other member of staff or parent using the pre-school.

Staff may only use the computer in the office to access the internet for reasons relating to the pre-school. Staff must not access social networking sites whilst in the office.

Any defamatory comments posted by a member of staff on a social networking site can be used as evidence in the employee's disciplinary proceedings, as long as the evidence is obtained by lawful means.

Use and/or Distribution of Inappropriate Images

Staff are aware that it is an offence to distribute indecent images. In the event of a concern that a colleague or other person is behaving inappropriately, the Safeguarding Children and Child Protection policy, in relation to allegations against staff and/or responding to suspicions of abuse, is followed

Staff are aware that grooming children and young people on line is an offence in its own right and concerns about a colleague's or others' behaviour are reported (as above).

Legal Framework

Primary Legislation

Children Act (1989 s47)

Protection of Children Act (1999)

General Data Protection Regulation (2018)

Safeguarding Vulnerable Groups Act (2006)

Safeguarding and Promoting Children's Welfare

Staff Personal Safety, Including Home Visits - adopted March 2024

Policy Statement

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

Procedure

General

Lone working is agreed prior to the occasion and with the Managers' approval.

All staff in the building early in the morning, or late in the evening, ensure doors and windows are locked.

At these times visitors are only allowed access with prior appointments and only admitted once their identity has been verified.

Minimal petty cash is kept on the premises.

Members of staff make a note in the diary of meetings they are attending and who they are meeting.

If any staff member is going to be on site outside of 7 am – 6.30 pm the School will be notified.

Home Visits

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

Members of staff normally do home visits in pairs – usually one of the managers with the key person.

Each home visit is recorded with the name and address of the family being visited, prior to the visit taking place.

Staff alert an agreed contact person in the setting when they are leaving to do the home visit and advise on their expected time of return.

If there is any reason for staff to feel concerned about entering premises, they do not do so, for example, if a parent/carer appears drunk.

Members of staff carry a mobile phone when going out on a home visit.

Staff identify an emergency word/phrase, which is made known to all staff in the setting, so that if they feel extremely threatened or in danger on a home visit they can covertly alert other members of staff via a telephone call to the situation. Use of the agreed word/phrase will initiate an immediate 999 call to be made.

If staff do not return from the home visit at the designated time, the contact person attempts to phone them and continues to do so until they make contact.

If no contact is made after a reasonable amount of time has passed, the contact person rings the police.

Dealing with Agitated Parents/Carers in the Setting

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

If the person is standing, staff will remain standing.

Members of staff will try to empathise and ensure that the language they use can be easily understood.

Staff will speak in low, even tones, below the voice level of the parent.

Members of staff will make it clear that they want to listen and seek solutions.

If the person makes threats and continues to be angry, members of staff make it clear that they will be unable to discuss the issue until the person stops shouting or being abusive, while avoiding potentially inflammatory expressions such as 'calm down' or 'be reasonable'.

If threats or abuse continues, members of staff will explain that the police will be called and emphasise the inappropriateness of such behaviour in front of children.

After the event, details are recorded in the child's personal file together with any decisions made with the parents to rectify the situation and any correspondence regarding the incident.

Safeguarding and Promoting Children's Welfare

Babysitting - adopted March 2024

Policy Statement

At Padnell Pre-school we develop excellent relationships with our families. From time to time, parents/carers may request individual staff members to babysit for them outside of pre-school working hours. This policy clarifies key points and procedures regarding private arrangements between staff and parents.

Procedure

Individual staff members or volunteers are NOT allowed to babysit for children outside of pre-school hours.

It crosses from the professional to the personal and has far reaching consequences in terms of safeguarding, public liability and confidentiality.

If an employee or volunteer engages in caring for a child enrolled at Padnell Pre-school outside of pre-school hours, that person would be in breach of their contract and this could result in disciplinary action.

Exception: if the employee or volunteer has a pre-existing relationship prior to the child's enrolment at Padnell pre-school with the child and his/her family (e.g relative, family friend etc), babysitting is not forbidden. But the following strict policies and procedures apply:

The relationship must be disclosed and recorded in the pre-school diary.

Any specific babysitting arrangements must be recorded by the member of staff in the diary

If a member of staff collects a child from the setting, they must be authorised to do so and written permission must be provided by the parents/carers.

The pre-school is not responsible for any such private arrangements or agreements made between individual staff members and families.

Confidentiality of employment must be adhered to and respected at all times. Any breach of confidentiality by a member of staff regarding Padnell Pre-school, other staff members, parents or other children will be treated as a disciplinary offence.

Parents/carers should be aware that other adults accompanying the babysitter may not have the relevant Disclosure and Barring Service (DBS) clearance, and it may not be appropriate for them to care for children. It is for parents/carers to satisfy themselves of a babysitter's suitability to look after their children.

The pre-school has a duty to safeguard all children whilst on our premises and in the care of our staff. To this end, we have a rigorous recruitment procedure to ensure that we employ competent and professional members of staff. This procedure includes interviews, vetting, such as DBS, and checks on references and qualifications. Furthermore, whilst in our employment, all staff members are subject to ongoing supervision, observation and assessment, to ensure that standards of work and behaviour are maintained in accordance with our policies. We have no control over the conduct of staff outside of their position of employment, and consequently our duty to safeguard children as above does not extend to private arrangements between staff and parents/carers outside of pre-school hours.

Staff do, however, have a duty to report any safeguarding concerns in and outside of consequently our duty to safeguard children as above does not extend to private arrangements between staff and parents/carers outside of pre-school hours.

Staff do, however, have a duty to report any safeguarding concerns in and outside of work

The pre-school will not be held responsible for any health and safety, or other, issues that may arise from these private arrangements.

Any such out of hours work babysitting must not interfere with staff members' working hours or affect their relationship with the child or other children.

Staff should be aware that an incident whilst babysitting could have an impact on their suitability to work at the pre-school.

Safeguarding and Promoting Children's Welfare

Looked After Children - *adopted March 2024*

Policy Statement

We 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 our care to achieve and reach their full potential.

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

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

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

Principles

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

We do not normally offer placements for babies and children under two years who are in care; we offer instead other services to enable a child to play and engage with other children while their carer stays with them.

In exceptional circumstances, we offer places to two-year-old children who are in care. In such cases, the child should have been with the foster carer for at least two months and show signs of having formed a secure attachment to the carer, and the placement in the setting will last a minimum of three months.

We offer places for funded three and four-year-olds who are in care to ensure they receive their entitlement to early education. We expect that a child will have been with a foster carer for a minimum of one month and that they will have formed a secure attachment to the carer. We expect that the placement in the setting will last a minimum of six weeks.

We will always offer 'stay and play' provision for a child who is two to five years' old who is still settling with their foster carer, or who is only temporarily being looked after.

Where a child who normally attends our setting is taken into care and is cared for by a local foster carer, we will continue to offer the placement for the child.

Procedure

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

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

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

The setting recognises the role of the local authority children's social care department as the child's 'corporate parent' and the key agency in determining what takes place with the child. Nothing changes, especially with regard to the birth parent's or foster carer's role in relation to the setting, without prior discussion and agreement with the child's social worker.

At the start of a placement there is a professional's meeting to determine the objectives of the placement and draw up a care plan that incorporates the child's learning needs. This plan is reviewed after two weeks, six weeks and three months. Thereafter at three to six monthly intervals.

The care plan needs to consider issues for the child such as:

- their emotional needs and how they are to be met;
- how any emotional issues and problems that affect behaviour are to be managed;
- their sense of self, culture, language(s) and identity – and how this is to be supported;
- their need for sociability and friendship;
- their interests and abilities and possible learning journey pathway; and
- how any special needs will be supported.
- In addition, the care plan will also consider:
 - how information will be shared with the foster carer and local authority (as the 'corporate parent') as well as what information is shared with whom and how it will be recorded and stored;
 - what contact the child has with his/her birth parent(s) and what arrangements will be in place for supervised contact. If this is to be at the setting, when, where and what form the contact will take will be discussed and agreed;
 - what written reporting is required;
 - wherever possible, and where the plan is for the child to return home, the birth parent(s) should be involved in planning; and with the social worker's agreement, and as part of the plan, the birth parent(s) should be involved in the setting's activities that include parents, such as outings and fun-days etc. alongside the foster carer.

The settling-in process for the child is agreed. It should be the same as for any other child, with the foster carer taking the place of the parent, unless otherwise agreed. It is even more

important that the 'proximity' stage is followed until it is visible that the child has formed a sufficient relationship with his or her key person for them to act as a 'secure base' to allow the gradual separation from the foster carer. This process may take longer in some cases, so time needs to be allowed for it to take place without causing further distress or anxiety to the child.

In the first two weeks after settling-in, the child's well-being is the focus of observation, their sociability and their ability to manage their feelings with or without support.

Further observations about communication, interests and abilities will be noted to form a picture of the whole child in relation to the Early Years Foundation Stage prime and specific areas of learning and development.

Concerns about the child will be noted in the child's file and discussed with the foster carer. If the concerns are about the foster carer's treatment of the child, or if abuse is suspected, these are recorded in the child's file and reported to the child's social care worker according to the setting's safeguarding children procedure.

Regular contact should be maintained with the social worker through planned meetings that will include the foster carer.

The transition to school will be handled sensitively. The designated person and/or the child's key person will liaise with the school, passing on relevant information and documentation with the agreement of the child's social worker as detailed in the care plan.

Safeguarding and Promoting Children's Welfare

Supervision of Children on Outings and Visits - *adopted March 2024*

Policy Statement

Children benefit from being taken out of the setting to go on short visits or trips, which enhance their learning experiences. Staff in our setting ensure that there are procedures to keep children safe on outings; all staff and volunteers are aware of and follow the procedures as laid out below.

Procedure

All off site activity has a clearly identified educational purpose with specific learning and development outcomes.

There is a designated lead for each excursion who is clear about their responsibility as designated lead.

We ask parents to sign a general consent on registration for their children to be taken out on local short outings as a part of the daily activities of the setting. This general consent details the venues used for daily activities. Reviewed annually.

We assess the risks for each local venue used for daily activities, which is reviewed regularly.

We always ask parents to sign specific consent forms before major outings; and the risks are assessed before the outing takes place.

Our managers and all staff taking part in the outing sign off every risk assessment.

Children with allergies or other specific needs have a separate risk assessment completed e.g., child with allergies visiting a supermarket.

An excursion will not go ahead if concerns are raised about its viability at any point.

Our adult to child ratio is high, normally one adult to two children, depending on their age, sensibility and type of venue as well as how it is to be reached.

Parents who have undergone vetting as volunteers may be included in the ratio.

A minimum of two staff accompany children on outings. Unless the whole setting is on an outing, minimums of two staff also remain behind with the rest of the children.

Named children are assigned to individual staff members to ensure that each child is well supervised, that no child goes astray and that there is no unauthorised access to children.

Staff frequently count their designated children and ensure hands are held when on the street and crossing the road.

Parents who accompany us on outings are responsible for their own child only. Where parents have undergone vetting with us as volunteers, they may be included in the adults to child ratio and have children allocated to them.

Outings are recorded and kept in the setting stating.

- the date and time of the outing;
- the venue and mode of transport;
- time of return.

We take a mobile phone on outings, as well as supplies of tissues, wipes, any medicines required for individual children, a mini first aid kit, snacks and water. The amount of equipment will vary and be consistent with the venue and the number of children, as well as how long they will be out for. We ask parents to apply sun cream to their child and ensure they are dressed appropriately for the type of outing and weather conditions.

Staff make sure they have water, plastic cups, spare nappies/change of clothes and wet wipes for the children going out appropriate to the length of time they are taken out.

We provide children with 'high vis' vests to wear that contain the name and setting but not the name of the child.

Farm and Zoo Visits

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

- The venue is contacted in advance of the visit to ensure no recent outbreaks of E.coli or other infections. If there has been an outbreak the visit will be reviewed and may be postponed.
- Hands are washed and dried thoroughly after touching an animal.
- Nothing is consumed whilst going round the farm. Food is eaten away from animals, after thoroughly washing hands.
- Children are prevented from putting their faces against animals or hands in their own mouths.
- If animal droppings are touched, hands are washed and dried immediately.
- Shoes are cleaned and hands washed thoroughly as soon as possible on departure.
- Staff or volunteers who are or may be pregnant, should avoid contact with pregnant ewes and may want to consult their own GP before the visit.
- Farmers have a responsibility to ensure that hand washing and drying facilities are available and are suitably located, that picnic areas are separate and clean, and that all other health and safety laws are fully observed.

Safeguarding and Promoting Children's Welfare

Maintaining Children's Safety and Security on Premises - adopted March 2024

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.

Procedure

Children's Personal Safety

We ensure all employed staff have been checked for criminal records via an enhanced disclosure with children's barred list check through the Disclosure and Barring Service [DBS].

Adults do not normally supervise children on their own.

All children are supervised by adults at all times.

Whenever children are on the premises at least two adults are present.

We carry out risk 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.

Our staff check the identity of any person who is not known before they enter the premises.

We keep front doors locked shut at all times.

The personal possessions of staff and volunteers are securely stored during sessions.

Minimal petty cash is kept on the premises.

Intruder Procedure

Visitor with legitimate business but no pass

Identify the person and determine their purpose or need for being in the setting.

Escort the person to the manager and have them sign in as a visitor.

Wait until a member of the management team can come to you, if safety issues do not permit you to leave your post.

Review security to determine how the intruder gained entry.

Intruder who poses a safety hazard

Politely greet intruder, identify yourself and ask the purpose of the visit to the pre-school.

Ask a colleague to observe your approach to the intruder.

Explain that all visitors must report to the manager and escort the person to the manager.

Depending on the circumstances and the demeanour of the intruder, the manager will make every effort to call the police to report the incident. If the intruder appears agitated or refuses to leave the building in a peaceful manner, endeavour to calm the person by talking in a low, calm reassuring voice whilst also trying to gain the attention of another staff member to call the police.

If the police are called and the individual leaves or attempts to leave prior to the police arriving, do not attempt to physically restrain the person. Contact the police to inform them that the individual has left the building, the direction and means of transport.

If the individual stays until the police arrive, inform the officers what has happened that led to the individual being with you so that they can establish probable cause for arrest for trespassing. Also, verbally ask the subject not to return to the pre-school whilst still in the presence of the police.

Review security immediately.

Log incident and actions as soon as possible.

Intruder who is armed or otherwise poses a safety hazard

Alert all staff members.

Contact the police as soon as possible to report the incident, the police will inform the schools.

Give operator all the information regarding location of the intruder, a physical and clothing description and the weapon(s) involved.

Advise the operator what you are doing to ensure the safety of the children and other staff members.

Remain on the line until the operator advises you to hang up.

Until the police arrive, monitor the location of the intruder.

When confronting an intruder, take another staff member with you. Ask a third staff member who is not involved to contact the manager. Determine who should initiate contact with the intruder and who will be the back-up person. Both staff members should break contact and leave when it is safe to do so. Attempt to direct the intruder to the office away from areas occupied by the children. Use casual conversation or body language to calmly direct the situation. If the intruder refuses to cooperate, do not escalate the situation. If the intruder shows a weapon, assure him/her that it is not necessary for him/her to consider using the weapon.

Back away slowly and leave the area.

Both your hands should be up with your palms facing the intruder while slowly backing away.

Remain calm; do not attempt to disarm the person.

Once the police arrive, provide them with the following information:

- location of intruder;
- description of intruder;
- any known weapons;
- any statements made by the intruder.

Be prepared to keep media, parents and other community members out of the setting. The police will secure the building. Contact the press office at a national centre if you need help with a press statement.

All other staff members and official visitors should remain in their designated areas with the children unless otherwise directed by the police, reassuring and engaging the children as appropriate.

In any event there will be a thorough investigation of the incident, and a report will be made by all the staff involved.

Inform Ofsted and the settings parents of the incident and the subsequent investigations, with due regard to both data protection and confidentiality policies.

Further Information

UNCRC links to Article 19 (*We ensure the protection of children in our care is a priority*).

Safeguarding and Promoting Children's Welfare

Uncollected Child – *adopted March 2024*

Policy Statement

In the event that a child is not collected by an authorised adult at the end of a session/day, the setting puts into practice agreed procedures. These ensure the child is cared for safely by an experienced and qualified practitioner who is known to the child. We will ensure that the child receives 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.

Procedure

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 telephone number (if applicable).

Mobile telephone number (if applicable).

Names, telephone numbers of adults who are authorised by the parents to collect their child from the setting, for example a childminder or grandparent.

Who has parental responsibility for the child.

Information about any person who does not have legal access to the child.

On occasions when parents or the persons normally authorised to collect the child are not able to collect the child, we agree with parents how to verify the identity of the person who is to collect their child.

On occasions when parents are aware that they will not be at home or in their usual place of work, they inform us of how they can be contacted.

We will follow our child protection procedures as set out in our child protection policy 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/day, we follow the following procedures:

The diary and daily white board information 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, are contacted.

All reasonable attempts are made to contact the parents or nominated carers.

If no-one collects the child after 30 minutes and there is no named contact who can be contacted to collect the child, we apply the procedures for uncollected children.

If we have any cause to believe the child has been abandoned, we contact the local authority children's social care team:

If the children's social care team is unavailable [or as our local authority advise] we will contact the local police].

We contact our local authority children's Service's Department: 0300 5551384

For full day care, this will be the out of hours duty officer: **0300 555 1373**

After an additional 15 minutes if the child has not been collected, we will contact the above statutory agencies again.

The child stays at the setting in the care of two fully vetted workers, one of whom will be a manager until the child is safely collected either by the parents or by a social care worker or by another person specified by social care.

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 we go to look for the parent, nor leave the setting premises with the child.

We ensure that the child is not anxious and we do not discuss our concerns in front of them.

A full written report of the incident is recorded.

Depending on circumstances, we reserve the right to charge parents for the additional hours worked.

Ofsted may be informed: 0300 123 1231

Safeguarding and Promoting Children's Welfare

Missing or Absent child - adopted March 2023

Policy Statement

Children's safety is our highest priority, both on and off the premises. Every attempt is made, through the implementation of our outings procedure and our exit/entrance procedure, to ensure the security of children is maintained at all times. In the unlikely event of a child going missing, our missing child procedure is followed. In the event of child not regularly attending the setting we would make enquiries via parent/carer, monitor the situation and make any referral if appropriate.

Procedure

Child Going Missing on the Premises

As soon as it is noticed that a child is missing the key person/the relevant member of staff alerts the setting managers.

The register is checked to make sure no other child has also gone astray.

Our managers will carry out a thorough search of the building and garden.

Doors and gates are checked to see if there has been a breach of security whereby a child could wander out.

If the child is not found, a manager calls the police immediately and reports the child as missing. If it is suspected that the child may have been abducted, the police are informed of this.

The parents/carers are then called and informed.

The manager talks to the staff to find out when and where the child was last seen and records this.

The manager contacts our chair, and reports the incident. Our chair, comes to the provision immediately to carry out an investigation, with our management team where appropriate.

Child Going Missing on an Outing

This describes what to do when our staff have taken a small group on an outing, leaving the setting manager and/or other staff back in the setting. If the setting manager has accompanied children on the outing, the procedures are adjusted accordingly. What to do when a child goes missing from a whole setting outing may be a little different, as parents/carers usually attend and are responsible for their own child.

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

Our senior staff member on the outing contacts the police and reports that child as missing.

The setting managers are contacted immediately and the incident is reported.

The setting manager contacts the parent/carer.

Our staff take the remaining children back to the setting as soon as possible.

According to the advice of the police, a senior member of staff, or the manager where applicable, should remain at the site where the child went missing and wait for the police to arrive.

Our manager will contact our chair and report the incident. Our chair comes to our premises immediately to carry out an investigation, with our management team (where appropriate).

Our staff keep calm and do not let the other children become anxious or worried.

The Investigation

Ofsted are informed as soon as possible and kept up-to-date with the investigation.

Our chair carries out a full investigation, taking written statements from all our staff and volunteers who were present.

The manager will speak with the parents/carers and explain the process of the investigation.

The parents/carers may also raise a complaint with us or Ofsted.

The key person/staff member writes an incident report detailing:

The date and time of the incident.

Where the child went missing from e.g. the setting or an outing venue.

Which staff/children were in the premises/on the outing and the name of the staff member who was designated as responsible for the missing child.

When the child was last seen in the premises/or on the outing, including the time it is estimated that the child went missing.

What has taken place in the premises or on the outing since the child went missing.

The report is counter-signed by the senior member of staff and the date and time added

A conclusion is drawn as to how the breach of security happened.

If the incident warrants a police investigation, all staff co-operate fully. In this case, the police will handle all aspects of the investigation, including interviewing staff. Children's Social Care may be involved if it seems likely that there is a child protection issue to address.

The incident is reported under RIDDOR arrangements (see the Reporting of Accidents and Incidents policy); the local authority Health and Safety Officer may want to investigate and will decide if there is a case for prosecution.

In the event of disciplinary action needing to be taken, Ofsted is informed.

The insurance provider is informed.

Managing People

Missing child incidents are very worrying for all concerned. Part of managing the incident is to try to keep everyone as calm as possible.

Our staff will feel worried about the child, especially the key person or the designated carer responsible for the safety of that child for the outing. They may blame themselves and their feelings of anxiety and distress will rise as the length of time the child is missing increases.

They may be the understandable target of parental anger and they may be afraid. The setting manager need to ensure that staff under investigation are not only fairly treated but receive support while feeling vulnerable.

The parent/carer 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 managers. When dealing with a distraught and angry parent, there should always be two members of staff, one of whom is a setting manager and the other a representative. No matter how understandable the parents/carers 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 setting manager will use their discretion to decide what action to take.

Our staff must not discuss any missing child incident with the press without taking advice.

Safeguarding and Promoting Children's Welfare

Making a Complaint - adopted March 2024

Policy Statement

We believe 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 with 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.

Procedure

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

Making a Complaint

Stage 1

Any parent who has a concern about an aspect of our setting's provision talks over his/her concerns with our managers first of all.

Most complaints should be resolved amicably and informally at this stage.

We record the issue, and how it was resolved.

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.

For parents who are not comfortable with making written complaints, there is a template form for recording complaints in the Complaint Investigation Record; the form may be completed by our managers and signed by the parent.

Our setting stores all information relating to written complaints from parents in the child's personal file. However, if the complaint involves a detailed investigation, our managers 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, our managers meet with the parent to discuss the outcome.

We inform parents of the outcome of the investigation within 28 days of him/her making the complaint.

When the complaint is resolved at this stage, we log the summative points in our Complaint Investigation Record, which is made available to Ofsted on request.

Stage 3

If the parent is not satisfied with the outcome of the investigation, he or she requests a meeting with our managers and the chair. The parent may have a friend or partner present if they prefer and our managers should have the support of the management team.

An agreed written record of the discussion is made, as well as any decision or action to take as a result. All of the parties present at the meeting sign the record and receive a copy of it.

This signed record signifies that the procedure has concluded. When the complaint is resolved at this stage, we log the summative points in our Complaint Investigation Record.

Stage 4

If at the stage three meeting the parent cannot reach agreement with us, we invite an external mediator 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 us 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 our staff 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 and our managers and chair 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 or local safeguarding partners and the Information Commissioner's office.

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 Welfare Requirements of the Early Years Foundation Stage are adhered to.

Parents can complain to Ofsted by telephone or in writing at:

Ofsted, Piccadilly Gate, Store Street, Manchester M1 2WD

Tel: 0300 123 1231

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 or local safeguarding partners

In these cases, both the parent and setting are informed and the setting managers work with Ofsted or the Local Safeguarding Children Board or local safeguarding partners to ensure a proper investigation of the complaint, followed by appropriate action.

The Information Commissioner's Office (ICO) can be contacted if you have made a complaint about the way your data is being handled and remain dissatisfied after raising your

concern with us. For further information about how we handle your data, please refer to the Privacy Notice given to you when you registered your child at [our/my] setting. The ICO can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or ico.org.uk

Records

A record of complaints in relation to our setting, or the children or the adults working in our setting, is kept for at least three years; including the date, the circumstances of the complaint and how the complaint was managed.

The outcome of all complaints is recorded in our Complaint Investigation Record, which is available for parents and Ofsted inspectors to view on request.

SAFEGUARDING AND PROMOTING CHILDREN'S WELFARE

Tapestry – adopted April 2024

Policy Statement

At Padnell Pre-School, we use an online system called Tapestry to record and store all observations and assessments relating to each child. This is a safe and secure system and one that enables parents and carers to access their child's learning journey at any time. They can share it with their child, family and friends at home and also post any comments and photographs of their own, helping to create a fully holistic view of the child and strengthen the parent partnership.

Procedure

Safety and Security

Staff use tablets to take the photographs for observations which are be uploaded to the journals. Each staff member has a secure login which is password and pin protected. The tablets are kept at pre-school only. Staff will be allocated time at work to update journals and assess their key children's next steps. Staff should have minimal need to work on journals at home but if they wish to do so they may access the Tapestry site using their own device. Staff are not permitted to download any photographs of the children onto their own devices.

If staff do work on Tapestry at home they should be aware of any other people around them and make sure they are not overlooked. They must logout as soon as they have stopped working. If any member of staff suspects that their login details have been compromised in any way, they must inform the pre-school managers and new login details will be created.

The Tapestry online Learning Journey system is hosted on secure dedicated servers based in the UK. All data held on our Tapestry account is owned by Padnell Pre-School; we are registered controllers of data with the Information Commissioner's Office and are bound by the Data Protection Act. Photographs stored on the tablets are deleted on a regular basis by a member of staff.

Password Policy

To protect your children's data, it is important that you have good, strong, passwords. Strong passwords: Current UK government advice is that passwords should be based on three random words; be different for each service you use; and never be: any family member's name, a pet's name, place of birth, favourite holiday or anything relating to a favourite sports team.

Passwords

The password must be at least 20 characters long, OR meet all of the following criteria
The password must be at least 12 characters long
The password must have at least 1 uppercase letter
The password must have at least 1 number
The password must have at least 1 symbol
Must not be a common password, or an obvious variant of the school's name or person's name

Parents

Logging in to the system can only access their own child's Learning Journey. Parents may input new observations and photo's, and add comments to existing observations. They do not have the necessary permission to edit existing content. Parents are asked to sign a consent form giving permission for their child's image to appear in other children's Learning Journeys, and to protect images of other children that may appear in any photos contained in their child's Learning Journey. If parents withhold this consent their child is only ever photographed alone and no shared observations are made including that child.

Parents without Internet

For parents without access to the internet, we will print all the information from Tapestry and collate it into a paper Learning Journey. This will be in the setting for the parent to view at all times and will be available to take home.

When Children Leave

When children move to another setting we will transfer the Tapestry account to the new setting, if they also use Tapestry. If they do not, we will email a PDF to the setting. When a child leaves the setting to start school we will email the parents a PDF copy of their child's Learning Journey so they have a lasting record of their child's time at pre-school. The child's information, and their Learning Journey will be permanently deleted from our Tapestry account so no data on that child will remain with us once they have left.

Safeguarding and Promoting Children's Welfare

ICT Usage – new policy adopted March 2024

Policy Statement

The Trustees at Pre-School recognise the use of ICT and communications facilities as an important resources for teaching, learning and personal development and as an essential aid to business efficiency. It actively encourages staff to take full advantage of the potential for IC and communications systems to enhance development in all areas of the curriculum and pre-school administration. It is also recognised by the trustees that along with these benefits there are also responsibilities, especially for ensuring that children are protected from contact with inappropriate materials.

This policy document is issued to all staff before they are provided with laptops, tablets, cameras and passwords to access to the ICT network.

Policy Coverage

This policy covers the use by staff of all Pre-school-owned ICT and communications equipment, examples of which include:

- laptops, tablets;
- ICT network facilities;
- image data capture and storage device including cameras.

The policy covers the use of all ICT and communications equipment provided for work purposes and equipment which is on loan to staff by the Pre-school for their sole personal use.

Procedure

Use of Pre-School ICT Equipment

Staff who use the Pre-school's ICT and communications systems:

- must use it responsibly;
- must keep it safe;

- must not share and treat as confidential any passwords provided to allow access to ICT equipment and /or beyond firewall protection boundaries;
- must report any known breach of password confidentiality to manager as soon as possible;
- must report known breaches of this policy, including any inappropriate images or other material which may be discovered on the pre-school ICT system;
- must report to the manager any vulnerabilities affecting child protection/ safeguarding in the pre-school ICT and communication systems;
- should understand and recognise the risk posed by the use technology, including the internet, in radicalization and extremism.
- must not install software on the pre-school's equipment, including freeware and shareware, unless authorized to do so by the pre-school's Trustees.

Any equipment provided to a member of staff is provided for their sole personal use. Use of the equipment by family or friends is **not** permitted and any misuse of the equipment by unauthorised users will be the responsibility of the staff member.

Safeguarding and Promoting Children's Welfare

Incapacitated Parent/Carers - adopted March 2024

Policy Statement

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

Concerns may include:

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

Procedure

Informing

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

- The designated officer is informed of the situation as soon as possible and provides advice and assistance as appropriate.
- If there is no one suitable to collect the child social care are informed.
- If violence is threatened towards anybody, the police are called immediately.
- If the parent takes the child from the setting while incapacitated the police are called immediately and a referral is made to social care.

Recording

- The designated safeguarding lead completes Safeguarding concern reporting form and if social care were contacted Confidential safeguarding child welfare and protection summary form is completed by the designated officer.
- Further updates/notes/conversations/ telephone calls are recorded.

Equality of Opportunity

Valuing Diversity and Promoting Inclusion and Equality - *adopted April 2024*

Policy Statement

We are committed to ensuring that our service is fully inclusive in meeting the needs of all children. We recognise that children and their families come from a wide range of backgrounds with individual needs, beliefs and values. They may grow up in family structures that include one or two parents of the same or different sex. Children may have close links or live with extended families of grandparents, aunts, uncles and cousins; while other children may be more removed from close kin, or may live with other relatives or foster carers. Some children come from families who experience social exclusion, severe hardship; discrimination and prejudice because of their ethnicity, disability and/or ability, the languages they speak, their religious or personal beliefs, their sexual orientation and marital status.

Some individuals face discrimination linked to their gender and some women are discriminated against because of their pregnancy and maternity status. We understand that all these factors can affect the well-being of children within these families and may adversely impact on children's learning, attainment and life outcomes.

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

- promote equality and value diversity within our service and foster good relations with the local community;
- actively include all families and value the positive contribution they make to our service;
- promote a positive non-stereotyping environment that promotes dignity, respect and understanding of difference in all forms;
- provide a secure and accessible environment in which every child feels safe and equally included;
- improve our knowledge and understanding of issues relating to anti-discriminatory practice,
- challenge and eliminate discriminatory actions on the basis of a protected characteristic as defined by the Equality Act (2010) namely:
- age;

- gender;
- gender reassignment;
- marital status;
- pregnancy and maternity;
- race;
- disability;
- sexual orientation; and
- religion or belief.
- where possible, take positive action to benefit groups or individuals with protected characteristics who are disadvantaged, have a disproportional representation within the service or need different things from the service.

Procedure

Admissions

Our setting is open and accessible to all members of the community. If a child is deemed to be vulnerable, priority will be given to that family.

We advertise our service widely.

We provide information in clear, concise language, whether in spoken or written form and provide information in other languages (where ever possible).

We base our admissions policy on a fair system.

We ensure that all parents are made aware of our Valuing Diversity and Promoting Equality Policy.

We do not discriminate against a child or their family in our service provision, including preventing their entry to our setting based on a protected characteristic as defined by the Equality Act (2010).

We provide information on our offer of provision for children with special educational needs and disabilities.

We take action against any discriminatory, prejudice, harassing or victimising behaviour by our staff, volunteers or parents whether by:

- direct discrimination – someone is treated less favourably because of a protected characteristic e.g. preventing families of a specific ethnic group from using the service;
- indirect discrimination – someone is affected unfavourably by a general policy e.g. children must only speak English in the setting;
- discrimination arising from a disability – someone is treated less favourably because of something connected with their disability e.g. a child with a visual impairment is excluded from an activity;
- association – discriminating against someone who is associated with a person with a protected characteristic e.g. behaving unfavourably to someone who is married to a person from a different cultural background; or
- perception – discrimination on the basis that it is thought someone has a protected characteristic e.g. making assumptions about someone's sexual orientation.

We will not tolerate behaviour from an adult who demonstrates dislike or prejudice towards individuals who are perceived to be from another country (xenophobia).

Displaying of openly discriminatory xenophobic and possibly offensive or threatening materials, name calling, or threatening behaviour are unacceptable on, or around, our premises and will be dealt with immediately and discreetly by asking the adult to stop using the unacceptable behaviour and inviting them to read and to act in accordance with the relevant policy statement and procedure. Failure to comply may lead to the adult being excluded from the premises and school grounds. Notification of exclusion would be reported to both schools.

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 suitability checks. This ensures fairness in the selection process.

All job descriptions include a commitment to safeguarding, 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.

We ensure that our staff are confident and fully trained in administering relevant medicines and performing invasive care procedures on children 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 our setting encourages children to develop positive attitudes about themselves as well as to people who are different from them. It encourages development of confidence and self-esteem, empathy, critical thinking and reflection.

We ensure that our practice is fully inclusive by:

- creating an environment of mutual respect and tolerance;
- modelling desirable behaviour to children and helping children to understand that discriminatory behaviour and remarks are hurtful and unacceptable;
- positively reflecting the widest possible range of communities within resources;
- avoiding use of stereotypes or derogatory images within our books or any other visual materials;
- celebrating locally observed festivals and holy days;
- ensuring that children learning English as an additional language have full access to the curriculum and are supported in their learning;
- ensuring that disabled children with and without special educational needs are fully supported;

- ensuring that children speaking languages other than English are supported in the maintenance and development of their home languages

Our environment is as accessible as possible for all visitors and service users. We do this by:

- undertaking an access audit to establish if the setting is accessible to all disabled children and adults. 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.
- fully differentiating the environment, resources and curriculum to accommodate a wide range of learning, physical and sensory needs.

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. Support will be offered to families who have limited accessibility to written form due to literacy needs.

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 where ever possible

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.

Information about meetings is communicated in a variety of ways to ensure that all parents have information about and access to the meetings.

Monitoring and reviewing

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

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

Public Sector Equality Duty

We have regard to the Duty to eliminate discrimination, promote equality of opportunity, foster good relations between people who share a protected characteristic and those who do not.

Further Information

UNCRC links with Articles 2, 8, 14, 15, 16, 22, 29 and 30 (*Our Equality and Diversity Policy supports the diversity of family life to create an environment of mutual respect and tolerance*).

Equality of Opportunity

British values - adopted April 2024

Policy statement

We actively promote inclusion, equality of opportunity, the valuing of diversity and British values.

Under the Equality Act 2010, which underpins standards of behaviour and incorporates both British and universal values, we have a legal obligation not to directly or indirectly discriminate against, harass or victimise those with protected characteristics. We make reasonable adjustments to procedures, criteria and practices to ensure that those with protected characteristics are not at a substantial disadvantage. As we are in receipt of public funding we also have a public sector equality duty to eliminate unlawful discrimination, advance equality of opportunity, foster good relations and publish information to show compliance with the duty.

Social and emotional development is shaped by early experiences and relationships and incorporates elements of equality and British and universal values. The Early Years Foundation Stage (EYFS) supports children's earliest skills so that they can become social citizens in an age-appropriate way, that is, so that they are able to listen and attend to instructions; know the difference between right and wrong; recognise similarities and differences between themselves and others; make and maintain friendships; develop empathy and consideration of other people; take turns in play and conversation; avoid risk and take notice of rules and boundaries; learn not to hurt/upset other people with words and actions; understand the consequences of hurtful/discriminatory behaviour.

Procedure

British Values

The fundamental British values of *democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs* are already implicitly embedded in the 2021 EYFS and are further clarified below, based on the *Fundamental British Values in the Early Years* guidance (Foundation Years 2015):

Democracy, or making decisions together (through the prime area of Personal, Social and Emotional Development).

As part of the focus on self-confidence and self-awareness, practitioners encourage children to see their role in the bigger picture, encouraging them to know that their views count, to value each other's views and values, and talk about their feelings, for example, recognising when they do or do not need help.

Practitioners support the decisions that children make and provide activities that involve turn-taking, sharing and collaboration. Children are given opportunities to develop enquiring minds in an atmosphere where questions are valued.

Rule of law, or understanding that rules matter (through the prime area of Personal, Social and Emotional Development).

Practitioners ensure that children understand their own and others' behaviour and its consequence.

Practitioners collaborate with children to create rules and the codes of behaviour, for example, the rules about tidying up, and ensure that all children understand rules apply to everyone.

Individual liberty, or freedom for all (through the prime areas of Personal, Social and Emotional Development, and Understanding the World)

Children should develop a positive sense of themselves. Staff provide opportunities for children to develop their self-knowledge, self-esteem and increase their confidence in their own abilities, for example through allowing children to take risks on an obstacle course, mixing colours, talking about their experiences and learning.

Practitioners encourage a range of experiences that allow children to explore the language of feelings and responsibility, reflect on their differences and understand we are free to have different opinions, for example discussing in a small group what they feel about transferring into Reception Class.

Mutual respect and tolerance, or treating others as you want to be treated (through the prime areas of Personal, Social and Emotional Development, and Understanding the World)

Practitioners create an ethos of inclusivity and tolerance where views, faiths, cultures and races are valued and children are engaged with the wider community.

Children should acquire tolerance, appreciation and respect for their own and other cultures; know about similarities and differences between themselves and others, and among families, faiths, communities, cultures and traditions.

Practitioners encourage and explain the importance of tolerant behaviours, such as sharing and respecting other's opinions.

Practitioners promote diverse attitudes and challenge stereotypes, for example, sharing stories that reflect and value the diversity of children's experiences and providing resources and activities that challenge gender, cultural or racial stereotyping.

In our setting it is not acceptable to:

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

Prevent Strategy

Under the Counter-Terrorism and Security Act 2015 we also have a duty *"to have due regard to the need to prevent people from being drawn into terrorism"*.

Equality of Opportunity

Identification, Assessment and Support for Children with SEND - adopted April 2024

Policy Statement

We have regard for the Special Educational Needs and Disability (SEND) (DFE and DOH 2015) which states that local authorities must ensure that all early years' providers that they fund in the maintained, private, voluntary and independent sectors are aware of the requirement on them to meet the needs of children with SEN and disabilities. When securing funded early education for two, three and four year olds local authorities should promote equality and inclusion for children with disabilities or SEN; this includes removing barriers that prevent access to early education and working with parents to give each child support to fulfil their potential.

We provide an environment in which all children with special educational needs (SEN) are supported to reach their full potential. Children's SEND generally falls within the following four broad areas of need and support:

- communication and interaction;
- cognition and learning;
- social, emotional and mental health;
- sensory and /or physical needs.

We have regard for the Special Educational Needs and Disability Code of Practice (2014).

We have in place a clear approach for identifying, responding to, and meeting children's SEN.

We support and involve parents/carers (and where relevant children), actively listening to, and acting on their wishes and concerns.

We work in partnership with the local authority and other external agencies to ensure the best outcomes for children with SEND and their families.

We regularly monitor and review our policy, practice and provision and, if necessary, make adjustments.

Procedure

We designate a member of staff to be the Special Educational Needs Co-ordinator (SENCO), displayed on the parents/carers notice board.

Our SENCO for the pre-school is: Holly McIntosh

The SENCO works closely with our manager and other colleagues and has responsibility for the day-to-day operation of Supporting Children with Special Educational Needs and for co-ordinating provision for children with SEN.

The SENCO attends termly support meetings through Services for Young Children.

SENCO training should be refreshed every five years to keep up-to-date with latest regulations and well as best practices.

We ensure that the provision for children with SEN is the responsibility of all members of the setting.

We ensure that our inclusive admissions practice ensures equality of access and opportunity.

We provide a broad, balanced and differentiated curriculum for all children.

We apply SEN support to ensure early identification of children with SEN.

We use the graduated approach system (assess, plan, do and review) applied in increasing detail and frequency to ensure that children progress.

We ensure that parents are involved at all stages of the assessment, planning, provision and review of their children's special education including all decision making processes

We, where appropriate, take into account children's views and wishes in decisions being made about them, relevant to their level of understanding.

We provide parents/carers with information on local sources of support and advice e.g. Local Offer, Information, Advice and Support Service.

We liaise and work with other external agencies to help improve outcomes for children with SEND.

We have systems in place for referring children for further assessment e.g. Early Help Assessment and Education, Health and Care (EHC) assessment.

We provide resources (human and financial) to implement our Special Educational Needs Policy.

We ensure that all staff are aware of our Supporting Children with Special Educational Needs Policy and the procedures for identifying, assessing and making provision for children with SEND.

We raise awareness of our special education provision via our Local Offer.

We ensure the effectiveness of our special educational needs provision by collecting information from a range of sources e.g. action plan reviews, staff and management meetings, parental and external agency's views, inspections and complaints. This information is collated, evaluated and reviewed annually.

We provide a complaints procedure.

Graduated Approach

Initial identification and support (identifying special educational needs)

Ongoing formative assessment forms part of a continuous process for observing, assessing, planning and reviewing children's progress.

Children identified as having difficulty with one or more area of development should be given support by applying some simple strategies and resources.

For most children identified application of some simple differentiation approaches will be enough to build confidence and help the child develop.

If despite differentiated strategies a child continues to struggle and is showing significantly more difficulty with learning than their peers or has a disability which requires specific adjustments, then the key person should raise a concern with the setting's SENCo/manager and the child's parents.

Observation and Assessment of Children's SEN

Where a child appears to be behind expected levels, or their progress gives cause for concern, educators should consider all the information about the child's learning and development from within and beyond the setting.

Information can be collated from formal checks such as the progress check at age two, observations from parents and observation and assessment by the setting of the child's progress.

When specialist advice has been sought externally, this is used to help determine whether or not a child has a special educational need (SEN).

The child's key person and SENCo/Manager use this information to decide if the child has a special educational need.

If the decision is that the child does have a SEN and the parents are not already aware of a concern, then the information is shared with them. Once parents have been informed, they should be fully engaged in the process, contributing their insights to all future actions for their child.

Planning Intervention

Everyone involved with the child should be given an opportunity to share their views. Parents should be encouraged to share their thoughts on the child's difficulties and be involved in the decision as to what will happen next.

A first intervention option may be to carry on with applying differentiated support and to review the child's progress at an agreed date. If the child's needs are more complex, then the decision maybe to go straight ahead and prepare 09.13b SEN support: Action plan with detailed evidence-based interventions being applied straight away and simultaneously external referrals made.

If relevant, then the child should be appropriately included in development of the action plan but only at a level which reflects their stage of comprehension.

09.13b SEN support: Action plan described below, ensures that children that are identified, or suspected of having a SEN will receive the right level of support and encouragement with their learning and development as early as possible.

Involving the Child

The SEND Code of Practice supports the rights of children to be involved in decisions about their education.

Inclusion of children with SEND helps build self-confidence and trust in others.

Ascertaining children's views may not be easy, a range of strategies will be needed.

Accurate assessment helps identify children's strengths and possible barriers to learning.

The key person and setting manager/SENCo work in partnership with parents and other agencies to involve the child wherever appropriate.

Children are involved at appropriate stages of the assessment and to their level of ability.

Establishing effective communication is essential for the child's involvement.

SEN Action Plan

09.13b SEN support: Action plan, should show what support is required to help achieve outcomes for the child and detail the frequency of these interventions and who will apply them and with what resources.

A review date (at least termly) should be agreed with the parents so that the child's progress can be reviewed against expected outcomes and next steps agreed.

A copy of the plan is stored in the child's file so that any other member of staff or an inspector looking at the file will see how the child is progressing and what interventions have been or are being applied.

If a child requires specific medical interventions during their time in the setting, 04.2a Health care plan form should also be completed and integrated into the general plans to ensure the child's medical needs are known and safely met.

The action plan should provide an accessible summary of the child's needs, which can be used if further assessment is required including a statutory Education Health and Care (EHC) Assessment, and development of an EHC plan.

Drawing Up an SEN Action Plan

If external agencies are already involved at this stage, then they should also be invited to help decide on what appropriate interventions are needed to help meet outcomes for the child. The SENCo/setting manager should take the lead in coordinating further actions including preparation of the action plan and setting short-term targets.

Where there are significant emerging concerns (or an identified special educational need or disability) targeted action plans are formulated that relate to a clear set of expected outcomes and stretching targets.

09.13b SEN support: Action plan, highlights areas in which a child is progressing well; areas in which some additional support might be needed and any areas where there is a concern that a child may have a developmental delay (which may indicate a special educational need or disability). It describes the activities and strategies the provider intends to adopt to address any issues or concerns.

Planned intervention should be based on the best possible evidence and have the required impact on progress with longer-term goals covering all aspects of learning and development and shorter-term targets meeting goals.

The plan should focus on the needs of the child, the true characteristics, preferences, and aspirations of the child and involvement of the parents with a clear set of targets and expected outcomes for the child. Effective planning at this stage should help parents and children express their needs, wishes, and goals:

- focus on the child as an individual and not their SEN label;
- be easy for children to understand and use clear ordinary language and images, rather than professional jargon;
- highlight the child strengths and capacities;
- enable the child, and those who know them best, to say what they have done, what they are interested in and what outcomes they are seeking in the future;
- tailor support to the needs of the individual;
- organise assessments to minimise demands on families;

- bring together relevant professionals to discuss and agree together the overall approach.

If the child fails to make progress and multi-agency support is sought, then it is at this point that Early Help/CAF assessment should be considered.

Record Keeping

If a child has or is suspected of having a SEN, a dated record should be kept of:

- the initial cause for concern and the source of this information, (the progress check at age two and/or outcomes of previous interventions). 09.13a SEN support: Initial record of concern form can also be used for this purpose drawing information from other sources;
- the initial discussion with parents raising the possibility of the child's SEN;
- the views of the parents and other relevant persons including, wherever possible, the child's views;
- the procedures followed with regard to the Code of Practice to meet the child's SEND e.g. SEN action plan, referrals to external agencies and for statutory assessment;
- evidence of the child's progress and any identified barriers to learning;
- advice from other relevant professionals; and all subsequent meetings with parents and other persons and any subsequent referrals;

Records may include:

- observation and monitoring sheets;
- expressions of concern;
- risk assessments;
- access audits;
- health care plans (including guidelines for administering medication);
- SEN action plans;
- meetings with parents and other agencies;
- additional information from and to outside agencies;
- agreements with parents;
- guidelines for the use of children's individual equipment; Early help CAF referrals;

- referral to the local authority identifying a child's special educational needs and request for statutory Education, Health, Care (EHC) needs assessment; and a copy of an EHC plan;
- seeking additional funding/enhanced/top up.

If the child's needs cannot be met from within the setting's core funding, then it will be at this point that the evidence collated will be used to apply for top up/enhanced funding from the local authority's inclusion fund. If a new or existing child is disabled, then the setting should check if the family is in receipt or have applied for Disability Living Allowance. If so, the setting will be able to apply to their local authority for the local Disability Access Fund.

Statutory Education, Health and Care (EHC) Assessment and Plan

Statutory assessment

If a child has not made progress, then the next steps may be for the child to undergo an Education, Health and Care Assessment.

If a child is under compulsory school age, the local authority will conduct an EHC needs assessment if they consider that the child's needs cannot be met within the resources normally available to the early years setting.

Children aged under age two are eligible where an assessment has indicated that the child is likely to have SEN which requires an EHC plan when they reach compulsory school age.

When a child's needs appear to be sufficiently complex, or the evidence suggest specialist intervention then the local authority is likely to conclude that an EHC plan is necessary

The local authority should fully involve the parent and must seek advice from the setting in making decisions about undertaking an EHC assessment and preparing an EHC plan.

Settings should prepare by collating information about the child's SEND including:

- documentation on the child's progress in the setting;
- interventions and support provided to date;;
- evidence of external agency assessment, support and recommendations
- parental views and wishes (and where appropriate those of the child).

The information will then be submitted to the local authority to allow them to accurately assess the child in the context of the support already given.

The local authority must inform the child's parents of their decision within six weeks of receiving a request for an assessment and give its reasons for their decision. If the local authority decides to conduct an assessment, it must ensure the child's parents are fully included right from the beginning and are invited to contribute their views. If the local authority subsequently decides not to conduct an assessment it must then inform the parents of their right to appeal that decision, of the requirement for them to consider mediation should they wish to appeal.

If the local authority decides that a statutory EHC plan is not necessary, it must notify the parents and inform the provider, giving the reasons for the decision. This notification must take place within 16 weeks of the initial request or of the child having otherwise been brought to the local authority's attention.

If the decision following an assessment is to compile an EHC plan the local authority should consult collaboratively with the parents in the preparation of the plan ensuring that their views and their child's preferences are taken into account and that plans describe positively what the child can do and has achieved to date.

Plans are evidenced based and focus on short term outcomes and long-term aspirations for the child including family and community support. Parents have the right to request a particular provision for their child to be named within their EHC plan.

If an early years setting is named, the local authority must fund this provision. They cannot force a setting to take a child and can only name the provision in the EHC if the setting agrees.

Local authorities should consider reviewing an EHC plan for a child under age five at least every three to six months. Such reviews would complement the duty to carry out a review at least annually but may be streamlined and not necessarily require the attendance of the full range of professionals, depending on the needs of the child. The child's parents must be fully consulted on any proposed changes to the EHC plan and made aware of their right to appeal to the Tribunal.

External intervention and support

Where external agency intervention has been identified to help support a child with SEND then this intervention should be recommended in writing by a suitably reliable source such as a speech and language therapist, paediatrician or educational psychologist.

Further Information

SEND Code of Practice: 0 to 25 years (DfE and DoH 2015)

UNCRC links with Articles 2, 3, 23 and 26 (Following the SEND Code of Practice and our Equality and Diversity Policy we identify the specific needs of children with SEN/disabilities and meet those individual needs through a range of strategies working with parents and other agencies).

Equality of Opportunity

Promoting Positive Behaviour and Physical Handling - adopted April 2024

Policy Statement

We believe 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.

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

Procedure

In order to manage children's behaviour in an appropriate way we will:

- attend relevant training to help understand and guide appropriate models of behaviour;
- implement the setting's behaviour procedures including the stepped approach;
- have the necessary skills to support other staff with behaviour issues and to access expert advice, if necessary;
- ensure all staff complete the Promoting Positive Behaviour programme, on Educare (<http://pre-school.educare.co.uk/Login.aspx>)

Stepped Approach

Step 1

We will ensure that EYFS guidance relating to 'behaviour management' is incorporated into relevant policy and procedures.

We will be knowledgeable with, and apply the setting's procedures on promoting positive behaviour.

We will ensure that all staff are supported to address issues relating to behaviour including applying initial and focused intervention approaches (see below).

Step 2

We address unwanted behaviours using the agreed and consistently applied initial intervention approach. If the unwanted behaviour does not reoccur or cause concern, then normal monitoring will resume.

Behaviours that result in concern for the child and/or others will be discussed between the key person and the Special Educational Needs Coordinator (SENCO) or/and manager. During the meeting, the key person will use their knowledge and assessments of the child to share any known influencing factors (new baby, additional needs, illness etc.) in order to place the behaviour into context. Appropriate adjustments to practice will be agreed and if successful normal monitoring resumed.

If the behaviour continues to reoccur and remains a concern, then the key person and SENCO should liaise with parents to discuss possible reasons for the behaviour and to agree next steps. If relevant and appropriate, the views of the child relating to their behaviour should be sought and considered to help identify a cause. If a cause for the behaviour is not known or only occurs whilst in the setting, then the SENCO will suggest using a focused intervention approach to identify a trigger for the behaviour.

If a trigger is identified, then the SENCO and key person will meet with the parents to plan support for the child through developing a behaviour plan. If relevant, recommended actions for dealing with the behaviour at home should be agreed with the parent/s and incorporated into the plan. Other members of the staff team should be informed of the agreed actions in the action plan and help implement the actions. The plan should be monitored and reviewed regularly by the key person and SENCO until improvement is noticed.

All incidents and intervention relating to unwanted and challenging behaviour by children should be clearly and appropriately logged.

Step 3

If, despite applying the initial intervention and focused intervention approaches, the behaviour continues to occur and/or is of significant concern, then the SENCO will invite the parents to a meeting to discuss external referral and next steps for supporting the child in the setting.

It may be agreed that the Early Help process should begin and that specialist help be sought for the child – this support may address either developmental or welfare needs. If the child's behaviour is part of a range of welfare concerns that also include a concern that the child may be suffering or likely to suffer significant harm, follow the Safeguarding and Children and Child Protection Policy. It may also be agreed that the child should be referred for an Education, Health and Care assessment. (See Supporting Children with SEN policy)

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

Initial Intervention Approach

We use an initial problem solving intervention for all situations in which a child or children are distressed or in conflict. All staff use this intervention consistently.

This type of approach involves an adult approaching the situation calmly, stopping any hurtful actions, acknowledging the feelings of those involved, gathering information, restating the issue to help children reflect, regain control of the situation and resolve the situation themselves.

Focused Intervention Approach

The reasons for some types of behaviour are not always apparent, despite the knowledge and input from key staff and parents.

Where we have considered all possible reasons, then a focused intervention approach should then be applied.

This approach allows the key person to observe, reflect, and identify causes and functions of unwanted behaviour in the wider context of other known influences on the child.

We follow the ABC method which uses key observations to identify a) an event or activity (antecedent) that occurred immediately before a particular behaviour, b) what behaviour was observed and recorded at the time of the incident, and c) what the consequences were following the behaviour. Once analysed, the focused intervention should help determine the cause (e.g. ownership of a toy or fear of a situation) and function of the behaviour (to obtain the toy or avoid a situation) and suitable support will be applied.

Use of Rewards and Sanctions

All children need consistent messages, clear boundaries and guidance to intrinsically manage their behaviour through self-reflection and control.

Rewards such as excessive praise and stickers may provide an immediate change in the behaviour but will not teach children how to act when a 'prize' is not being given or provide the child with the skills to manage situations and their emotions. Instead, a child is taught how to be 'compliant' and respond to meet adult's own expectations in order to obtain a reward (or for fear of a sanction). If used, then the type of rewards and their functions must be carefully considered before applying.

Children should never be labelled, criticised, humiliated, punished, shouted at or isolated by removing them from the group and left alone in 'time out' or on a 'naughty chair'. However, if necessary children can be accompanied and removed from the group in order to calm down and if appropriate helped to reflect on what has happened.

Use of Physical Intervention

The term physical intervention is used to describe any forceful physical contact by an adult to a child such as grabbing, pulling, dragging, or any form of restraint of a child such as holding down. Where a child is upset or angry, staff will speak to them calmly, encouraging them to vent their frustration in other ways by diverting the child's attention.

Staff should not use physical intervention – or the threat of physical intervention, to manage a child's behaviour unless it is necessary to use 'reasonable force in order to prevent children from injuring themselves or others or damage property' (EYFS).

If 'reasonable force' has been used for any of the reasons shown above, parents are to be informed on the same day that it occurs. The intervention will be recorded as soon as possible within the child's file, which states clearly when and how parents were informed.

Corporal (physical) punishment of any kind should never be used or threatened.

Challenging Behaviour/Aggression by Children Towards Other Children

Any aggressive behaviour by children towards other children will result in a staff member intervening immediately to challenge and prevent escalation.

If the behaviour has been significant or may potentially have a detrimental effect on the child, the parents of the child who has been the victim of behaviour and the parents of the child who has been the perpetrator should be informed.

The designated person will contact children's social services if appropriate and will consider whether notifying the police if appropriate.

The designated person will make a written record of the incident, which is kept in the child's file, in line with the *Safeguarding children and child protection* policy.

The designated person should complete a risk assessment related to the child's challenging behaviour to avoid any further instances.

The designated person should meet with the parents of the child who has been affected by the behaviour to advise them of the incident and the setting's response to the incident.

Ofsted should be notified if appropriate.

Relevant health and safety procedures and procedures for dealing with concerns and complaints should be followed.

Parents should also be asked to sign risk assessments where the risk assessment relates to managing the behaviour of a specific child.

Bullying is a behaviour that both parents and practitioners worry about. Bullying is a deliberate, aggressive and repeated action, which is carried out with intent to cause harm or distress others. It requires the child to have 'theory of mind' and a higher level of reasoning and thinking, all of which are complex skills that most three year olds have not yet developed (usually after the age of four along with empathy). Therefore, an outburst by a three-year-old

is more likely to be a reflection of the child's emotional well-being, their stage of development or a behaviour that they have copied from someone else.

Young children are keen observers and more likely to copy behaviours, which mimic the actions of others, especially the actions of people they have established a relationship with. These are learnt behaviours rather than premeditated behaviours because children this young do not have sufficiently sophisticated cognition to carry out the type of bullying an older child can do. Unless addressed early, this type of pre-bullying behaviour in young children can lead to bullying behaviour later in childhood. The fear is that by labelling a child as a bully so early in life we risk influencing negative perceptions and expectations of the child which will impact on their self-image, self-esteem and may adversely affect their long term behaviour. This label can stick with the child for the rest of their life.

Challenging Unwanted Behaviour from Adults in the Setting

Settings will not tolerate behaviour from an adult that demonstrates a dislike, prejudice and/or discriminatory attitude or action towards any individual or group. This includes negativity towards groups and individuals living outside the UK (xenophobia). This also applies to the same behaviour if directed towards specific groups of people and individuals who are British Citizens residing in the UK.

Allegations of discriminatory remarks or behaviour including xenophobia made in the setting by any adult will be taken seriously. The perpetrator will be asked to stop the behaviour and recorded on file, failure to do so may result in the adult being asked to leave the premises and in the case of a staff member, disciplinary measures being taken.

Further Information

UNCRC links to Articles 2, 3, 19, 28 and 29 (*Our Golden Rules and Behaviour Guidelines promote value and respect for each other*).

Information and Records

Childrens' Records - adopted May 2024

Policy Statement

There are record keeping systems in place that meet legal requirements; the means we use to store and share that information takes place within the framework of the General Data Protection Regulations (GDPR) (2018) and the Human Rights Act (1998).

This policy and procedure is taken in conjunction with our Privacy Notice, Confidentiality Policy and Client Access to Records Policy and our Information Sharing Policy.

Procedure

If a child attends another setting, we establish a regular two-way flow of appropriate information with parents and other providers. Where appropriate, we will incorporate comments from other providers, as well as parents and/or carers into the child's records.

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

Developmental Records

These include observations of children in the setting, photographs, video clips and samples of their work and summary developmental reports.

These are usually kept in the main room and can be accessed, and contributed to, by our staff, the child and the child's parents.

Personal records

These include the following:

- personal details – including the child's registration form and any consent forms;
- consent forms signed for photograph use.

Parent Contracts

Early Support – including any additional focussed intervention provided by our setting (e.g. support for behaviour, language or development that needs an Individual Education Plan) and records of any meetings held.

Welfare and child protection concerns – including records of all welfare and protection concerns, and our resulting action, meetings and telephone conversations about the child, an Education, Health and Care Plan and any information regarding a Looked After Child.

Correspondence and Reports – including a copy of the child's 2-Year-Old Progress Check (as applicable), all letters and emails to and from other agencies and any confidential reports from other agencies.

These confidential records are stored in a lockable file or cabinet and are kept secure by the managers in the office.

We read any correspondence in relation to a child, note any actions and file it immediately

We ensure that access to children's files is restricted to those authorised to see them and make entries in them, this being our managers, deputy or designated person for child protection, the child's key person, or other staff as authorised by our managers.

We may be required to hand children's personal files to Ofsted as part of an inspection or investigation process; or to local authority staff conducting a S11 audit, as long as authorisation is seen. We ensure that children's personal files are not handed over to anyone else to look at.

Parents have access, in accordance with our Privacy Notice, Confidentiality and Client Access to Records policy, to the files and records of their own children but do not have access to information about any other child.

Our 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 three years after they have left the setting, except records that relate to an accident or child protection matter, which are kept until a child reaches the age of 21 years or 24 years respectively. These are kept in a secure place.

Archiving Childrens' Files

When a child leaves our setting, we remove all paper documents from the child's personal file and place them in a robust envelope, with the child's name and date of birth on the front and the date they left. We seal this and place it in an archive box, stored in a safe place (i.e. a locked cabinet) for three years. After three years it is destroyed.

If data is kept electronically it is encrypted and stored as above.

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.

Students on training, when they are observing in the setting, are advised of our Confidentiality and Client Access to Records Policy and are required to respect it.

If a child attends another setting, we establish a regular two-way flow of appropriate information with parents and other providers. Where appropriate, we will incorporate comments from other providers, as well as parents and/or carers into the child's records.

Information and Records

Financial Records and Accounts – *adopted May 2024*

Policy Statement

Financial records must be kept so that: The organisation meets its legal and other statutory obligations, such as Charity Acts, Her Majesty's Revenue & Customs and Common Law. The trustees have proper financial control of the organisation. The organisation meets the contractual obligations and requirements of funders.

The books of accounts must include: A cashbook analysing all the transactions appearing on the bank accounts A petty cash book if cash payments are being made. ^[1]_[SEP] Inland Revenue deduction cards P11 (if registered for PAYE)

Accounts must be drawn up at the end of each financial year within 3 months of the financial year end and presented to the next Annual General Meeting.

Prior to the start of each financial year, the trustees will approve a budgeted income and expenditure account for the following year.

A report comparing actual income and expenditure with the budget should be presented to the trustees every three months or whenever meetings take place.

The AGM will appoint an appropriately qualified auditor/ independent examiner to audit or examine the accounts before presentation to the next AGM.

Banking

The Charity will bank with Natwest Bank plc at its Waterlooville Branch and accounts will be held in the name of the Small Charity. The following accounts will be maintained:

Charity Account No 1 Charity Investment Account

The bank mandate (list of people who can sign cheques on the organisation's behalf) will always be approved and minuted by the trustees as will any changes to it.

The charity will require the bank to provide statements every month and these will be reconciled with the cash book at least every three months and the treasurer will spot check that this reconciliation has been done at least twice a year, signing the cash book accordingly.

The charity will not use any other bank or financial institution or use overdraft facilities or loan without of the agreement of the trustees.

Income

All monies received will be recorded promptly in the cash analysis book and banked without delay (this includes sundry receipts such as payment for telephone calls, photocopying etc.). The Charity will maintain files of documentation to back this up.

Payments (Expenditure)

The aim is to ensure that all expenditure is on the charity's business and is properly authorised and that this can be demonstrated. The latest approved budget provides the cheque signatories with authority to spend up to the budgeted expenditure, not beyond it.

The Manager will be responsible for holding the cheque books (including unused and partly used cheque books) which should be kept under lock and key.

Blank cheques will NEVER be signed.

The relevant payee's name will always be inserted on the cheque before signature and the cheque stub will always be properly completed.

No cheques should be signed without original documentation (see below). Payment documentation

Every payment out of the Charity's bank accounts will be evidenced by an original invoice (never against a supplier's statement or final demand). That original invoice will be retained by the Charity and filed. The cheque signatory should ensure that it is referenced with:

cheque number Date cheque drawn Amount of cheque

The only exceptions to cheques not being supported by an original invoice are Items such as advanced booking fees for a future course, deposit for a venue, VAT, etc. Here a cheque requisition form will be used and a photocopy of the cheque kept.

Wages and Salaries. There will be a clear trail to show the authority and reason for EVERY such payment; e.g. a cheque requisition form asking for payment to an employee, HMRC etc. All employees will be paid within the PAYE and National Insurance regulations.

All staff appointments/departures will be authorised by the trustees, minuting the dates and salary level. Similarly, all changes in hours and variable payments such as overtime, etc, will be authorised either by the trustees.

Petty cash will always be maintained on the imprest system whereby the Administration Worker is entrusted with a float as agreed by the trustees. When that is more or less expended, a cheque will be drawn for sufficient funds to bring up the float to the agreed sum, the cheque being supported by a complete set of expenditure vouchers, totaling the required amount, analysed as required.

Expenses/Allowances

The Charity will, if asked, reimburse expenditure paid for personally by staff, providing:

- Fares are evidenced by tickets.^[11]_{SEP} Other expenditure is evidenced by original receipts.^[11]_{SEP} Car mileage is based on local authority scales.
- No cheque signatory signs for the payment of expenses to themselves.

Cheque Signatures

Each cheque will be signed by at least two people.

A cheque must not be signed by the person to whom it is payable (you will have to ensure that you have enough signatories on your bank mandate)

Other Rules

The Charity does not accept liability for any financial commitment unless properly authorised. Any orders placed or undertakings given which are likely to cost the Charity in excess of £1000.00 must be authorised and minuted by the trustees.

In exceptional circumstances such undertakings can be made with the Chairperson's approval who will then provide full details to the next meeting of the trustees. (This covers such items as the new service contracts, office equipment, purchase and hire).

All fundraising and grant applications undertaken on behalf of the organisation will be done in the name of the Charity with the prior approval of the trustees or in urgent situations the approval of the Chairperson who will provide full details to the next trustee's meeting.

The Charity will adhere to good practice in relation to its finances at all times, e.g. when relevant it will set up and maintain a fixed asset register stating the date of purchase, cost, serial numbers and normal location of assets. Additionally, the Charity will maintain a property record of items of significant value, with an appropriate record of their use.

Information and Records

Transfer of Records – adopted May 2024

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 reception class.

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

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

The procedure guides this process and determines what information we can and cannot share with a receiving school or setting. Prior to transferring information, we will establish the lawful basis for doing so (see our Privacy Notice).

Procedure

Transfer of Development Records for a Child Moving to Another Early Years Setting or School

Using the *Early Years Outcomes* (DfE 2013) guidance and our assessment of children's development and learning, the key person will prepare a summary of achievements in the seven areas of learning and development.

The record refers to:

- any additional language spoken by the child and his or her progress in both languages;
- any additional needs that have been identified or addressed by our setting;

- any special needs or disability or whether there is a Statement of Special Educational Needs.

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

The document may be accompanied by other evidence, such as photos.

When a child transfers to a school, most local authorities provide an assessment summary format or a transition record, which we will follow as applicable.

Any welfare or protection concerns.

Transfer of Confidential Information

The receiving school or setting will need to have a record of any safeguarding or child protection concerns that were raised in our setting and what was done about them.

We will make a summary of the concerns to send to the receiving setting or school, along with the date of the last professional meeting or case conference. The Local Safeguarding Children Board will stipulate the forms to be used and provide these for us to use.

Where there has been a s47 investigation regarding a child protection concern, we will pass the name and contact details of the child's social worker on to the receiving setting or school – regardless of the outcome of the investigation.

We post or take the information to the school or setting, ensuring it is addressed to the setting or school's designated person for child protection and marked as 'confidential'.

We do not pass any other documentation from the child's personal file to the receiving setting or school.

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.

Information and Records

Provider records - adopted May 2024

Policy Statement

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

- records pertaining to our registration;
- landlord/lease documents and other contractual documentation pertaining to amenities, services and goods;
- financial records pertaining to income and expenditure;
- risk assessments;
- employment records of our staff including their name, home address and telephone number.

We consider our records as confidential based on the sensitivity of information, such as with employment records. These confidential records are maintained with regard to the framework of General Data Protection Regulations (2018), further details are given in our Privacy Notice and the Human Rights Act (1998).

This policy and procedure should be read alongside our Privacy Notice, Confidentiality and Client Access to Records Policy and Information Sharing Policy.

Procedure

All records are the responsibility of our management team who ensure they are kept securely.

All records are kept in an orderly way in files and filing is kept up-to-date.

Financial records are kept up-to-date for audit purposes.

Health and safety records are maintained; these include risk assessments, details of checks or inspections and guidance etc.

We follow a procedure for receiving children with additional healthcare needs and specific protocol regarding a critical incident.

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 our premises;
- change to our premises which may affect the space available to us or the quality of childcare we provide;
- change to the name and address of our registered provider, or the provider's contact information/my name, address or contact information;
- change to the person managing our provision;
- significant event which is likely to affect our suitability to look after children; or
- other event as detailed in the *Statutory Framework for the Early Years Foundation Stage* (DfE 2021).

Promoting Health and Hygiene

Administering Medicines - *adopted June 2024*

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. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

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.

The managers ensure that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

Procedure

Children taking prescribed medication must be well enough to attend the setting.

We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). 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. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.

Parents must give prior written permission for the administration of medication. The member of staff receiving the medication will 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;
- dosage and times to be given in the setting;
- how the medication should be stored and its expiry date;
- signature, printed name of parent and date.

The administration is recorded accurately each time it is given and is signed by the person administering the medication and a witness. Parents sign to acknowledge the administration of the medicine. The medication records contain:

- name of child;
- name of medication;
- the date and time of dose;
- dose given and method;
- signature of the person administering the medication and a witness who verifies that the medication has been given correctly;
- parent signature at the end of the day.

Paracetamol-based Medicines (e.g., Calpol)

The use of paracetamol-based medicine may not be agreed in all cases. A setting cannot take bottles of non-prescription medicine from parents to hold on a 'just in case' basis, unless there is an immediate reason for doing so. Settings do not normally keep such medicine on the premises as they are not allowed to 'prescribe'. However, given the risks to very young babies of high temperatures, insurers may allow minor infringement of the regulations as the risk of not administering may be greater. Ofsted is normally in agreement with this.

In all cases, parents of children under two years must sign to say they agree to the setting administering paracetamol-based medicine in the case of high temperature on the basis that they are on their way to collect. Such medicine should never be used to reduce temperature so that a child can stay in the care of the setting for a normal day. The use of emergency medicine does not apply to children over two years old. A child over two who is not well, and has a temperature, must be kept cool and the parents asked to collect straight away.

Whilst the brand name Calpol is referenced, there are other products which are paracetamol or Ibuprofen based pain and fever relief such as Nurofen for children over 3 months.

HIV/AIDS

HIV virus, like other viruses such as Hepatitis, (A, B and C), are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults:

- single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit;
- protective rubber gloves are used for cleaning/sluicing clothing after changing;
- soiled clothing is rinsed and bagged for parents to collect;
- spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with clinical waste;
- Tables and other furniture or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

Storage of Medicines

All medication is stored safely out of children's reach.

If the administration of prescribed medication requires medical knowledge, training is sought from a health professional.

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.

For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when-required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

Children Who Have Long-Term Medical Conditions and Who May Require Ongoing Medication

A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the 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.

An individual health 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 individual health plan should include the measures to be taken in an emergency.

We review the individual health plan annually 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 individual health plan and each contributor, including the parent, signs it.

Managing Medicines on Trips and Outings

If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.

Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication, Inside the box is a copy of the consent form and a form to record when it has been given, with the details as given above.

On returning to the setting the form is placed in the medicine record folder and the parent signs it.

If a child on medication has to be taken to hospital, the child's medication will be taken with them.

This procedure is read alongside the Outings Procedure.

Promoting Health and Hygiene

Infection Control – adopted June 2024

Policy Statement

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

Procedure

Prevention

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

Response to an Infection Outbreak

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

Informing Others

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

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

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

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

Promoting Health and Hygiene

Managing Children with Allergies, or Who Are Sick or Infectious - adopted June 2024

(Including reporting notifiable diseases)

Policy Statement

We aim to 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 trigger.

Procedure

Children with Allergies

When children start at the setting we ask parents if their child suffers from any known allergies. This is recorded on the registration form and displayed at the snack table with a photograph in the medication and allergy folder.

If a child has an allergy, we complete a risk assessment form 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, etc).

The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc).

What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).

Control measures - such as how the child can be prevented from contact with the allergen.

Review measures

This risk assessment form is kept in the child's personal file.

Training is sourced from a health professional for staff on how to administer special medication in the event of an allergic reaction.

Generally, no nuts or nut products are used within the setting.

Parents are made aware so that no nut or nut products are accidentally brought in.

Insurance requirements for children with allergies and disabilities

If necessary, our insurance will 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 our insurance provider is obtained to extend the insurance.

At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.

Oral medication

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

Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.

The group must be provided with clear written instructions on how to administer such medication.

All risk assessment procedures are adhered to for the correct storage and administration of the medication.

The group will obtain the parents or guardians prior written consent. This consent will be kept on file.

Lifesaving medication and invasive treatments

These include 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).

We 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 our staff to administer medication; and
- proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.

Copies of all three documents relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

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

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

The key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.

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.

Children Who Are Sick or Infectious

If children appear unwell during the day – have a high temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the parents will be called and asked to collect the child, or send a known carer to collect on their behalf.

If a child has a high temperature, 37.8 or more, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.

Temperature is taken using a forehead thermometer strip kept in the first aid box.

In extreme cases of emergency, the child would be taken to the nearest hospital and the parent informed and Ofsted will be informed of the situation.

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 high 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 two episodes of diarrhoea, parents will be contacted to collect their child from pre-school.

After diarrhoea, parents are asked to keep children home for 48 hours following the last episode.

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

Reporting of 'notifiable diseases'

If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.

When the setting becomes aware, or is formally informed of the notifiable disease, the manager contacts Public Health England, acts on any advice given and informs Ofsted if required.

HIV/AIDS/Hepatitis procedure

HIV virus like other viruses such as Hepatitis, (A, B and C) are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.

Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.

Protective rubber gloves are used for cleaning/sluicing clothing after changing.

Soiled clothing is rinsed and bagged for parents to collect.

Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and any cloths used are disposed of.

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.

Promoting Health and Hygiene

Food and Drink, Oral Health – *adopted June 2024*

Policy Statement

This setting regards snack and meal times as an important part of the day. Eating represents a social time for children and adults and helps children to learn about healthy eating.

Procedure

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 in her/his enrolment forms signed by parents.

We regularly consult with parents to ensure that our records of their children's dietary needs - including any allergies - are up-to-date. Parents sign the up-dated record to signify that it is correct.

We display current information about individual children's dietary needs so that all staff and volunteers are fully informed about them.

We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences as well as their parents' wishes.

We provide easily accessible fresh drinking water at all times.

We provide milk or water alongside their snacks and lunches.

From time to time, we introduce foods from the diets of different countries.

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 additional reading, 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 take account of this information in the provision of food and drinks.

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.

In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.

Staff must wash their hands before children sit down at lunchtime, to support children opening their lunch.

Packed Lunches

Where children bring in a packed lunch to pre-school we:

- inform parents of our policy on healthy eating;
- encourage parents to provide sandwiches with a healthy filling, fruit, and milk based deserts such as yogurt. We discourage sweet drinks and provide children with water or milk;
- discourage packed lunch contents that consist largely of crisps, processed foods, sweet drinks and sweet products such as cakes or biscuits. We reserve the right to return this food to the parent as a last resort.

We ensure staff sit with children to eat their lunch so that the mealtime is a social occasion.

We discourage the use of single use plastics in lunch boxes.

This setting regards snack and meal times as an important part of the day. Eating represents a social time for children and adults and helps children to learn about healthy eating and encourage healthy food choices.

Promoting Health and Hygiene

Nappy Changing – *adopted June 2024*

Policy Statement

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

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

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

Procedure

Our key persons have a list of personalised changing times for the children in [their/my] care who are in nappies or 'pull-ups'; and change nappies according to this schedule, or more frequently where necessary.

We encourage young children from two years to normally wear pull ups, or other types of trainer pants, as soon as they are comfortable with this and if their parents agree.

For group provision: Our key persons undertake changing children in their key groups; back up key persons change them if the key person is absent.

Babies and young children are changed within sight of other staff whilst maintaining their dignity and privacy at all times.

Our changing area is warm, with a safe area to lay children and no bright lights shining down in their eyes. There are mobiles and other objects of interest to take the child's attention.

Each child has their own basket to hand with their nappies or pull ups and changing wipes.

Our staff put on gloves and aprons before changing starts and the areas are prepared. Paper towel is put down on the changing mat freshly for each child. Gloves are not always required for a wet nappy where there is no risk of infection, however, gloves are always available for those staff who choose to wear them. Gloves are always worn for a 'soiled' nappy.

For group provision: All our staff are familiar with our hygiene procedures and carry these out when changing nappies.

Our staff never turn their back on a child or leave them unattended whilst they are on the changing mat.

We are gentle when changing; we avoid pulling faces and making negative comments about 'nappy contents'.

We do not make inappropriate comments about children's genitals when changing their nappies. In addition, we ensure that nappy changing is relaxed and a time to promote independence in young children.

We encourage children 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.

We encourage children 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.

We do not use anti-bacterial hand wash liquid or soap for young children; young skin is quite delicate and anti-bacterial products kill off certain good bacteria that children need to develop their own natural resistance to infection.

Older children access the toilet when they have the need to and are encouraged to be independent.

We dispose of nappies and pull ups 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 rinsed and bagged for parents to take home.

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

Promoting Health and Hygiene

First Aid - adopted June 2024

Policy Statement

We are able to take action to apply first aid treatment in the event of an accident involving a child or adult. The pre-school is responsible for ensuring that each employee has an up-to-date and valid First Aid Certificate. The first aid qualification includes first aid training for infants and young children - certificates are displayed in the foyer. We pay due diligence when choosing first aid training and ensure that it is relevant to adults caring for young children.

Procedure

The First Aid Kit

Our first aid kit complies with the Health and Safety (First Aid) Regulations 1981 and contains the following items only:

- triangular bandages (ideally at least one should be sterile) - x 4;
- sterile dressings:
 - o Small - x 3;
 - o Medium – x 3;
 - o Large – x 3;
- composite pack containing assorted (individually-wrapped) plasters x1.

In addition to the first aid equipment:

- 2 pairs of disposable plastic (PVC or vinyl) gloves;
- 1 plastic disposable apron;
- a children's forehead 'strip' thermometer.

A supply of ice is kept in the freezer along with first aid freezer packs.

Information about who has completed first aid training and the location of the first aid box is provided to all our staff and volunteers.

The first aid box is easily accessible to adults and is kept out of the reach of children. All staff have a first aid pouch containing disposable gloves and face shield.

Medication is only administered in line with our Administering Medicines policy.

In the case of minor injury or accidents, a qualified first aider gives first aid treatment.

In the event of minor injuries or accidents, we normally inform parents when they collect their child, unless the child is unduly upset or we have concerns about the injury. In which case we will contact the child's parents for clarification of what they would like to do, i.e. whether they wish to collect the child and/or take them to their own GP.

An ambulance is called for children requiring emergency treatment. We contact parents immediately and inform them of what has happened and where their child has been taken.

Parents sign a consent form at registration allowing a member of staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that they have been informed and are on their way to the hospital.

Accidents and injuries are recorded in our accident record book and, where applicable, notified to the Health and Safety Executive, Ofsted and/or local child protection agencies in line with our Recording and Reporting of Accidents and Incidents Policy.

Promoting Health and Hygiene

Animals – adopted June 2024

Policy Statement

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

Procedure

Animals in the Setting as Pets

We take account of the views of parents and children when selecting an animal or creature to keep as a pet in the setting, as well as any allergies or issues that individual children may have to any animals or creatures.

We carry out a risk assessment with a knowledgeable person accounting for any hygiene or safety risks posed by the animal or creature.

We provide suitable housing for the animal or creature and ensure this is cleaned out regularly and is kept safely.

We ensure the correct food is offered at the right times.

We make arrangements for weekend and holiday care for the animal or creature.

Children are taught correct handling and care of the animal or creature and are supervised.

Children wash their hands after handling the animal or creature and do not have contact with animal soil or soiled bedding.

We wear disposable gloves when cleaning housing or handling soiled bedding.

If animals or creatures are brought in by visitors to show the children, they are the responsibility of the owner.

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Animals Brought in by Visitors

- The owner of the animal/creature maintains responsibility for it in the setting.
- The owner carries out a risk assessment detailing how the animal/creature is to be handled and how any safety or hygiene issues will be addressed.

Promoting Health and Hygiene

No-Smoking - adopted May 2024

Policy Statement

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

Procedure

All staff, parents and volunteers are made aware of our No-smoking Policy on the pre-school premises and in the school grounds.

Staff must not vape or use e-cigarettes on pre-school premises and in the school grounds.

We display no-smoking signs.

Staff who smoke do not do so during working hours.

Staff who smoke during working hours and travelling to and from work must not do so whilst wearing a setting uniform, or must at least cover the uniform.

E-cigarettes are not permitted to be used on the premises.

Staff are made aware that failure to adhere to this policy and procedures may result in disciplinary action.

It is a criminal offence for employees to smoke in smoke-free areas, with a fixed penalty of £50 or prosecution and a fine of up to £200.

Padnell Pre-School's Code of Conduct

Introduction

We expect all members of staff and volunteers to follow these guidelines whilst maintaining a friendly approach to each other and the families using our service; without losing objectivity or blurring or breaching professional boundaries.

Key Principles

To be available to offer advice and support to parents in a respectful manner with the ability to signpost other services available and make appropriate referrals.

Adhere to the setting's *Safeguarding Children and Child Protection Policy* and understand the way information is shared across services when concerns arise.

Ensure any disputes or conflict with parents or work colleagues are resolved away from the children's environment and talking or gossiping over children's heads is avoided.

Any grievances will be handled in a non-aggressive manner and likewise is expected from parents.

Comparisons with other children or breaches of confidentiality when talking to parents are not made.

Any issues or concerns from a parent regarding their child or the setting should be discussed by speaking to the managers in the setting. There is a *Complaints Procedure* to follow.

Giving 'special attention' or having 'favourite' children is avoided. It is not appropriate to enter into private babysitting arrangements with parents or for practitioners to take parents and children into their own homes.

Discussing the setting, work colleagues, children or families or for information to enter the public domain through Social Networking websites or any other means is a breach of the employment contract and confidentiality agreement. Staff and volunteers remain responsible for taking care not to post anything online including photographs that break confidentiality.

Any negative comments or misuse of the settings name could lead to instant dismissal through gross misconduct. There is a *Grievance* and *Disciplinary Procedure* to follow.

It is every individual's responsibility to inform the pre-school managers/trustees of any change of suitability to work with children.

Promoting Health and Hygiene

Life-saving medication and invasive treatments – new policy adopted March 2024

Policy Statement

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

Procedure

The key person responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.

The child's welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.

The key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.

Children with complex and/or long-term health conditions have a health care plan in place which takes into account the principles and best practice guidance given here.

Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).

Key persons speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.

Children's right to privacy and modesty is respected. Another educator is usually present during the process.

Record Keeping

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

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
- written consent from parents allowing members of staff to administer medication;
- proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse;
- a healthcare plan.

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

Physiotherapy

Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.

If it is agreed in the health care plan that the key person should undertake part of the physiotherapy regime then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the educator applying the technique in the first instance.

Safeguarding/Child Protection

Educators recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.

If an educator has any concerns about physical changes noted during a procedure, for example unexplained marks or bruising then the concerns are discussed with the designated person for safeguarding and the relevant procedure is followed.

Treatments such as inhalers or Epi-pens must be immediately accessible in an emergency.