Policies and Procedures

Eco Montessori

Winchester

January 2024

Policies and Procedures for Eco Montessori Nursery Winchester January 2024

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Introduction

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

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

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

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

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

Adopting, implementing and reviewing policies

- Copies of the policies and procedures to be adopted should be made available to all parents and staff; giving everyone the opportunity to discuss and fully understand each policy and procedure.
- It should be explained to parents, employees and volunteers that the policies contain the rules required for running the setting in a way which complies with the requirements of the EYFS and Ofsted registration and must be adhered to.
- All staff and volunteers should be aware of the content of the policies and procedures, and their role and responsibility in implementing them.

- Each policy and procedure should be continually monitored by collecting evidence about the results of their implementation. The evidence should be used to make any necessary changes to the policies and procedures and/or the way they are implemented.
- All staff and parents should contribute to the evidence collected and share in decisions about any necessary changes.
- Named/designated persons in each setting have a delegated responsibility to make sure that relevant procedures are known by all members of staff and are adhered to, bringing any cause for concern to the setting manager's attention.

If any adaptations are needed to any policy or procedure, it must be ensured that it still meets the requirements of the relevant regulations. Some providers may decide to develop further policies, which are not required by regulations, but which would enable a clear direction for any specific issue pertaining to the setting. For example, some providers may require a policy on sharing premises with another facility. Or in some cases a local authority or a funding body may require a policy or procedure that is not included in this publication.

Risk assessment is vital to implementation of many procedures. The setting manager ensures that risk assessments as detailed are carried out at least once a year – more if the need arises and will amend or add to the procedures as required. Risk assessment procedures are detailed in procedures 01.1 Risk assessment and 02.1 Fire safety.

Children's rights and entitlements statement

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

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

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

1. Eco Montessori is committed to building a '**culture of safety'** in which children are protected from abuse and harm in all areas of its service delivery.
2. Eco Montessori is committed to **responding promptly and appropriately** to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in 'What to do if you are worried a child is being abused' (HMG 2015)
3. Eco Montessori is committed to promoting awareness of child abuse issues throughout its training and learning programmes for adults. It is also committed to empowering young children, through its early childhood curriculum, promoting their right to be **strong, resilient and listened to.**

What it means to promote children's rights and entitlements:

To be **strong** means to be

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

To be ***resilient*** means to

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

To be **listened to** means:

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

1 Policy and procedures implementation and review policy

Alongside associated procedures in 0.0 Implementation and review, this policy was adopted by Eco Montessori Winchester in January 2024

Aim

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

Objectives

We adhere to and implement operational policies and procedures by:

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

Legal references

Childcare Act (2006)

Education Act (2011)

Policies and procedures implementation and review

0.0 Implementation and review procedure

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

- Policies and procedures are written and reviewed annually.
- Changes are only made to the policies and procedures after approval by the owner **Susan Hartley-Raven** in liaison with the setting manager where risk assessment has indicated that this is required.
- Policies and procedures are risk assessed and reviewed following any incident that is reportable under RIDDOR.
- Disciplinary action may be taken where individuals have disregarded policies and procedures.

Familiarisation and implementation

- It is the responsibility of every member of staff, volunteer and student within the setting to adhere to and always implement the policies and procedures.
- The setting manager offers advice and support to staff regarding procedure implementation.
- An overview of policies and procedures is included in induction for individual members of staff, with specific emphasis given to safeguarding procedures.
- Members of staff must sign to say that they are aware of and will adhere to the current policies and procedures.

- Members of staff understand that they must refer to the procedures as they support all aspects of their work within the setting.
- Staff meetings and in-house training events are used as opportunities to focus on procedures as required, and to discuss their implementation.
- Where there is an outbreak of a communicable disease or infection, the relevant procedure is photocopied and displayed for parents' reference during the outbreak.
- Other procedures may be displayed where a situation arises, for example to highlight health and safety concerns such as closing the gate.
- Following implementation of a procedure, such as emergency evacuation or other health and safety procedures, the setting manager will conduct a review as follows:
    - Did all members of staff follow the procedure?
    - Is further training required on any aspect of implementation?
    - did the procedure fit the circumstance; does it need adapting or changing?

Parents

- Parents know how to access a full set of policies and procedures.
- Parent forums are used as opportunities to explain and discuss the implementation of the policies and procedures.

01 Health and safety policy

Alongside associated procedures in 01.1 to 01.22 Health and safety, this policy was adopted by *Eco Montessori Winchester* in January 2024.

Policy statement

We believe that the health and safety of children is of paramount importance. We make our Nursery a safe and healthy place for children, parents, staff and volunteers. We understand as providers we must take reasonable steps to ensure the safety of children, staff and others on the premises. We understand that we as providers must promote the good health of children attending the setting.

Designated Health and Safety Officers are: The Nursery Manager or Duty Manager

Aim

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

Objectives

- We recognise that we have a corporation responsibility and duty of care towards those who work in and receive a service from our provision. Individual staff and service users also have responsibility for ensuring their own safety as well as that of others. Adherence to policies and procedures and risk assessment is the key means through which this is achieved.

- Insurance is in place (including public liability) and an up-to-date certificate is always displayed in the main entrance and the side entrance.
- Risk assessment is carried out to ensure the safety of children, staff, parents, and visitors. Legislation requires all those individuals in the given workplace to be responsible for the health and safety of premises, equipment and working practices.
- We operate a no-smoking policy.
- Smoking or vaping is not allowed on the premises, both indoors and outdoors. Staff do not smoke or vape in their work clothes. The use of electronic cigarettes is not allowed on the premises.
- Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If staff are taking medication that they believe may impair them, they seek further medical advice and only work directly with children if that advice is that the medication is unlikely to impair their ability to look after children. The setting manager must be informed and the necessary forms completed.
- Any medication is reviewed during supervision.
- Alcohol must not be brought onto the premises for consumption.
- A daily risk assessment and annual access audit are carried out for each area and the procedure is modified according to needs identified for the specific environment.
- Risk assessments are carried out to ensure the safety of children, staff and visitors and reviewed by those responsible for health and safety.
- 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.
- We keep records of these induction training sessions and new staff and volunteers are asked to sign the records to confirm that they have taken part.
- We explain health and safety issues to the parents of new children, so that they understand the part played by these issues in the daily life of the setting.

- As necessary, health and safety training is included in the annual training plans of staff, and health and safety is discussed regularly at our staff meetings and monthly manager's meetings.
- We make children aware of health and safety issues through discussions, planned activities and routines.

Legal references

Health and Safety at Work etc Act 1974

Health and Safety (Consultation with Employees) Regulations 1996

Management of Health and Safety at Work Regulations (1999)

Regulatory Reform (Fire Safety) Order 2005)

Electricity at Work Regulations (1989)

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

Manual Handling Operations Regulations (1992) (Amended 2002)

Medicines Act (1968)

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

Control of Substances Hazardous to Health (COSHH) Regulations 2004

Health and Safety (First Aid) Regulations 1981

Childcare Act 2006

Further guidance

Dynamic Risk Management in the Early Years (Alliance 2017)

Health and Safety Executive www.hse.gov.uk/risk

Food Standards Agency www.food.gov.uk

Ministry or Housing, Communities & Local Government www.communities.gov.uk

01 Health and safety procedures

01.1 Risk assessment

Policy statement

We believe that the health and safety of children is of paramount importance. We make our Nursery a safe and healthy place for children, parents, staff and volunteers by assessing and minimising the hazards and risks to enable the children to thrive in a healthy and safe environment. As Providers we understand we must ensure that we take all reasonable steps to ensure staff and children in our care are only exposed to well managed risks and must be able to demonstrate how they are managing risks.

Risk assessments are carried out to ensure the safety of children, staff, parents and visitors. We have a 'corporate responsibility' towards a 'duty of care' for those who work in and receive a service from our provision. Individuals also have responsibility for ensuring their own and others safety.

- 01.1 a Generic risk assessment form is completed for each area of work, and the areas of the building that are identified in these procedures
- 01.1b Access audit is completed to ensure inclusion and the health and safety of all visitors, staff, and children. The relevant procedure is modified if required to match the assessment.
- 01.1c Prioritised place risk assessment is completed for offering prioritised places during a national pandemic (such as Covid–19). A separate form is completed for each child who is prioritised because

they are vulnerable, or meet any other criteria stipulated by the Government at the time. Risk assessment is also completed for each individual group/room as appropriate. If the risk assessment indicates a high risk if the place is offered, that cannot be minimised, the offer of the place may be withdrawn at the discretion of the setting manager.

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

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

Daily safety sweeps and checks indoors and outdoors

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

Health and safety risk assessments

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

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

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

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

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

The setting manager ensures staff members carry out risk assessment for off-site activities, such as children's outings (including use of public transport), including:

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

- changing babies, and the intimate care of young children and older children
- arrivals and departures
- preparation of milk and other food/drink for babies
- children with allergies and special dietary needs or preferences
- serving food in group rooms
- cooking activities with children
- supervising outdoor play and indoor/outdoor climbing equipment
- settling babies/young children to sleep
- assessment, use and storage of equipment for disabled children
- visitors to the setting who are bringing equipment or animals as part of children's learning experiences, for example 'fire engines'

- following any incidents involving threats against staff or volunteers
- following any accident or incident involving staff or children

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

01.1a Generic risk assessment form

Risk area:		Carried out by:		Date:
Risk identified	Who is at risk	Level of risk	Control measure and person/s responsible	Review

These can be found in the folder labelled `Master copies`

01.1b Access audit form

Below is a sample, these can be found in the `Master Copies` folder.

Checked Area	**Evident**		**Comments/Action i.e. further risk assessment to be undertaken**
Approach to the building	**Yes**	**No**	
Are there disabled parking facilities?			
Are kerbs lowered?			
Is the entrance gate wide enough for wheelchair users?			

Are there orientation landmarks for visual impairment?			
Is the route clearly signed?			
Are support rails/resting platforms provided on inclines?			
Are all surface coverings, even and non-slip?			
Are pathways clear of obstructions?			
Are all areas adequately lit?			
Do steps and handrails accompany ramps?			
Are steps suitable and highlighted for differentiation?			
Are resting platforms available and highlighted?			
Are all surface coverings, even and non-slip?			
Is there adequate lighting at the front and on the route to the building?			
Entrances	**Yes**	**No**	
Is there an entry phone and/or a doorbell and is at a reasonable height for wheelchair users?			
Is there a level or flush threshold?			

Are doors easy to open and doorways wide enough for all users to pass through and clear door swing?			
Are glazed doors marked for safety/visibility?			
Door close mechanism appropriately adjusted (to ensure they do not close too quickly)?			
Door control (handle/knob) at a suitable height/clearly located and easy to use?			
Information on welcome board in a range of formats and at an appropriate height to suit varying needs?			
Is the entrance signposted and easy to find?			
Is the route to the destination clearly marked?			
If applicable, is the doormat in a good condition and flush with floor?			
If an induction loop is fitted, is it working?			
Can people either side of the door be seen?			
Are surfaces non-slip?			
Is lighting adequate?			
Inside the building	**Yes**	**No**	
Are all floor surfaces suitable?			

Are the acoustics of the building suitable for adults with hearing impairments?			
Are there colour and tonal contrast to help distinguish fixtures and fittings from surfaces, walls and floors?			
Is there a disabled WC facility no further than one floor away from the room being used?			
Handrails available at varying heights in the WC?			
Support rails available in relevant areas?			
Is the environment free from unnecessary noise?			
Audible, manual and mechanical alarm systems supplemented with visual and verbal warnings?			
Are all areas in the building wide enough for adults using mobility equipment to manoeuvre?			
Internal lobbies/doorways sufficient for manoeuvring?			
Fittings fixed without dangerous edges?			
Control of natural/artificial light to avoid glare/silhouettes and is lighting adequate?			
Clutter-free travel routes (coats, bags on floor)			
Door control (handle) suitable height/clearly located and easy to use?			

01.1c Prioritised place risk assessment form

This risk assessment has been devised to support providers in maintaining the safety and well-being of all children and staff as they offer prioritised places. It acknowledges that some of those places will be for vulnerable children who already have additional needs and who will require their existing risk assessment to be updated. The list of examples given here is not exhaustive and should be added to with any specific considerations. Additions and amendments should be added to this form and a new form completed and attached to this original form as required. A separate form should be used for individual children, whole groups and specific areas.

Room/area/group of children referred to in this risk assessment: **Assessment carried out by**:

Assessment date: **Setting manager's signature:**

Hazard What are the risks you have identified?	**People** Who might be harmed	**Severity** How badly could they be harmed? (worst case scenario)	**Likelihood** of harm with present controls	**Risk Level**	**Controls** What controls can be put in place?	**Further Action** What needs to be changed, by whom and by what date?	**Likelihood** of harm with extra controls
Examples Maintaining adequate ratios; Working with mixed age	**Examples** Staff; Children Students; Volunteers; Children	**Choose one option** **Death; Major Injury** (Hospital/A&E/ GP treatment	**Choose From** **Very likely; Likely; Remote**	**Choose From** **High; Medium; Low;**	**Examples** Additional procedures ; Personal Protective Equipment	**Examples** Increased Supervision; Changes to existing procedures;	**Choose From** **Very Likely;**

groups in one area; Staff shortages; Child becomes ill; educator becomes ill; Maintaining allergy information; Providing meals; Children's emotional well-being;Disruption of key person system	with additional needs; Staff with additional needs	required); **Minor Injury or Illness** (First-aid required); **Superficial Injury or Discomfort** (No first-aid); **Emotional well-being**		**Insignificant**	; Closing off unused rooms/areas in setting; Children bringing own lunch	Local Authority guidance; Personal Protective Equipment; Others as identified	**Likely; Remote**
Hazard	**People**	**Severity**	**Likelihood**	**Risk level**	**Controls**	**Further action**	**Likelihood**

If, following risk assessment and control measures, the level of risk remains high and the risk of harm remains very likely then the place should not be offered.

Copies can be found in the `Master copies` folder.

01 Health and safety procedures

01.2 Team rooms, stairways and corridors

- **Significant changes such as structural alterations or extensions are reported to Ofsted. A risk assessment is done to ensure the security of the building during building work**.
- Door handles are placed high or alternative safety measures are in place.
- Chairs are stacked safely and not more than 4 per stack.
- There are no trailing wires; all radiators are guarded or the temperatures are monitored and adjusted to a temperature that is not harmful to the children.
- Windows are opened regularly to ensure flow of air.
- Floors are properly dried after mopping up spills.
- Staff and visitors remove outdoor shoes in all indoor areas or use foot coverings.
- Children do not have unsupervised access to stairways and corridors. Stair gates are placed at the top of the stairs.
- Floor covering on stairways and corridors is checked for signs of wear and tear.
- There are child height stair rails as well as adult height in place.
- Children are led walking upstairs by an adult and hold the rail.
- Staff hold the hand of toddlers and children who require assistance.
- Materials and equipment are not stored in corridors.
- Walkways and stairs are uncluttered and adequately lit.

- Stairways and corridors are checked to ensure that safety and security is maintained, especially in areas that are not often used, or where there is access to outdoors
- Socket safety inserts are not used as there is no safety reason to do so, modern plug sockets are designed to remove risk of electrocution if something is poked into them.
- The use of blinds with cords is avoided. Any blinds fitted with cords are always secured by cleats. There are no dangling cords.

01 Health and safety procedures

01.3 Kitchen

General safety

- Children do not have unsupervised access to the kitchen, a barrier ensures that the children are unable to freely walk into the cooking area.
- Staff do not take tea breaks in the kitchen..
- Wet spills are mopped immediately.
- A clearly marked and appropriately stocked First Aid box is kept in the kitchen.

Cleanliness and hygiene

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

- Floors are washed down at least daily.
- All work surfaces are washed regularly with an antibacterial agent. At the start of the day in particular.
- Inside of the cupboards are cleaned monthly.
- Cupboard doors and handles are cleaned regularly.
- Fridge and freezer doors are wiped down regularly
- Ovens/cookertops are wiped down daily after use; ovens are fully cleaned monthly.
- Where possible all crockery and cutlery are air dried.
- Plates and cups are only put away when fully dry.
- Any cleaning cloths used for surfaces are washed and replaced daily.

- There is a mop, bucket, broom, dustpan, and brush set aside for kitchen use only.
- Any repairs needed are recorded on the hazard analysis sheet and reported to the manager
- Chip pans are not used.
- Daily opening and closing checks are done every day before the kitchen is used.
- Food temperatures are probed and are documented on the prove it record.
- Cleaning is done daily and deep cleaning is completed weekly/monthly and recorded on the cleaning sheets.

Further guidance

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

We fill out the opening and closing checks and always complete a 4 weekly review.

01 Health and safety procedures

01.4 Children's bathrooms/changing areas

- Children are provided with pegs and baskets for spare clothing and nappies. Creams are stored in a sealed container.
- Changing mats are cleaned and disinfected in Nappy changing areas BEFORE AND AFTER use.
- Disposable nappies are placed in nappy disposal bins.
- Staff use single use gloves and aprons to change children and wash hands or use hand sanitiser when leaving changing areas. Please note that gloves are not always required for a wet nappy if there is no risk of infection, however, gloves are always available for those staff who choose to wear them for a wet nappy. Gloves are always worn for a 'soiled' nappy.
- Staff never turn their backs on or leave a child unattended whilst on a changing mat.
- Antibacterial spray/wipes are used. where residue may have direct contact with skin, If a child needs to use the mat before its dry staff must wash the mat again using water wet paper towels to remove chemicals preventing contact with skin.
- Anti-bacterial sprays/wipes used in nappy changing areas are not left within the reach of children.
- Natural ventilation is used; chemical air fresheners are not used.
- All other surfaces are disinfected daily.

Children's toilets and wash basins

- Children's toilets are cleaned twice daily using a disinfectant cleaning agent for the bowls (inside and out), seat and lid, and whenever visibly soiled.
- Toilet flush handles are disinfected daily.

- Toilets not in use are checked to ensure the U-bend does not dry out and are flushed every week. Taps not in use are run for several minutes every two to three days to prevent infections such as Legionella.
- There is a toilet brush available for children's toilets. This is stored in the cleaning cupboard, along with a separate cleaning cloth.
- Cubicle doors and handles are washed daily.
- Children's hand basins are cleaned twice daily and whenever visibly soiled, inside, and out using a disinfectant cleaning agent. Separate cloths are used to clean basins etc. and are not interchanged with those used for cleaning toilets. Colour coded cloths are used.
- Mirrors and tiled splash backs are washed daily.
- Paper towels are provided.
- Bins are provided for disposal of paper towels and are emptied and cleaned daily.
- All bins are lined with plastic bags and tied tightly against the bin to prevent children removing them.
- Staff who clean toilets wear disposable gloves.
- Staff changing children wear gloves and aprons.
- Wet or soiled clothing is put in a nappy bag for parents to collect.
- Floors in children's toilets are washed daily.(more if required)
- Spills of body fluids are cleared and mopped using disinfectant and red colour coded buckets and mops and cloths.
- Mops are rinsed and wrung after use and stored upright, not stored head down in buckets.
- Mops used to clean toilets or body fluids from other areas are designated for that purpose only and kept separate from mops used for other areas. Colour coding helps keep them separate.
- Used water is discarded down the toilets.

01 Health and safety procedures

01.5 Milk kitchen

- Members of staff wash their hands in the staff toilet on entering the milk kitchen to make childrens bottles
- Only food preparation equipment is to be kept in the kitchen.
- All surfaces are cleaned daily using sterilising solution, including contact points, such as cupboard doors and handles.
- Inside cupboards are cleaned with sterilising solution weekly.
- Fridges are cleaned daily and weekly using the same method as for cupboards and recorded on the cleaning record.
- Spoons and or scoops used for measuring and mixing feed are washed and sterilised.
- All bottles/dummies, feeding spoons and bowls for babies less than one year old are washed using detergent and hot water and are washed in the dishwasher after use.
- Medication stored in the milk kitchen fridge is named and kept on a separate shelf.
- Each bottle-fed baby has a plastic box for storage of named spare bottles with teats and tops as well as personal dummies.
- Baby milk formula and weaning food is kept in named containers for each baby.
- Milk or weaning feeds provided by parents are labelled and refrigerated immediately and recorded in the food from home folder.
- Each baby has a feeding schedule which is recorded on their all about me. This highlights any allergies or foods not to be given.

- Baby feeds are prepared by key persons or allocated buddies who have been briefed about the baby's dietary needs. Students or cover staff should not prepare any baby food unless supervised.

01 Health and safety procedures

01.6 Short trips, outings

Planning and preparation

- Outings have a purpose with specific learning and development outcomes.
- If staff are 'borrowed' from another area to maintain ratios on an outing they are fully briefed about the children they are accompanying. The outing does not go ahead if the viability is raised at any point.
- Parents provide consent at registration and staff check that consent forms on childrens registration forms were signed and that only children with consent attend the outing.
- A risk assessment of the areas used is in place and is updated as and when needed.
- A minimum of two staff accompany children on outings. There is a ratio of 1:3 for under two year olds in buggies, providing they are not leaving the buggy. If the under two year olds leave the buggies at any time the ratio reduces to 1:2. Older children have a ratio of 1:4 only when using the crocodile clips, or the walk-o-dile,all other children are on a 1:2 and holding hands with an adult.
- Children are specifically allocated to each member of staff/volunteer; they are responsible for supervising their designated children for the duration of the outing.
- Parents on outings are responsible for their own children only.
- Parents and volunteers who have undergone vetting (DBS and references) may be included in the ratio.
- A mobile phone belonging to the setting and or walkie talkies and small first aid kit is taken out.
- Staff make sure they have water, plastic cups, spare nappies/change of clothes and wet wipes for the children going out appropriate to the length of time they are out for.
- Sun cream is applied as needed and children are clothed appropriately

- Children wear high visibility vests with the name and number of the setting.
- Staff have emergency contacts, medication and equipment needed for children.

Risk assessment

- Risk assessment is completed prior to the outing and signed off by the setting manager and all staff taking part. Existing risk assessments are reviewed/amended as required.
- Children with specific needs have a separate risk assessment if necessary.
- An outing
- The form is filled out and signed off by the manager before leaving the building.

Outing venue (larger outings)

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

Transport

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

Where transport is provided by the setting

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

Forest School and Beach School sessions (not on site)

- A separate risk assessment is conducted, and Forest/Beach School standard procedures are followed.
- The sessions always have a **level 3 trained forest school or beach school educator.**

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.

For further guidance, refer to the insurance provider.

Larger outings checklist

There is an identified lead person for the outing.

- The outing has an educational purpose and has been agreed with the setting manager.

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

Further guidance

Daily Register and Outings Record (Early Years Alliance 2021)

Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)

Not on my Watch! (Early Years Alliance 2018)

Preventing Accidents to Children on Farms (Health and Safety Executive 2013

01 Health and safety procedures

01.7 Outdoors

- All gates and fences are childproof, safe, and secure.
- Areas are checked daily to make sure animal droppings, litter, glass etc. is removed. Staff wear rubber gloves to do this. And this is ticked off on the daily Health and safety morning checks before children enter.
- Bushes or overhanging trees are checked to ensure they do not bear poisonous berries.
- Stinging nettles and brambles are removed when they become overgrown.
- Wooden equipment is maintained safely, and not used if broken.
- Wooden equipment is risk assessed to reduce the possibility of splinters.
- Broken climbing equipment or outdoor toys are removed and reported to the setting manager.
- Children are always supervised within ratios outside.
- Children are suitably attired for the weather conditions and type of outdoor activities.
- Sun cream (if parents have given permission) is applied and hats are worn during the summer months. Outdoor play is avoided in extreme heat (above 32 degrees) between noon and 3pm.
- Children who have no adequate means of sun protection, such as a hat, long sleeves and trousers or sun cream, will not be able to play outdoors in un-shaded areas.
- Children are supervised and supported on climbing equipment or any equipment that promotes physical development, especially younger children.
- Water play is not left out but is cleared, cleaned and stored after each use.

- Receptacles are left upturned to prevent collection of rainwater, this is important in areas where there are vermin to prevent urine/faeces contaminating the water.
- Sightings of vermin are recorded and reported to the duty manager who reports to the Environmental Health's Pest Control Department.
- Outdoor areas that have flooded are not used until cleaned down and restored. Grassed areas are not played on for at least one week after the flood water has gone.
- If paddling pools are used, a risk assessment is conducted, and consideration given to the needs of disabled children or those less ambulant.

Drones

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

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

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

Further guidance

Reportable Incident Record (Pre-school Learning Alliance 2015)

01 Health and safety procedures

01.8 Staff cloakrooms

- All areas are kept tidy and always uncluttered.
- Doors to staff/visitor toilets and cloakrooms are kept always shut.
- Toilet areas are not used for storage due to the risk of cross-contamination.
- Staff/visitor toilets are cleaned daily using disinfectant.
- Toilet flush handles are disinfected daily.
- There is a toilet brush provided per toilet and separate cleaning cloth.
- Toilets that are not in use are checked to ensure that the U-bend is not drying out and are flushed every week. Taps that are not in use are run for several minutes every two to three days to minimise the risk of infections such as legionella.
- Cubicle doors and handles are washed weekly.
- Staff hand basins are cleaned daily using disinfectant. Separate cloths are used to clean basins etc. and are not interchanged with those used for cleaning toilets.
- Floors in staff toilets are washed daily.
- Mirrors and tiled splash backs are washed daily.
- Paper towels or hot air dryers are provided for hand drying.
- Bins are provided for sanitary wear and cleared daily (or as per contract agreement).
- Bins are provided for disposal of paper towels and are cleared daily.

- All bins are lined with plastic bags.
- Members of staff who are cleaning toilets wear rubber gloves that are kept specifically for this purpose to prevent cross contamination.

01 Health and safety procedures

01.9 Maintenance and repairs

Any faulty equipment or building fault is recorded on Hazard Analysis forms up in each room, including:

- date fault noted
- item or area faulty
- nature of the fault and priority
- Is a risk assessment required?
- who the fault reported to for action
- action taken and when
- if no action taken by the agreed date, when and by whom the omission is followed up
- date action completed
- The Setting Manager reviews the Hazard Analysis forms weekly as part of the Operations Review.

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

- Any broken or unsafe item is taken out of use and labelled 'out of use' or discarded.
- Any specialist equipment (e.g. corner seat for a disabled child) which is broken or unsafe should be returned to the manufacturer or relevant professional.
- Condemning items is done in agreement with the setting manager. Condemned items are then disposed of appropriately and not stored indefinitely on site or within access of the children.

- Where maintenance and repairs involve a change of access to the building whilst repairs are taking place, then a risk assessment is conducted to ensure the safety and security of the building is maintained.

01 Health and safety procedures

01.10 Laundry

- Children do not have access to laundry.
- Laundry areas are kept well ventilated
- Detergents/detergent pods and cleaning materials are stored out of reach of children in a labelled COSHH cupboard.
- Biological detergents are not used due to the risk of allergies.
- If children's clothes are soiled, they are rinsed only if there is a suitable sluice in which to do so. They are then double bagged labelled with name and 'SOILED' and sent home.
- Separate baskets are provided for dirty and clean laundry.
- Members of staff wash their hands after handling dirty laundry and laundry chemicals.
- Machines are switched off from the plug after use.
- Members of staff do not leave the tumble dryers on at night or any other time when the building is vacant.

01 *Health and safety procedures*

01.11 Staff personal safety

General

- Members of staff who are in the building early in the morning or late in the evening, ensure that doors and windows are locked.
- Where possible, the last two members of staff in the building leave together after dark and arrange to arrive together in the morning.
- Visitors are allowed access and always supervised by a permanent member of the team.
- Staff call the setting to confirm safe arrival and advise of departure when they are attending meetings or training off site.
- The setting managers liaise with local police for advice on any issues or concerns.

Dealing with agitated parents/visitors in the setting

- If a parent or visitor appears to be angry, mentally agitated, or possibly hostile, two members of staff will lead them away from the children to an area less open but will not shut the door behind them.
- If the person is standing, staff will remain standing and position themselves so they are not blocked from an exit point.
- Staff will try to empathise, for example: 'I can see that you are feeling angry at this time'.
- Staff offer to discuss the issue of concern and show they recognise the concern.
- Staff will ensure that the language they use can be easily understood

- Staff will make it clear that they want to hear issues and seek solutions.
- If the person makes threats and continues to be angry, members of staff make it clear that they will be unable to discuss the issue until the person stops shouting or being abusive, avoiding expressions like 'calm down' or 'be reasonable'.
- If threats continue, members of staff will explain that the police will be called and emphasise the inappropriateness of such behaviour in front of the children.
- Procedure 01.12 Threats and abuse towards staff and volunteers is implemented where staff feel threatened or intimidated.
- After the event, it is recorded in the child's file together with any decisions made with the parents to rectify the situation.
- Any situation involving threats to members of staff are reported to the line manager, following procedure 01.12 Threats and abuse towards staff and volunteers.

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

01 *Health and safety procedures*

01.12 Threats and abuse towards staff and volunteers

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

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

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

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

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

It is important to note that no physical attack or injury needs to have occurred for a common assault to have taken place. It is sufficient for a person to have been threatened with immediate violence and put in fear of a physical attack for an offence to have been committed.

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

999 should always be used when the immediate attendance of a police officer is required. The police support the use of 999 in all cases where:

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

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

Harassment and intimidation

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

A person must not pursue a course of conduct:

(a) which amounts to harassment of another, and

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

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

Banning parents and other visitors from the premises

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

Dealing with an incident

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

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

Harassment or intimidation of staff by parents/visitors

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

Complaints relating to potential breaches of the EYFS Safeguarding and Welfare requirements will be managed according to the 10.2 Complaints procedure for parents and service users.

Further guidance

Complaint Investigation Record (Pre-school Learning Alliance 2015)

Report Incident Record (Pre-school Learning Alliance 2015)

01 Health and safety procedures

01.13 Entrances and approach to the building

- Entrances and approaches are kept tidy and always uncluttered.
- All gates and external fences are childproof and safe
- Front doors are always kept locked and shut.
- Ideally the identity of a person not known to members of staff is checked before they enter the building. Any unknown visitor will be accompanied by a member of the team.
- All staff and visitors to the setting sign in and out of the building.
- A member of staff is available to open and close the door and to greet arrivals, say goodbye to parents and to make sure that doors and gates are shut.
- Where building works or repairs mean that normal entrances/exits or approaches to the building are not in use, a risk assessment is conducted to maintain safety and security whilst the changes are in place.

01 Standard Health and Safety Procedures

01.14 Control of Substances Hazardous to Health (COSHH)

- Staff implement the current guidelines of the Control of Substances Hazardous to Health (COSHH) Regulations.
- Personal protective equipment (PPE), such as rubber gloves, latex free/vinyl gloves, aprons etc., is available to all staff as needed and stocks are regularly replenished.
- Hazardous substances are stored safely away from the children.
- Chemicals used in the setting should be kept to the minimum to ensure health and hygiene is maintained.
- Risk assessment is done for all chemicals used in the setting**.**
- Environmental factors are considered when purchasing, using and disposing of chemicals.
- All members of staff are vigilant and use chemicals safely.
- Bleach is not used in the setting. Unless it's for a deep clean or during a pandemic/outbreak but when no children are present.
- Antibacterial soap/hand wash is not normally used, unless specifically advised during an infection outbreak, such as Pandemic flu or Coronavirus.
- Antibacterial cleaning agents are restricted to toilets, nappy changing areas and food preparation areas and are not used when children are nearby.
- Members of staff wear rubber gloves when using cleaning chemicals.

- Every chemical used has its own coshh sheet (found in the coshh folder in the office)

01 Health and safety procedures

01.15 Manual handling

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

Guidelines:

- Do not lift heavy objects alone. Seek help from a colleague.
- Bend from the knees rather than the back.
- Do not lift very heavy objects. even with others. that are beyond your strength.

- Use trolleys for heavy items that must be carried or moved on a regular basis.
- Items should not be lifted onto, or from, storage areas above head height.
- Do not stand on objects, other than proper height steps, to reach high objects and never try to overreach. Always have a colleague supporting you by holding the height steps.
- Push rather than pull heavy objects.
- Do not carry heavy objects up or down stairs; or carry large objects that may block your view of the stairs.
- Do not hold babies by standing and resting them on your hips.

Please note this is not an exhaustive list.

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

01 Health and safety procedures

01.16 Festival (and other) decorations

General

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

Decorations

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

Electrical equipment.

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

Location

- Trees and decorations must never obstruct walkways or fire exits.

- Do not place decorations on or close to electrical equipment (e.g. computers); they are a fire hazard.
- Decorations must be clear of the ceiling fire detectors, sprinklers, and lights.

Children's areas

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

01 Health and safety procedures

01.17 Jewellery, Nails and hair accessories

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

- Health and safety take precedence over respect for culture, religion or fashion.
- Members of staff do not wear jewellery or fashion accessories, such as belts or high heels, that may pose a danger to them or to young children. These include large rings with sharp edges, earrings - other than studs, nose rings, eyebrow rings or any other such piercings. chain necklaces, or bracelets with attachments that can be pulled off, or belts with large buckles. Should a team member insist that an item of jewellery remain it is at the discretion of the Nursery Manager and a risk assessment MUST be put in place.
- Parents must ensure that any jewellery worn by children poses no risk, for example, earrings which may get pulled, bracelets which can get caught when climbing, or necklaces that may pose a risk of strangulation.
- Children may wear small, smooth stud earrings.
- Children, staff, and volunteers do not wear anything with sharp edges that could scratch children, or jewellery with small elements that could become detached and swallowed.
- Staff do not wear nail polish, acrylic or gel nails while at work. Nails are short and clean.
- Hair accessories that may come loose and pose a choking hazard are removed before children sleep or rest.

- Parents are requested not to send children wearing hair beads. If staff see beads that are coming loose, they will remove them.
- Hair accessories that may pose a choking hazard to other children should they become detached, should be removed if members of staff consider this to be a possibility.
- Amber beads for teething pain relief are not to be worn due to the risk of choking posed to the infant and other children who may remove them.

01 Health and safety procedures

01.18 Animals and pets

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

Animals brought in by visitors

- The owner of the animal/creature maintains responsibility for it in the setting.

The owner of the animal carries out a risk assessment with the manager detailing how the animal/creature is to be handled and how any safety or hygiene issues will be addressed.

Further guidance

Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)

01 *Health and safety procedures*

01.19 Face painting

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

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

Further guidance

Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)

01 Health and safety procedures

01.20 Notifiable incident, non- child protection

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

A 'notifiable' incident' could include:

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

The designated health and safety officer:

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

Emergency evacuation

In most instances, children will be evacuated from the premises if there is an immediate risk, fire alarm or 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 monthly 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.

In the event of any form of evacuation staff will gather up their children in their room and leave via the closest fire exit and make their way to the church yard. They will ensure all children, staff and visitors are accounted for by running the register. The room leaders will have the evacuation backpack, registers and emergency contacts. The room leader will do a quick sweep through the toilet and room looking under tables and behind furniture ensuring no children are left behind. The room leader will be the last person out of the room and will close the doors behind them. The manager/fire marshall will check everyone is out, leave the building and complete a full headcount of children, staff and visitors to ensure all rooms are

out of the building and in the designated meeting point. In the event that the evacuation continues for an extended period of time. The children are taken to the guildhall or church for collection by their parents / carers.

Emergency Closure

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

- The owner and manager makes the decision to close – thereby withdrawing the service.
- The emergency services
- A parent makes the decision for their child not to attend.
    - If a parent makes the decision for their child not to attend due to a critical incident, the child's fees are due as normal.
    - Further consideration of individual incidents must be done in consultation with the owner and manager.

Recording and reporting

- On discovery of the notifiable incident, the member of staff reports to the appropriate emergency service, fire, police, ambulance, if those services are needed.
- The member of staff ensures that the setting manager and/or deputy manager are informed (if not on the premises at the time) and that the owner is informed.
- The setting manager completes and sends an incident record to the owner, 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 nor anyone else not employed by the Nursery.

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

The setting manager informs the owner 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 owner and manager reviews 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.

01.21 Terrorist threat/attack and lock-down

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

- The setting manager assesses the likelihood of an incident happening based on their location.
- The setting manager will check our police website for advice and guidance.
- Local police contact numbers are clearly displayed for staff to refer to.
- Staff rehearse simple 'age appropriate' actions with the children such as staying low to the floor, keeping quiet and listening to instructions in the same way that fire procedures are practised. Lock-down must be rehearsed and recorded termly.
- The setting manager is aware of the current terrorist alert level, as available at www.mi5.gov.uk/threat-levels.
- We follow any additional advice issued by the local authority.
- Emergency procedures are reviewed and added to if needed.

- Information about this procedure is shared with parents and all staff are aware of their role during 'lockdown'.
- An email /phone message is issued to parents when lockdown is confirmed.

Suggested wording for parent message

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

Lock-down procedures

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

The Lockdown area is the Sensory room, ALL CHILDREN AND STAFF ARE TO GATHER IN THIS AREA if its possible, a staff member will quietly read a story to capture the attention of all children, everyone sits on the floor and remains calm. If it's not possible for Bebe's to come down the stairs then they must all gather in the sleep room with all safety gates deployed.

During 'lock-down'

- Staff and children stay in their designated areas if it is safe to do so.
- Doors and windows are secured until further instruction is received.
- Curtains and blinds are closed where possible.
- Staff and children stay away from windows and doors.
- Children are encouraged to stay low and keep calm.
- Staff tune into a local TV or radio station for more information.
- Staff do NOT make non-essential calls on mobile phones or landlines.

- If the fire alarm is activated, staff and children remain in their designated area and await further instructions from emergency services, unless the fire is in their area. In which case, they will move to the next room/area, following usual fire procedures.

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

During lockdown staff do NOT:

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

Following lockdown:

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

Recording and reporting

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

Further guidance

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

For non-emergency, call the police on 101.

02 Fire safety policy

Alongside associated procedures in 02.1 Fire safety, this policy was adopted by *Eco Montessori Winchester* in January 2024.

Designated Fire Officers are Manager and Duty Manager

Aim

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

We ensure the highest possible standard of fire precautions are in place. The person in charge and our staff are familiar with the current legal requirements. Where necessary we seek the advice of a competent person, such as our Fire Officer or Fire Safety Consultant. We record each fire evacuation or/and any other form of evacuation when these occur. This is then evaluated, and the manager will seek to make improvements after each one. We ensure our policy is in line with the procedures specific to our building, making reasonable adjustments as required. As Providers

we understand we must take reasonable steps to ensure the safety of children, staff and Visitors on the premises in the case of fire or any other emergency and must have an emergency evacuation procedure.

Objectives

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

Legal references

Regulatory Reform (Fire Safety) Order 2005)

Electricity at Work Regulations (1989)

Further guidance

Fire Safety Record (Early Years Alliance 2019)

Fire Safety Risk Assessment: Educational Premises
www.communities.gov.uk/publications/fire/firesafetyrisk6

02 *Fire safety procedures*

02.1 Fire safety

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

Fire safety risk assessment

02.1a Fire safety risk assessment form is carried out in each area of the setting by a competent person using the five steps to fire safety risk assessment as follows: Eco Montessori has a contract with CP Fire Consultants Limited.

1. Identify fire hazards
    - Sources of ignition.
    - Sources of fuel.
    - Sources of oxygen (including oxygen tanks for disabled children).
2. Identify people at risk
    - People in and around the premises.

- People especially at risk including very young babies, less ambulant disabled children or those using specialised equipment, such as splints, standing frames.

3. Evaluate, remove, reduce and protect from the risk
    - Evaluate the risk of the fire occurring.
    - Evaluate the risk to people from a fire starting on the premises.
    - Remove and reduce the hazards that may cause a fire.
    - Remove and reduce the risks to people from a fire.
4. Record, plan, inform, instruct, train
    - Record significant findings and action taken.
    - Prepare an emergency plan.
    - Inform and instruct relevant people; inform and cooperate with others.
    - Provide training.
5. Review
    - Keep assessment under review and revise when necessary.

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

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

Fire safety precautions include:

- All electrical equipment is checked by a qualified electrician annually.
- Any faulty electrical equipment is taken out of use and recorded as such or condemned (whichever is necessary).
- Sockets are covered where and when required This is different to using plug sockets inserts, a socket cover covers the whole socket, including the switch and is safe to use.
- Water and electrical items do not come into contact; staff do not touch electrical items with wet hands.
- All fire safety equipment is checked annually.
- Gas boilers and cookers are checked and serviced annually by a Gas Safe registered engineer.
- If matches are used in the kitchen, they are kept in a drawer.

Fire Drills

- Fire Drills (to include emergency evacuation procedures and lock down) are held monthly**.**
- Drills are recorded, including:
  - date of drill
  - staff involved and numbers of children
  - how long it took to evacuate
  - any reason for a delay in achieving the target time and how this will be remedied

When the alarm is sounded ALL staff and children must evacuate the building and make their way to the Church yard opposite the building. In the event of any form of evacuation staff will gather up their children in their room and leave via the closest fire exit. And make their way to the Church Yard. They will ensure all children are accounted for by running the register. The room leader will have the evacuation backpack with all the needed kit inside for an evacuation including emergency contacts. The room leader will do a quick sweep through the toilet and room looking under tables and behind furniture ensuring no children are left behind. The room leader will be the last person out of the room and will close the doors behind them. The manager/fire marshall will check everyone is out, leave the building and complete a full headcount of children, staff and visitors to ensure all rooms are out of the building and in the designated meeting point.

Fire precautions

- Fire exit signs are the green 'running man' signs and are in place and clearly visible.
- Fire exits by doors are those that show a green light at night.
- Fire doors are not locked during normal working hours.
- Fire evacuation notices are in every room; these are displayed in print large enough to read from a short distance. They say where the assembly point is.
- Fire alarms are in place and tested termly this is recorded in the operational check
- Smoke alarms are in place and tested monthly. This is recorded in the fire log book.
- A fire blanket is in place in the kitchen .
- Fire extinguishers are in place and serviced annually by County Fire Extinguishers

Further guidance

Dynamic Risk Management (Pre-school Learning Alliance 2017)

Fire Safety Record (Early Years Alliance 2019)

Fire Safety Risk Assessment: Educational Premises (HMG 2006): www.gov.uk/government/publications/fire-safety-risk-assessment-educational-premises

02.1a Fire safety risk assessment form

Risk Area		**Carried out by**		**Date**
Fire Hazards: Examples: Ignition; fuel; oxygen	**Who is at risk** People on premises and those most vulnerable	**Level of risk** of fire occurring and the risk to people	**Control measure** Remove and reduce hazards that may cause fire; Remove and reduce risks to people	**Review** Record, plan, inform, instruct, train and review

Before completing this form please refer to the five steps in procedure 02.1 Fire safety

HARD COPY OF THE FORM CAN BE FOUND IN THE `Master copies folder`

03 *Food safety and nutrition policy*

Alongside associated procedures in 03.1-03.6 Food safety and nutrition, this policy was adopted by Eco Montessori Winchester in January 2024.

Aim

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

We regard snack and mealtimes as an important part of our day. Eating represents a social time for children and adults and it helps children to learn about healthy eating. At snack and mealtimes, we aim to provide nutritious food, which meets the children's individual dietary needs. Where children are provided with meals, snacks, and drinks, they must be healthy, balanced and nutritious.

Our menus are made up of a four-weekly rota. Lunch is supplied by A Slice of Pie and all other food is bought from a supermarket.

Objectives

- We recognise that we have a corporate responsibility and duty of care for those who work in and receive a service from our provision, but individual employees and service users also have responsibility for ensuring their own safety as well as that of others. Risk assessment is the key means through which this is achieved.
- We use the Safer Food Better Business to guide and record our daily practices.
- Procedure 01.3 Kitchen is followed for general hygiene and safety in food preparation areas.
- We provide nutritionally sound meals and snacks which promote health and reduce the risk of obesity and heart disease that may begin in childhood.
- We follow the main advice on dietary guidelines and the legal requirements for identifying food allergens when planning menus based on the four food groups:
  - meat, fish, and protein alternatives
  - milk and dairy products
  - cereals and grains
  - fresh fruit and vegetables.
  - We include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones. Currently being Developed on Nursery Development Plan.
  - We take care not to provide food containing nuts or nut products and we are especially vigilant when we have a child who has a known allergy to nuts.
- Following dietary guidelines to promote health also means taking account of guidelines to reduce risk of disease caused by unhealthy eating.

- Parents share information about their children's particular dietary needs with staff when they enrol their children and on an on-going basis with their key person. This information is shared with all staff who are involved in the care of the child.
- Foods provided by the setting for children have any allergenic ingredients identified on the menus.
- Care is taken to ensure that children with food allergies do not have contact with food products that they are allergic to.
- Risk assessments are conducted for each individual child alongside the child's care plans who has a food allergy or specific dietary requirement.

Packed lunches

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

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

Legal references

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

Food Information Regulations 2014

The Childcare Act 2006

Further guidance

Safer Food Better Business for Caterers (Food Standards Agency) https://www.food.gov.uk/business-guidance/safer-food-better-business-for-caterers

03 *Food safety and nutrition procedures*

03.1 Food preparation, storage and purchase

General

- All staff have up to date certificated training on food safety.
- When we have a cook / kitchen assistant: Cooks / kitchen assistants refer to Eat Better, Start Better (Action for Children 2017) and Example menus for early years settings in England (PHE 2017) which contains guidance on menu planning, food safety, managing food allergies and reading food labels.

  A Slice of Pie provides our setting with healthy balanced meals for Nursery Children.
- The setting manager is responsible for ensuring that the requirements in Safer Food Better Business are implemented.

- Kitchen assistants and all staff responsible for preparing food have undertaken the Food Allergy Online Training CPD module available at http://allergytraining.food.gov.uk/.
- The setting manager is responsible for overseeing the work of all food handlers to ensure hygiene and allergy procedures are complied with.
- The setting manager has responsibility for conducting risk assessment based on the 'Hazard Analysis and Critical Control Point' method set out in Safer Food Better Business.
- The Duty Manager carries out and records daily opening/closing checks, four weekly reviews and dated records of deep cleaning.
- Kitchen assistant and setting manager maintain a Food Allergy and Dietary Needs folder with:

  -a list of all children with known food allergies or dietary needs updated at least once a term (the personal/medical details about the allergy or dietary needs remain in the child's file along with a copy of the risk assessment). This is clearly displayed for all staff and the risk assessment shared with all staff.

  - a record of food menus along with any allergens using
  - a copy of the FSA booklet 'Allergen information for loose foods' available at www.food.gov.uk/sites/default/files/media/document/loosefoodsleaflet.pdf
  - a copy of the Food Allergy Online Training CPD certificate for the kitchen assistant and each member of staff that has undertaken the training

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

Purchasing and storing food

- Food is purchased from reputable suppliers. We currently order from Asda and A Slice of Pie.
- Pre-packed food (any food or ingredient that is made by one business and sold by another such as a retailer or caterer) is checked for allergen ingredients and this information is communicated to parents alongside menu information. For example, a meat pie bought at a supermarket or a tin of baked beans or the ingredients for a recipe prepared on site.

- Parents are requested not to bring food that contains nuts. Staff check packets to make sure they do not contain nuts or nut products.
- Bulk buy is avoided where food may go out of date before use.
- All opened dried food stuff is stored in airtight containers.
- Food is regularly checked for sell by/use by dates and any expired items are discarded.
- Bottles and jars are cleaned before returning to the cupboards.
- 'Squeezy' plastic bottles are not used for sauces.
- Items are not stored on the floor; floors are kept clear so they can be easily swept.
- Perishable foods such as dairy produce or meat are to be used within the recommended timeframe on the packaging and labelled effectively the next/same day. Soft fruit and easily perishable vegetables are kept in the fridge at 1- 5 Celsius.
- Packaged frozen food should be used by the used-by dates. Freezer containers should be labelled, dated and used within 1-3 months.
- Fridge and freezer thermometers should be in place. Recommended temperatures for the fridge is 37 degrees Fahrenheit (3 degrees Celsius), and freezers 0 degrees Fahrenheit (-18 degrees Celsius). Temperatures must be checked and recorded daily to ensure correct temperatures are being maintained.
- Temperature for fridges will be checked using jelly and a probe thermometer.
- Freezers are defrosted every 3 months or according to the manufacturer's instructions.
- Fruit and vegetables stored in the fridge are washed thoroughly before refrigeration to reduce risk of pests and E.coli contamination.
- Staff's own food or drink should be kept in the designated fridge shelf.
- Items in fridges must be checked daily to ensure they are not past use by dates.

Preparation of food

- Food handlers must check the content of food/packets to ensure they do not contain allergens.

- Food allergens must be identified on the menus and displayed on the website and parents information board.
- Food handlers wash hands and cover any cuts or abrasions before handling food using a blue plaster.
- Separate boards and knives are used for chopping food, boards are colour coded.
- All vegetables and fruit are washed before preparing.
- Food left out is covered, for example when cooling down.
- Meat and fish are cooked thoroughly; a food probe is to be used to check the temperature of roasted meat or cooked meat products.
- Where a microwave is used, food is cooked according to the manufacturer's instructions. Food heated in the microwave is probed / cooled before serving.
- Microwaved food is left to cool to an appropriate temperature before serving.
- A food probe is used to check the temperature of food, including when heated in a microwave; it is checked in a number of places to avoid 'hot spots'. This is recorded on the `prove it record`
- Food is cooked in time for serving and is not prepared in advance of serving times.
- Food cooked for vegans/vegetarians does not come into contact with meat or fish or products.
- Food cooked and prepared for children with specific dietary needs is cooked in separate pans and served separately.
- A separate toaster is kept and used for children with a wheat or gluten allergy.
- Food prepared for children with dietary needs and preferences is clearly labelled and every effort is made to prevent cross-contamination.
- Raw eggs are not to be given in any form, such as mousse or mayonnaise.
- When given to children, eggs are fully cooked.

Serving Food

- Food is served for children in separate containers for each table.

- Staff risk assess the likelihood of children with dietary restrictions accessing the food of other children and must take appropriate action to prevent this from happening, for example:
  - check the list of children's dietary requirements displayed in the food preparation area
  - Place mats are used for all children
  - other methods as agreed by the setting manager
- Children with allergies/food preferences are not made to feel 'singled out' by the methods used to manage their allergy/food preference.
- Food served to children with identified allergies is checked to ensure that the meal (and its ingredients) does not contain any of the allergens for that child.
- Food is taken from the kitchen to the rooms on a tray, not carried across rooms.
- Tables and place mats are cleaned before and after, with soapy water or a suitable non-bleach product.
- Members of staff serving food wash their hands and cover any cuts with a blue plaster.

E.coli prevention

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

www.food.gov.uk/business-industry/guidancenotes/hygguid/ecoliguide#.U7FCVGlOWdI

Further guidance

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

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

Safe Food Better Business www.food.gov.uk/business-guidance/safer-food-better-business-sfbb

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

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

03 ***Food safety and nutrition procedures***

03.2 Food for play and cooking activities

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

discuss these with the key person during the settling in visits. The key person will share information of how this play supports the children learning and development

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

Children's cooking activities

- Before undertaking any cooking activity with children, members of staff should check for allergies and intolerances by checking children's records, any identified risks should be recorded on the child's individual health care plan and the hazard analysis.
- Children are taught basic hygiene skills such as the need to wash hands thoroughly before handling food, and again after going to the toilet, blowing their nose or coughing.

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

03.3 Milk and baby food preparation and storage

Purchasing and storing food

- Where parents provide infant formula to be made up at the setting, this is checked to make sure it is in date and that the seal is not broken, then labelled with the child's name.

- Parents must not send in bottles containing pre-boiled and cooled water ready for formula to be added. They should instead send in empty, sterilised bottles in accordance with current NHS guidance on the preparation of formula milk.
- If parents are providing formula milk already made at home, or breast milk, it should already be made up into sterilised bottles and clearly labelled with the child's name.
- Parents are advised to follow the manufacturer's guidance and to transport the prepared feeds or breast milk in a cool bag. On arrival, feeds are taken out of the cool bag and put straight into the fridge.
- Made up feeds or breast milk is always used on the same day.
- In line with current Food Standards Agency guidance, parents are advised not to give toddlers and young children (ages 1 – 4.5 years) rice drinks as a substitute for breast milk, infant formula or cow's milk. Parents should speak to their child's health visitor for further guidance if their child has a milk intolerance and needs an alternative.
- A small store of ready made infant formula and 2 bottles are kept in the evacuation bag in case of emergency. This is regularly checked to make sure it is still in date. Parents are consulted before it is given to their child.
- If parents provide weaning cereals, these need to be checked to make sure they are in date and should be in unopened packets. These are labelled with the child's name.
- Parents are informed that they should not bring in food that contains nuts. Staff check packets to make sure they do not contain nuts or nut products. Parents are asked to label all food items from home with a list of ingredients to ensure effective management of allergies or dietary requirements
- Packaged baby cereal is kept in plastic airtight containers to prevent contamination and to ensure freshness.

Preparation

- Members of staff wash hands before or on entering the milk kitchen to prepare milk or food.
- Preparation of feeds and weaning food is restricted to key persons or buddies.
- All weaning foods provided by the setting i.e. bread, cakes, biscuits, cheese and any foods in the 14 allergens list are identified and listed on children's menus.

- Scoops of milk are levelled off with a knife to make sure they are the correct amount.
- All water is boiled first before making milk feed, mixing food or preparing a drink for all babies under one year and should be allowed to cool for no more than 30 minutes. Water that has already been boiled once should not be boiled again.
- Water given to babies over 6 months old as a drink does not need to be boiled first, for babies under 6 months the above guidance applies.
- Bottles are cooled in jugs of cold water and the temperature checked on the inside of an adult's wrist to ensure that it is body temperature, which means it should feel warm or cool but not hot.
- Only sterilised bottles are to be used for babies under one year and these are to be kept in the milk kitchen. Parents are to provide these daily.
- Raw fruit or vegetables given to babies are washed, peeled, cut or blended. Carrots are part cooked.
- Finger foods, such as rusks, are served in a dish.
- Babies are slowly introduced to food in the setting so that by approximately one year of age they are fully weaned according to need.

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

Guidance for the storage of breast milk is available from: www.nhs.uk/conditions/pregnancy-and-baby/pages/expressing-storing-breast-milk.aspx#close

03 *Food safety and nutrition procedures*

03.4 Menu planning and nutrition

Food supplied for children provides a healthy and balanced diet for healthy growth and development. Foods that contain any of 14 allergens identified by the FSA are identified on menus. The setting follows

dietary guidance to promote health and reduce risk of disease caused by unhealthy eating. When planning menus, the setting manager and cook ensure that:

- Menus reflect children's cultural backgrounds, religious restrictions and the food preferences of some ethnic groups.
- Menus are clearly displayed so that parents and staff know what is being provided.
- Foods that contain any of the 14 major allergens are identified on the menu that is displayed for parents.
- Parents must share information about their children's particular dietary needs with staff when they enrol their children and on an on-going basis with their key person.
- Key persons regularly share information about the children's levels of appetite and enjoyment of food with parents.
- Staff refer to the Eat Better, Start Better (Action for Children 2017).
- The cook / kitchen assistant maintains a record of children's dietary needs in a Food Allergy and Dietary Needs folder.

Pre-prepared cook chilled meals and hot meals from suppliers

We use a food supplier to provide meals to be served on site, the supplier's instructions for safe storage and serving are always followed.

- Ingredients are checked to identify allergens (this is clearly indicated on packaging).
- A temperature probe is used to check that the cooked food is served at the correct temperature .
- Foods are served within the time stipulated by the supplier.
- Left-overs are not kept and reheated for another day.
- The guidance in Safer Food Better Business (Food Standards Agency 2020) is followed at all times.
- Allergen free meals are provided by the same supplier and the above guidance applies.

Packed lunches

Where children have packed lunches, staff promote healthy eating, ensuring that parents are given advice and information about what is appropriate content for a child's lunch box.

03 ***Food safety and nutrition procedures***

03.5 Meeting dietary requirements

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

- Staff discuss and record children's dietary needs, allergies and any ethnic or cultural food preferences with their parents.
- If a child has a known food allergy, procedure 04.4 Allergies and food intolerance is followed.
- Staff record information about each child's dietary needs in the individual child's all about me form; parents sign the form to signify that it is correct. The key person will then complete a health care plan and risk assessment with parents.
- Up-to-date information about individual children's dietary needs is displayed so that all staff and volunteers are fully informed.
- Staff ensure that children receive only food and drink that is consistent with their dietary needs and cultural or ethnic preferences, as well as their parent's wishes.
- The menus of meals and snacks are displayed on the parent notice board for parents to view. Foods that contain any food allergens are identified.
- Staff aim to include food diets from children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- Through on-going discussion with parents and research reading by staff, staff obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, as well as about food allergies. Staff take account of this information when providing food and drink.
- Staff provide a vegetarian alternative when meat and fish are offered and make every effort to ensure Halal meat or Kosher food is available to children who require it.
- Where it is not possible to source and provide Halal meat or Kosher food, a vegetarian option is available; this will be discussed and agreed with parents at the time of the child's registration.

- All staff show sensitivity in providing for children's diets, allergies and cultural or ethnic food preferences. A child's diet or allergy is never used as a label for the child, they are not made to feel 'singled out' because of their diet, allergy or cultural/ethnic food preferences.
- Fresh drinking water is available throughout the day. Staff inform children how to obtain the drinking water and that they can ask for water or help themselves at any time during the day.
- Meal and snack times are organised as social occasions. Bebes and Piccolinos promote a rolling snack, Bambinos promote a café style snack time.
- Children are not forced to eat anything they do not want to, and respect that a child has had enough and remove uneaten food.
- Staff must not deny children who have not eaten their main meal the pudding on offer. All puddings should be of a healthy balance.
- Staff work in partnership with parents to support them with children who are showing signs of 'faddy or fussy eating' and sign post them to further advice, for example, How to Manage Simple Faddy Eating in Toddlers (Infant & Toddler Forum) https://infantandtoddlerforum.org/health-and-childcare-professionals/factsheets/

03 *Food safety and nutrition procedures*

03.6 Breast feeding

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

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

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

General

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

Further Information and resources

Breastfeeding and bottle-feeding advice (NHS) www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/

04 *Health policy*

Alongside associated procedures in 04.1-04.7 Health, this policy was adopted by Eco Montessori Winchester Nursery in *January 2024*.

Aim

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

Objectives

We promote health through:

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

Legal references

Medicines Act (1968)

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

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

Health and Safety (First Aid) Regulations 1981

Food Information Regulations 2014

Further guidance

Accident Record (Early Years Alliance 2019)

04 *Health procedures*

04.1 Accidents and emergency treatment

Person responsible for checking and stocking first aid box: Manager/Deputy Manager

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

- Parents' consent to emergency medical treatment on registration.
- At least one person who has a current paediatric first aid (PFS) certificate is on the premises and available at all times when children are present. We aim for All staff to be paediatric first aiders, who regularly update their training; First Aid certificates are renewed at least every three years. We aim to have at least one person who is trained in First Aid at Work in the building at all times
- All members of staff know the location of First Aid boxes, the contents of which are in line with St John's Ambulance recommendations as follows:
  - 20 individually wrapped sterile plasters (assorted sizes)
  - 2 sterile eye pads
  - 4 individually wrapped triangular bandages (preferably sterile)
  - 2 large, individually wrapped, sterile, unmedicated wound dressings
  - 6 medium, individually wrapped, sterile, unmedicated wound dressings
  - 2 pairs of disposable gloves
  - adhesive tape
  - a plastic face shield
  - unopened bottle of water to wash wounds with.
- No other item is stored in a First Aid box.

- Vinyl single use gloves and disposable aprons are also kept near to (not in) the box. A thermometer is kept in the Manager's Office
- There is a named person in the setting who is responsible for checking and replenishing the First Aid Box contents on a Monthly basis
- A supply of cold packs is kept in the milk kitchen and main kitchen fridges.
- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded in the setting's Minor injury form or Head bump form. Parents must sign the report when collecting their child. Parents may have a photo-copy of the accident form on request.
- In the event of minor injuries or accidents, parents are normally informed when they collect their child, unless the child is unduly upset or members of staff have any concerns about the injury. In which case they will contact the parent for clarification of what they would like to do, i.e. collect the child or take them home and seek further advice from NHS 111.

Serious accidents or injuries

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

Recording and reporting

- In the event of a serious accident, injury, or serious illness, the designated person notifies the designated officer using 6.1c Confidential safeguarding incident report form as soon as possible.
- The Director is consulted before a RIDDOR report is filed.
- If required, a RIDDOR form is completed; one copy is sent to the parent, one for the child's file and one for the local authority Health and Safety Officer.

- The Director is notified by the setting manager of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care in order to be able to notify Ofsted and any advice given will be acted upon. Notification to Ofsted is made as soon as is reasonably practicable and always within 14 days of the incident occurring. The designated person will, after consultation with the owners/directors/trustees, inform local child protection agencies of these events.

Further guidance

Accident Record (Early Years Alliance 2019)

04 ***Health procedures***

04.2 Administration of medicine

Qualified staff preferably the Key Worker or buddies is responsible for administering medication to their key children; ensuring consent forms are completed, medicines stored correctly and records kept. The Duty Manager must witness the administration of any medication.

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

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

Consent for administering medication

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

Parents inform the key person OR the room leader of any medication needed. The staff member will give the parent a medication form to fill out before the parent leaves. Once the form is filled out and the staff member has read through and fully understands what is required the medication can then be left in the setting and stored either in the Fridge or Locked in the office cupboard. Every staff member in the room MUST be informed of the medication and the form filled out by parents. The manager is then informed.

- Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the

child's name and original pharmacist's label. The contents of the box must be checked against the pharmacist's label.

- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label or discharge summary. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.
- The key person or buddy who receives the medication asks the parent to sign a consent form stating the following information. No medication is given without these details:
  - full name of child and date of birth
  - name of medication and strength
  - who prescribed it
  - dosage to be given and frequency
  - Time of last dose given
  - how the medication should be stored and expiry date
  - a note of any possible side effects that may be expected
  - signature and printed name of parent and date

Storage of medicines

All medicines are stored safely. Refrigerated medication is stored separately in either the kitchen fridge or milk fridge, every medication must be placed in a food storage bag which has the child's name clearly written on it.

Medications that need refrigerating are kept in the milk fridge or kitchen fridge clearly named. Other medications will be stored in the locked cupboard in the manager's office which is locked out of reach of children.

- The key person or room leader is responsible for ensuring medicine is handed back to the parent at the end of the day.
- For some conditions, medication for an individual child may be kept at the setting. A Healthcare plan form must be completed- 04.2a. Key persons check that it is in date and return any out-of-date medication to the parent.

- Parents do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

Record of administering medicines

A record of medicines administered is kept in the child's group room,

Each room has its own health folder, individual children's records are kept in separate plastic wallets where these can be pulled out as and when needed. The folders are also located in the confidential cupboards.

The medicine record records:

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

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

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

Children with long term medical conditions requiring ongoing medication

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting manager and key person. Other medical or social care personnel may be involved in the risk assessment.

- Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought if necessary, where there are concerns.
- Health care plan form is completed fully with the parent; outlining the key person's role and what information is shared with other staff who care for the child.
- The plan is reviewed every 3 months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

Managing medicines on trips and outings

- Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a medication form to record administration, with details as above.
- If a child on medication has to be taken to hospital, the child's medication is taken in a cloth wash bag clearly labelled as above.

Staff taking medication

Staff taking medication must inform their manager. The medication must be stored securely in the confidential cupboard and clearly labelled. The manager must be made aware of any contra-indications for the medicine so that they can assess risk and take appropriate action as required. A health care plan must be completed.

Staff NEVER take their medication into rooms where children are and where children play unless it is life saving such as an epipen or inhaler.

Further guidance

Medication Administration Record (Early Years Alliance 2019)

Name	
Name of Doctor	
Name of Medication Expiry date	
Dosage	
Method of Administration	
Time(s) at which medication Is to be Administered	
Circumstances in Which medication Is to be administered	
I confirm that the medication, dosage and timings Indicated above are	

Date	Qty Administered	Time Administered	Signature of staff administering dosage and witness	Qty Administered	Time Administered	Sig adr and

correct and authorise the setting to administer them	Hard copies are found in the Masters folder in the office OR in the medication folder in the main rooms. Needs to be landscape to print
Parent's signature & Date	

CONFIDENTIAL
Individual health care plan

Child's Name:_____ Date of birth:_____

Address_____

Sessions child attends:_____

Date of Plan:_____ To be updated on:_____

I need a health care plan because

_____

_____

These are my symptoms:_____

_____

_____

This is how I need you to help me every day:_____

_____

_____

_____

_____

In an emergency this is what might happen:_____

_____

_____

_____

If this happens, I need you to:_____

_____

_____

If you need to 'phone the ambulance, you must say:_____

_____

_____

_____

Afterwards I need you to:_____

_____

_____

Emergency phone number (mum):_____

Emergency phone number (Dad):_____

Please also 'phone:_____

Doctors surgery is: _____

_____

Medication I take is_____

My hospital contact is: _____

_____

Risk identified:	Who is at risk:	Level of risk:	Control measure and person(s) responsible:

Parent's signature: _____

Staff members Name (print) _____

Staff signature _____

Date……/……/……

Hard copies in the medication folders or in the office.

04 ***Health procedures***

04.3 Life-saving medication and invasive treatments

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

- The key person/Room leader or manager 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 and buddy 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 and buddies have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- Key persons and buddies speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension even if the child is believed to be unconscious.
- Children's right to privacy and modesty is respected. Another educator is 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 before the child starts at the nursery or any administration can occur. Confirmation will then be issued by email and or writing confirming that the insurance has been extended or checked. A record is made on the medication form 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.

04 ***Health procedures***

04.4 Allergies and food intolerance

When a child starts at the setting, parents are asked if their child has any known allergies or food intolerance. This information is recorded on the registration form and on the 'All About Me' form during Introductory Visits.

- If a child has an allergy or food intolerance, Generic risk assessment form is completed with the following information:
- the risk identified – the allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.)
- the level of risk, taking into consideration the likelihood of the child coming into contact with the allergen
- control measures, such as prevention from contact with the allergen
- review measures

- 0**4.2a Health care plan form** must be completed with:
  - the nature of the reaction e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - managing allergic reactions, medication used and method (e.g. Epipen)
- The child's name is added to the Allergy list**.**
- A copy of the risk assessment and health care plan is kept in the child's personal file and is shared with all staff and is also kept in the room folders. These needs are discussed with the kitchen assistant each morning.

- If required parents are to show staff how to administer medication in the event of an allergic reaction. We recognise that it is important to seek guidance from a medical professional and or a first aid trainer
- We are a 'NO NUT' nursery. Any food brought in from home is required to be labelled with the ingredients.
- Parents & Staff are made aware, so that no nut or nut products are accidentally brought in.
- Any foods containing food allergens are identified on children's menus.

Oral Medication

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

For other life-saving medication and invasive treatments please refer to 04.2 Administration of medicine.

04 ***Health procedures***

04.5 Poorly children

- If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea or pains, particularly in the head or stomach then the setting manager calls the parents and asks them to collect the child or send a known carer to collect on their behalf. The parents provide the name of the person collecting with photo I.D and a password checked on collection.
- If a child has a raised temperature, they are kept cool by removing top clothing, applying a cool compress on the back of their neck and back and kept away from draughts.
- A child's temperature is taken and checked regularly, ideally using a infrared thermometer or ear thermometer.
- If a baby's temperature does not go down, and is worryingly high, then Calpol may be given after gaining verbal consent from the parent where possible. The registration form is checked for consent also. This is to reduce the risk of febrile convulsions, particularly for babies under 2 years old. Parents sign the medication record when they collect their child.
- In an emergency an ambulance is called and the parents are informed.
- Parents are advised to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents are asked to keep them at home for 48 hours.
- After diarrhoea or vomiting, parents are asked to keep children home for 48 hours following the last episode.

- Some activities such as sand and water play and self-serve snack will be suspended for the duration of any outbreak.
- The setting has information about excludable diseases and exclusion times.
- The setting manager notifies their line manager / owner if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.
- The setting manager has a list of notifiable diseases and contacts Public Health England (PHE) and Ofsted in the event of an outbreak.
- If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS111 and informs parents.

HIV/AIDS procedure

HIV virus, like other viruses such as Hepatitis, (A, B and C), are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.

- Single use 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.
- Baby mouthing toys are kept clean and plastic toys cleaned in sterilising solution regularly.

Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases parents may be asked to keep the child away from the setting until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family, using current recommended treatments methods if they are found.

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 can be administered for children over the age of 2 if the parents are unable to collect immediately and there are no other options. Medication will be a last resort should the temperature continue to rise following the removal of clothing and keeping the child cool. Before administering any medication the parent will be called for consent.

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.

Further guidance

Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)

Medication Administration Record (Early Years Alliance 2019)

Guidance on infection control in schools and other childcare settings (Public Health Agency)
https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

04 Health procedures

04.05a Infection control

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

Prevention

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

Response to an infection outbreak

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

Informing others

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

- anything that requires resuscitation
- admittance to hospital for more than 24 hours
- a broken bone or fracture

- dislocation of any major joint, such as the shoulder, knee, hip or elbow
- any loss of consciousness
- severe breathing difficulties, including asphyxia
- anything leading to hypothermia or heat-induced illness

In some circumstances this may include a confirmed case of a Notifiable Disease in their setting, if it meets the criteria defined by Ofsted above. Please note that it is not the responsibility of the setting to diagnose a notifiable disease. This can only be done by a clinician (GP or Doctor). If a child is displaying symptoms that indicate they may be suffering from a notifiable disease, parents must be advised to seek a medical diagnosis, which will then be 'notified' to the relevant body. Once a diagnosis is confirmed, the setting may be contacted by the UKHSA, or may wish to contact them for further advice.

Further guidance

Good Practice in Early Years Infection Control (Alliance Publication)

04.6 Oral health

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

- Fresh drinking water is available at all times and easily accessible.
- Sugary drinks are not served.
- In partnership with parents, babies are introduced to an open free-flowing cup at 6 months
- Only water and milk are served with morning and afternoon snacks.
- Children are offered healthy nutritious snacks with no added sugar.
- The parents information board provides guidance on healthy lunch boxes and snacks.
- Staff follow the Infant & Toddler Forum's Ten Steps for Healthy Toddlers.

Pacifiers/dummies

- Parents are *advised* to stop using dummies/pacifiers once their child is 12 months old.
- Dummies that are damaged are disposed of and parents are requested to dispose of them.

Further guidance

Infant & Toddler Forum: Ten Steps for Healthy Toddlers www.infantandtoddlerforum.org/toddlers-to-preschool/healthy-eating/ten-steps-for-healthy-toddlers/

05 *Promoting inclusion, equality and valuing diversity policy*

Alongside associated procedures in 05.1 Promoting inclusion, equality and diversity, this policy was adopted by *Eco Montessori Winchester* in *January 2024.*

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

Aim

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

Objectives

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

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

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

- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sexual orientation
- sex (gender)
- age
- marriage or civil partnership (in relation to employment)

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

We promote understanding of discrimination - through training and staff development - the causes and effects of discrimination on both adults and children and the long- term impact of discrimination; the need

to protect children from discrimination and ensure that childcare and early education practice is both accessible and inclusive; the need for relevant support to allow children to develop into confident adults with a strong positive self-identity.

- Developing practice that includes:
  - Developing an environment which reflects the 'kaleidoscope' of factors that can provide settings with a myriad of influences and ideas for exploring and celebrating difference.
  - Ensuring that barriers to inclusion are identified and removed or minimised wherever possible; for example, we complete an access audit form.
  - Understanding, supporting and promoting the importance of identity for all children and recognising that this comprises multiple facets which are shaped by a 'kaleidoscope' of factors including British values, 'race'\ethnicity and culture, gender, difference of ability, social class, language, religion and belief, and family form and lifestyle, which combine uniquely in the identity of each individual; for example, we welcome and promote bi/multilingualism and the use of alternative communication formats such as sign language, and we promote gender equality while at the same time recognising the differences in play preferences and developmental timetables of girls and boys.
  - Recognising that this 'kaleidoscope' also reflects negative images which may be internalised and negatively affect the development of self-concept, self-esteem, and confidence.
  - Promoting a welcoming atmosphere that genuinely appreciates British values, different cultural and personal perspectives, without stereotyping and prejudicing cultures and traditions on raising children, and by always involving parents.
  - Promoting community cohesion and creating an environment that preempts acts of discrimination so that they do not arise.
  - Recruitment of staff to reflect cultural and language diversity, disabled staff, and staff of both genders.
  - Addressing discrimination as it occurs from children in a sensitive, age-appropriate manner to ensure that everyone involved understands the situation and are offered reassurance and support to achieve resolution.

- Challenging discriminatory behaviour from parents, staff or outside agencies or individuals that affect the well-being of children and the early years community.
- Creating an ethos within which staff work confidently within a culturally complex environment; learning when to change or adapt practice in the setting and having the confidence to challenge practice (including parental) that is not in the child's best interest, seeking support and intervention from agencies where appropriate.
- Ensuring that educators work closely with the Special Educational Needs Coordinator to make sure that the additional needs of all children are identified and met.
- We are aware of anti-discriminatory legislation and able to use it to shape the service and support parents and children against discrimination in the local community, for example, against asylum seekers, the Travelling community and same sex parents.
- We regularly monitor and review our practice including long-term preventative measures to ensure equality such as auditing of provision, formulating an equality plan, applying impact measurements and positive actions. In addition, short term measures such as recognition and assessment of children's additional support needs (e.g. impairment, home language, family hardship, specific family beliefs and practices), day-to-day activities, provision of suitable support and resources, activity programme and curriculum, assessment, recognition of special educational needs and developing inclusive relationships.

Legal references

General Data Protection Regulation 2018

Children and Families Act 2014 Part 3

Special Educational Needs and Disability Code of Practice 2014

Disability Equality Duty 2011

Equality Act 2010

Prevent Strategy 2015

Further guidance

Guide to the Equality Act and Good Practice (Pre-school Learning Alliance 2015)

05 *Equality procedures*

05.1 Promoting inclusion, equality and valuing diversity

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

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

- Promoting inclusive practice to ensure every child is welcomed and valued.
- Discussing aspects of family/child identity with parents when settling in a new child.
- Maintaining a positive non-judgemental attitude and use of language with children to talk about topics such as family composition/background, eye and skin colour, hair texture, sex, gender, physical attributes and languages spoken (including the use of Makaton).

- Becoming knowledgeable about different cultures, and individual subjective perceptions of these and being able to reflect them imaginatively and creatively in the setting to create pride, interest and a positive self-identity.
- Discussing similarities and differences positively without bias and judgement.
- Celebrating festivals, holy days and special days authentically through involving parents, staff or the wider community to provide a positive experience for all.
- Providing books with positive images of children and families from all backgrounds and abilities. Avoiding caricatures or cartoon-like depictions, and ensuring individual differences are portrayed with sensitive accuracy. The central characters in individual stories should provide a positive, broad representation of diversity e.g. disability, ethnicity, sex and gender, age and social backgrounds. Individual storylines should contain a range of situations which are easily identifiable by children such as those that include disabled children/adults, different ethnic groups, mixed heritage families, gender diversity, single sex/same and different sex families, multi-generational households and cultural diversity.
- Providing visual materials, such as posters and pictures that provide non-stereotypical images of people, places and cultures and roles that are within children's range of experience. This includes photographs taken by staff of the local and wider community, of parents and families and local events.
- Using textiles, prints, sculptures or carvings from diverse cultures in displays.
- Providing artefacts from a range of cultures, particularly for use in all areas of the setting, not just in the home corner.
- Ensuring toys, learning materials and resources reflect diversity and provide relevant materials for exploring aspects of difference, such as skin tone paints and pens.
- During the course of the academic year the children can explore a range of activities through which children can explore aspects of their identity, explore similarities, differences and develop empathy including:
    - self-portraits, photograph albums and displays showing a range of families
    - books about 'me' or my family
    - persona doll stories which sympathetically and authentically represent diversity
    - food activities, such as tasting and cooking, creating real menu additions
    - activities about real celebrations such as new babies, weddings, cultural and religious events

- use of textiles and secular artefacts in the room, and to handle and explore, that demonstrate valuing of the cultures from which they come
- creating textiles such as tie dying, and weaving as well as the creative use of textiles
- provide mirrors at different heights for babies and other non-ambulant children
- developing a music area with a variety of musical instruments for babies and children to use to create a range of music.
- creating an art and mark making area with a variety of materials
- home corner play which encourages all children to equally participate and provides domestic articles from diverse cultures
- 'dressing up' materials which promote non-gendered roles and enable children to explore different gender identities/gender neutrality
- use of a variety of music to play to children of different genres and cultural styles with a variety of musical instruments for children to access
- a language and literacy area with a variety of books, some with dual language texts and signs, involving parents in the translation where possible
- tapes with stories read in English and other languages
- examples of writing in other scripts from everyday sources such as papers and magazines, packaging etc. children's names written on cards in English as well as in their home language script where appropriate
- labels for children's paintings or other work are made with their name in English and home language script (parents can help with this)
- conversations with young children which explore unfamiliar objects and subjects to help foster an understanding of diversity and identity such as spectacles or hearing aids, religious and cultural practices

- Record keeping refers to children's emerging bilingual skills or their use of sign language as achievements in positive terms.
- Record keeping that refers to children's differing abilities and identities in positive terms.
- Records that show the relevant involvement of all children, especially children with special educational needs and disabilities, those using English as an additional language and those who are 'more abled' in the planning of their care and education.

Fostering positive attitudes and challenging discrimination.

- Young children are learning how to grow up in a diverse world and develop appropriate attitudes. This can be difficult, and they may make mistakes and pick up inappropriate attitudes or just get the 'wrong idea' that may underlie attitudes of 'pre-prejudice' towards specific individuals/groups. Where children make remarks or behave in a discriminatory or prejudiced way or make inappropriate comments that arise from not knowing facts, staff should explain why these actions are not acceptable and provide appropriate information and intervention to reinforce children's understanding and learning.
- Where children make overtly prejudiced or discriminatory remarks they are dealt with as above, and the issue is raised with the parents.
- When children wish to explore aspects of their identity such as ethnicity or gender, they should be listened to in an understanding and non-judgemental way.
- Parents are expected to abide by the policy for inclusion, diversity and equality and to support their child in the aims of the setting.

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

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

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

- It is recognised that members of staff in diverse teams bring a range of views and opinions to the setting regarding a range of issues to do with the job. It is important that a range of views and perspectives are

shared and respected in staff meetings and that decisions are made on which way of looking at the situation will result in the best outcomes for the child.

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

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

- Barriers may include:
  - lack of understanding - where the language spoken at the setting is not that which is spoken at a child's home

- perceived barriers – affordability where parents are not aware of financial support available or assume that a service is not available to them. Perceived barriers may also be physical barriers for those children or parents with a disability or additional needs where they assume, they will not be able to access the service
- physical barriers – where there are environmental features which stop a disabled child or disabled parent accessing the setting such as stairs
- negative attitudes – stereotypes and prejudices or commitment by staff and managers to the time and energy required to identify and remove barriers to accessibility
- unconscious and conscious bias of staff towards some families such as those from other backgrounds, disabled parents, same sex parents and families with specific religious beliefs
- gendered views of staff which limit children's aspirations and choices
- misconceptions such as disabled children should not attend settings during a pandemic due to heightened risk
- lack of effective Information Communication Technology (ICT) in the homes of families who are vulnerable or at risk and therefore unable to keep in close contact with the childcare and early education provider

- Staff are aware of the different barriers to inclusion and equality and consider the wider implications for children and their families.

Supporting children to become considerate adults

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

British values

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

Democracy: making decisions together

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

Rule of law: understanding rules matter (PSED)

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

Individual liberty: freedom for all (PSED & UW)

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

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

- Staff create an ethos of inclusivity and tolerance where views, faiths, cultures and races are valued and children are engaged with the wider community.

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

It is not acceptable to:

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

06 *Safeguarding children, young people and vulnerable adults policy*

Alongside associated procedures in 06.1-06.10 Safeguarding children, young people and vulnerable adults, this policy was adopted by *Eco Montessori Winchester* in *January 2024.*

Designated person/lead for safeguarding is: Duty Manager

Designated officers are: Nursery Manager

- The designated person, the suitably trained deputy and the designated officer 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 are trained to understand our safeguarding policies and procedures and that parents are made aware of them too.

- All staff understand that safeguarding is their responsibility.
- All staff have 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 and 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*, 2023) 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 the thresholds of significant harm and understand how to access services for families, including for those families who are below the threshold for significant harm, according to arrangements published by the LSCB or safeguarding partners in areas where the safeguarding partners have replaced the LSCB.
- All staff understand their responsibilities under the General Data Protection Regulation and the Data Protection Act 2018, and understand relevant safeguarding legislation, statutory requirements and local safeguarding partner requirements and ensure that any information they may share about parents and their children with other agencies is shared appropriately and lawfully.
- We will support families to receive appropriate early help by sharing information with other agencies in accordance with statutory requirements and legislation.
- We will share information lawfully with safeguarding partners and other agencies where there are safeguarding concerns.
- We will be transparent about how we lawfully process data.
- 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 and know how to follow local safeguarding procedures to resolve professional disputes between staff and organisations.

- 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 cameras, mobile phones and smart watches, fit bits), 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.
- 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 based on information disclosed, applicants have the right to know and to challenge incorrect information.
- Enhanced criminal records and barred lists checks are carried out on anyone living or working on the premises.
- Volunteers must:
  - be aged 17 or over;
  - be considered competent and responsible;
  - receive 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).
- From 31 August 2018, staff and volunteers in childcare and early education settings that are not based on domestic premises are ***not*** required to notify their line manager if anyone in their household (including family members, lodgers, partners etc.) has any relevant convictions, cautions, court orders, reprimands or warnings or has been barred from, or had registration refused or cancelled in relation to any childcare and early education provision or have had orders made in relation to care of their children. For childminders and childcare and early education provided from domestic settings they will be required to notify if anyone in their household has any relevant convictions, court orders or reprimands or had registration refused or cancelled in relation to childcare and early education provision or have had certain Orders made in relation to the care of their children in accordance with the Childcare Disqualification
  - and Childcare Regulations 2018, and Disqualification under the Childcare Act guidance effective from 31 August 2018.
  - Staff receive regular supervision, which includes discussion of any safeguarding issues, and their performance and learning needs are reviewed regularly.
  - In addition to induction and supervision, staff are provided with clear expectations in relation to their behaviour
  - We notify the Disclosure and Barring Service of any person who is dismissed from our employment or resigns in circumstances that would otherwise have led to dismissal for reasons of a child protection concern.
  - Procedures are in place to record the details of visitors to the setting.
  - Security steps are taken to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.
  - Steps are taken to ensure children are not photographed or filmed on video for any other purpose than to record their development or their participation in events organised by us.

Parents sign a consent form and have access to records holding visual images of their child. Staff and visitors are not permitted to use personal cameras or filming equipment to record images. For nursery events permission will be sought from parents and carers.

- Personal mobile phones are not used where children are present.
- The designated person in the setting has responsibility for ensuring that there is an adequate online safety policy in place.
- We keep a written record of all complaints and concerns including details of how they were responded to.

- We ensure that robust risk assessments are completed, that they are seen and signed by all relevant staff and that they are regularly reviewed and updated, in line with our health and safety policy.
- The designated officer will support the designated person to undertake their role adequately and offer advice, guidance, supervision and support.
- The designated person will inform the designated officer at the first opportunity of every significant safeguarding concern; however, this should not delay any referrals being made to children's social care, or where appropriate, the LADO, Ofsted or RIDDOR.

Our Aim:

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

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

4. Eco Montessori is committed to building 'a culture of safety' in which children, young people and vulnerable adults are protected from abuse and harm in all areas of its service delivery.
5. Eco montessori is committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are

set down in '*What to do if you are worried a child is being abused' (HMG 2015) and 'No Secrets (updated by the Care Act 2014) and Working Together 2023.*

6. Eco montessori is committed to promoting awareness of child abuse issues throughout its training and learning programmes for adults. It is also committed to empowering children, young people, and vulnerable adults, through its curriculum, promoting their right to be '*strong*, *resilient and listened to'*.

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

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

Responding to suspicions of abuse

- We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect and Domestic (SPEND)
- 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 experiencing neglect, this may be demonstrated through:
  - significant changes in their behaviour.
  - deterioration in their general well-being.
  - their comments which may give cause for concern, or the things they say (direct or indirect
  - disclosure).
  - changes in their appearance, their behaviour, or their play.
  - unexplained bruising, marks or signs of possible abuse or neglect; and
  - any reason to suspect neglect or abuse outside the setting.

- We understand how to identify children who may be in need of early help and how to access services for them
- We understand that we should refer a child who meets the s17 Children Act 1989 child in need definition to local authority children's social work services
- We understand that we **MUST** refer any child who may be at risk of significant harm to local authority children's social work services. This includes where a child presents with bruising in line with the Hampshire and Isle of Wight Bruising protocol, and to include children who are not able to vocalise.
- 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 prepared to take action if we have concerns about the welfare of a child who fails to arrive at a session when expected. The designated person will take immediate action to contact the child's parent to seek an explanation for the child's absence and be assured that the child is safe and well. If no contact is made with the child's parents and the designated person has reason to believe that the child is at risk of significant harm, the relevant professionals are contacted immediately and LSCB procedures are followed. If the child has current involvement with social care the social worker is notified on the day of the unexplained absence.
- We are aware of other factors that affect children's vulnerability 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 persons will complete online Channel training, online Prevent training and attend local WRAP training where available to ensure they are familiar with the local protocol and procedures for responding to concerns about radicalisation.

- We are aware of the mandatory duty that applies to teachers, and health workers to report cases of Female Genital Mutilation to the police. We are also aware that early years educators should follow local authority published safeguarding procedures to respond to FGM and other safeguarding issues, which involves contacting police if a crime of FGM has been or may be about to be committed.
- 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.
- If we become concerned that a child may be a victim of modern slavery or human trafficking, we will refer to the National Referral Mechanism, as soon as possible and refer and/or seek advice from the local authority children's social work service and/or police.
- We will be alert to the threat's children may face from outside their families, such as that posed by organised crime groups such as county lines and child sexual exploitation, online use and from within peer groups and the wider community.

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 and 'child in need' concerns

- and follow the LSP procedures, local safeguarding partners
- Where such indicators are apparent, the child's key person makes a dated record of the details of the concern and discusses what to do with the member of staff who is acting as the designated person. The information is stored on the child's personal file.
- 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 about children's welfare to the local authority children's social care team and co-operate fully in any subsequent investigation. In some cases, this may mean the police or another agency identified by the Local Safeguarding Children Board or the local safeguarding partners. We respond to any disclosures sensitively and appropriately and take care not to influence the outcome either through the way we speak to children or by asking questions of.
- 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 or neglect 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 in an age-appropriate way, but the Nursery 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.
- All staff know that they can contact the NSPCC whistleblowing helpline if they feel that the individual or organisation and the local authority have not taken appropriate action to safeguard a child and this has not been addressed satisfactorily through organisational escalation and professional challenge procedures.
- We have a whistleblowing policy in place.
- Staff/volunteers know they can contact the organisation Public Concern at Work for advice relating to whistleblowing dilemmas.

Recording suspicions of abuse and disclosures

- Where a child makes comments to a member of staff that give cause for concern (disclosure), or a member of staff observes signs or signals that give cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect; that member of staff:
  - listens to the child, offers reassurance and gives assurance that she or he will take action;
  - does not question the child, although it is OK to ask questions for the purposes of clarification;
  - makes a written record that forms an objective record of the observation or disclosure that includes: the date and time of the observation or the disclosure; the exact words spoken by the child as far as possible; the name of the person to whom the concern was reported, with the date and time; and the names of any other person present at the time.
- These records are signed and dated and kept in the child's personal file, which is kept securely and confidentially.
- The member of staff acting as the designated person is informed of the issue at the earliest opportunity, and always within one working day.

- Where the local safeguarding partners safeguarding procedures stipulate the process for recording and sharing concerns, we include those procedures alongside this procedure and follow the steps set down by the Local Safeguarding Children Board.

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

- The Preschool Learning Alliance's publication *Safeguarding Children* contains procedures to help in making a referral to the local children's social care team, as well as template forms for recording concerns and to assist with making a referral.
- We keep a copy of this document alongside the procedures for recording and reporting set down by our Local Safeguarding Partners, which we follow where local procedures differ from those of the Preschool Learning Alliance.

Escalation process

- If we feel that a referral made has not been dealt with properly or that concerns are not being addressed or responded to, we will follow the LSCB escalation process.
- We will ensure that staff are aware of how to escalate concerns.
- We will follow local procedures published by the safeguarding partners to resolve professional disputes.
- Staff will make the referral online via the inter-agency referral form. OR if the child is at significant harm staff call the Local safeguarding partners straight away.

Informing parents

- Parents are normally the first point of contact. Concerns are normally discussed with parents to gain their view of events, unless it is felt that this may put the child or other person at risk or may interfere with the course of a police investigation, or may unduly delay the referral, or unless it is otherwise unreasonable to seek consent. Advice will be sought from social care, or in some circumstances police, where 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 procedures of the Local Safeguarding Partners 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 or where sexual abuse may have occurred.
- If there is a possibility that advising a parent beforehand may place a child at greater risk (or interfere with a police response) the designated person should consider seeking advice from children's social care, about whether or not to advise parents beforehand, and should record and follow the advice given.

Liaison with other agencies and multi-agency working

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

- 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 ensure that all staff volunteers and anyone else working in the setting knows how to raise concerns that they may have about the conduct or behaviour of other people including staff/colleagues.
- We differentiate between allegations, and concerns about the quality of care or practice and complaints and have a separate process for responding to complaints.
- 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;

- We will recognise and respond to allegations that a person who works with children has:
  - behaved in a way that has harmed a child, or may have harmed a child
  - possibly committed a criminal offence against or related to a child
  - behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- We respond to any concerns raised by staff and volunteers who know how to escalate their concerns if they are not satisfied with our response
- We respond to any disclosure by children or staff that have been abused 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 a senior manager within the organisation and the Local Authority Designated Officer (LADO) as necessary to investigate and/or offer advice:

  Mark Blackwell - 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 and children's social care agree it is appropriate in the circumstances, the member of staff or volunteer will be suspended for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place,
- but is to protect the staff, as well as children and families, throughout the process. Where it is appropriate and practical and agreed with LADO, we will seek to offer an alternative to suspension for the duration of the investigation, if an alternative is available that will safeguard children and not place the affected staff or volunteer at risk.

Disciplinary action

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

Key Commitment 1

- We have a 'designated person', sometimes known as the designated lead for safeguarding, who is responsible for carrying out child, young person, or adult protection procedures.
- The designated person reports to a 'designated officer' responsible for overseeing all child, young person or adult protection matters.
- The 'designated person' and the 'designated officer' ensure they have links with statutory and voluntary organisations regarding safeguarding children.
- The 'designated person' and the 'designated officer' ensure they have received appropriate training on child protection matters and that all staff are adequately informed and/or trained to recognise possible child abuse in the categories of physical, emotional and sexual abuse and neglect.
- The 'designated person' and the 'designated officer' ensure all staff are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation or culture and that these receive full consideration in child, young person or adult protection related matters.

The 'designated person' and the 'designated officer' ensure that staff are aware and receive training in social factors affecting children's vulnerability including

  - social exclusion
  - domestic violence and controlling or coercive behaviour
  - mental Illness
  - drug and alcohol abuse (substance misuse)
  - parental learning disability
  - radicalisation
- The 'designated person' and the 'designated officer' ensure that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters:
  - abuse of disabled children
  - fabricated or induced illness
  - child abuse linked to spirit possession

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

- The 'designated person' and the 'designated officer' ensure they are adequately informed in vulnerable adult protection matters.

Key Commitment 2

- There are procedures in place to prevent known abusers from coming into the organisation as employees or volunteers at any level.
- Safeguarding is the responsibility of every person undertaking the work of the organisation in any capacity.
- There are procedures for dealing with allegations of abuse against a member of staff, or any other person undertaking work whether paid or unpaid for the organisation, where there is an allegation of abuse or harm of a child. Procedures differentiate clearly between an allegation, a concern about quality of care or practice and complaints.
- There are procedures in place for reporting possible abuse of children or a young person in the setting.
- There are procedures in place for reporting safeguarding concerns where a child may meet the s17 definition of a child in need (Children Act 1989) and/or where a child may be at risk of significant harm, and to enable staff to make decisions about appropriate referrals using local published threshold documents.
- There are procedures in place to ensure staff recognise children and families who may benefit from early help and can respond appropriately using local early help processes and Designated persons should ensure all staff understand how to identify and respond to families who may need early help.

- There are procedures in place for reporting possible abuse of a vulnerable adult in the setting.
- There are procedures in place in relation to escalating concerns and professional challenge.
- There are procedures in place for working in partnership with agencies involving a child, or young person or vulnerable adult, for whom there is a protection plan in place. These procedures also take account of working with families with a 'child in need' and with families in need of early help, who are affected by issues of vulnerability such as social exclusion, radicalisation, domestic violence, mental illness, substance misuse and parental learning disability.
- These procedures take account of diversity and inclusion issues to promote equal treatment of children and their families and that take account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.
- There are procedures in place for record keeping, confidentiality and information sharing, which are in line with data protection requirements.
- We follow government and LSCB guidance in relation to extremism.
- The procedures of the Local Safeguarding Partners must be followed.

Key Commitment 3

- All staff receive adequate training in child protection matters and have access to the setting's policy and procedures for reporting concerns of possible abuse and the safeguarding procedures of the Local Safeguarding Partners.

Training

- Training opportunities are sought for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse (including child sexual exploitation) and neglect and that they are aware of the local authority guidelines for making referrals. Training opportunities should also cover extra familiar threats such as online risks, radicalisation and grooming, and how to identify and respond to families who may be in need of early help, and organisational safeguarding procedures.
- All staff have adequate information on issues affecting vulnerability in families such as social exclusion, domestic violence, mental illness, substance misuse and parental learning disability, together with

training that takes account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.

- We use available curriculum materials for young children, taking account of information in the Early Years Foundation Stage, that enable children to be *strong, resilient,* and *listened to.*
- All services seek to build the emotional and social skills of children and young people who are service users in an age-appropriate way, including increasing their understanding of how to stay safe.

Planning

- The layout of the classrooms 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 in our programme to promote the personal, social and emotional development of all children, so that they may grow to be strong, resilient and listened to and so that they develop an understanding of why and how to keep safe.
- We create within the setting a culture of value and respect for individuals, having positive regard for 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 Partners and in line with the GDPR, Data Protection Act 2018, and Working Together 2018.

Support to families

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

- We make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, information sharing, monitoring of the child, and liaising at all times with the local children's social care team.
- We will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
- We follow the Child Protection Plan as set by the child's social worker in relation to the setting's designated role and tasks in supporting that child and their family, subsequent to any investigation.

- We adhere to the EYFS Safeguarding and Welfare requirements.

Legal references

Primary legislation

Children Act 1989 – s 47

Protection of Children Act 1999

Care Act 2014

Children Act 2004 s11

Children and Social Work Act 2017

Safeguarding Vulnerable Groups Act 2006

Counterterrorism and Security Act 2015

General Data Protection Regulation 2018

Data Protection Act 2018

Modern Slavery Act 2015

Sexual Offences Act 2003

Serious Crime Act 2015

Criminal Justice and Court Services Act (2000)

Human Rights Act (1998)

Equalities Act (2006)

Equalities Act (2010)

Disability Discrimination Act (1995)

Data Protection Act (2018)

Freedom of Information Act (2000)

Further Guidance

Working Together to Safeguard Children (HMG 2023)

Statutory Framework for the Early Years Foundation Stage 2021

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

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

Keeping Children Safe in Education 2018

Education Inspection Framework (Ofsted 2019)

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

The Common Assessment Framework (2006)

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

Further guidance

Information sharing advice for safeguarding practitioners (DfE 2018)

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

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

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

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

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

Safeguarding Children from Abuse Linked to a Belief in Spirit Possession (HMG 200)

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

Safeguarding Disabled Children: Practice Guidance (DfE 2009)

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

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

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

Eco Montessori Winchester .. LADO is Mark Blackwell. Local Authority Designated Officer (LADO) on 01962 876364

06 ***Safeguarding children, young people and vulnerable adults procedures***

06.1 Responding to safeguarding or child protection concerns

The designated persons are The Duty Manager the designated officer is the Director

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 coordinating 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 agrees 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 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. This is fully addressed in section 01 Health and Safety procedures.

- All settings follow 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, whistleblowing 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 06.1a Child welfare and protection summary and completing 06.1b 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 and 06.1b 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 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 06.1b 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'. using guidance from the TED technique*
- 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 06.1b 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 the 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 06.1b Safeguarding incident reporting form if they have not already done so.

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

Parents are made aware of the setting's Privacy Notice which explains the circumstances under which information about their child will be shared with other agencies. When a referral for early help is necessary, the designated 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 override 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. domestic 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 judgement 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 06.1b Safeguarding incident reporting form, and a short summary entered on 06.1a Child welfare and protection summary**.** 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 06.1b Safeguarding incident reporting form, as above.
- The referral is recorded on 06.1a Child welfare and protection summary.

- 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 using 06.1c Confidential safeguarding incident report form

- 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 06.1c 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 **Susan Hartley-Raven**.

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.

Further guidance

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

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

Children and young people vulnerable to extremism or radicalisation

Early years settings, schools and local authorities have a duty to identify and respond appropriately to concerns of any child or adult at risk of being drawn into terrorism. LSP's 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 Hotline 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 likes, 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: fmu@fco.gov.uk
- Email for outreach work: fmuoutreach@fco.gov.uk

Further guidance

Accident Record (Early Years Alliance 2019)

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

06.1a Child welfare and protection summary

This form is placed at the front of a child's personal file and is completed by the designated person after a concern has been raised about the child's welfare or if significant harm (actual or likely) is suspected. It is a summary only of the concerns already fully recorded.

Child's name:	**Date of Birth:**	**Address:**	**Name of setting:**
Date of record:	**Summary of Concern and Impact on Child:**		**Agreed Actions:**
Adult reporting:			
Designated person:			
Date of record:	**Summary of Concern and Impact on Child:**		**Agreed Actions:**
Adult reporting:			
Designated person:			

Date of record:	**Summary of Concern and Impact on Child:**	**Agreed Actions:**
Adult reporting:		
Designated person:		

06.1b Safeguarding incident reporting form (for concerns, child welfare, physical intervention, witness statement, fact-finding)

Name of setting:

Child's name:	**Name of person reporting:**	**Name of designated person:**
Date of birth:	**Job title:**	**Job title:**

Date of concern – when observation, event, disclosure was made

Nature of Concern. In the space below describe what was observed, using a body diagram, if necessary.

Impact: what are your main concerns about how this might impact on the child physically or emotionally, please include the child's voice (as appropriate)?

Response to allegation/complaint: Please advise in your words, what happened, when and where, what did you see or hear and where you were in relation to the alleged incident.

Signature of person completing the form

Hand this form to your setting's designated person; discuss your concerns and agree what action is to be taken and when it will be reviewed.

Outcome decisions/actions to be taken (Tick all that apply)

No further action	
Offer support (provide details)	
Continue to monitor (detail what, who by and until when)	
Referral/signposting/advice/guidance to be offered by setting (provide details)	
Refer to social care for child protection.	

Liaise with social care to refer to CAF (Common Assessment Framework)/EHA (Early Help Assessment

Signature of designated person: _____

Date completed: _____

Physical intervention

If this form is used to record an incident of physical intervention being used on a child to prevent them from harming themselves or others, please ask the parent to sign here to confirm that they have been informed of the circumstances of the event as recorded here.

Signature of parent: _____

Date: _____

06.1c *Confidential safeguarding incident report form*

New case or Update

Section A Completed on the day of the incident by the designated person and emailed immediately with 'New Case' email heading, as an encrypted document to designated officer. As additional information becomes available this form is updated and re-sent. Updates with 'Update' in email heading, continue until the case/incident is resolved. It is important that additional fact-finding reports are included with this form. It is the designated person's responsibility to carry out a thorough fact finding of the incident in line with procedure 06.1 Responding to safeguarding or child protection concerns. It is the designated officer's responsibility to complete additional detail as indicated.

Date & time of report:

Name of setting and Ofsted EY Number:

Manager's name:

Date and time of incident:

Child's full name, age, gender and date of birth:

Safeguarding Incident; does this relate to: (put a cross against most relevant)

a) referral to social care (early help, child protection, or other concern such as radicalisation)	
b) it has become known that a family has involvement with social care currently (i.e. child is subject to Child Protection plan, child in need plan or other form of early help assessment)	
c) a safeguarding incident in the nursery, e.g. child left unsupervised, or allegations against a member of staff.	
d) other	

Give a full and detailed description of the incident and background information

Is there a CPP or any other involvement with children's social care? Yes/No

Date and time LADO informed, and advice/instructions given by LADO with date provided:

Date and time owners/directors/trustees consulted, prior to informing Ofsted:

Date and time Social Care team informed:

Date and time Ofsted informed:

Date and time parents informed:

Provide details on other persons/agencies informed of the incident (including the designated person on the day of the incident, and note method of communication i.e. telephone, e-mail)

Planned next steps/actions

Any implications for communications i.e. press enquiries or parents enquiries, complaints etc (if known)

Issues for registration, insurance and any other potential legal issues (if known)

Owners/directors/trustees considers HR implications (e.g. disciplinary or grievance actions (if known))

Update (brief details and date)

Update (brief details and date)

Update (brief details and dat)

Report completed by:

Section B – to be completed by the designated officer when the necessary information is available.

Follow up action (if required), *e.g. risk assessments, staff training*

Report of Investigation (*Full and detailed report of the circumstances and outcome of the investigation. If a disciplinary hearing is held record date and outcome)*

Outcome of Risk Assessment:

List areas at risk and how the risk has been mitigated. Has the risk assessment changed the practise of the staff or setting?

What has been learnt from the incident? (*What should have been done/could have done, are procedural changes needed?)*

Section C to be completed by the designated officer and owners/directors/trustees.

Follow up actions:

Learning to be cascaded across the organisation. How will this be done, by who and when?

Date case closed:

To be completed by manager where necessary

Please record any follow-up action taken, where relevant:

Manager signature: Date:

06 *Safeguarding children, young people and vulnerable adults procedures*

06.2 Low level concerns and allegations of serious harm or abuse against staff, volunteers or agency staff

Concerns may come from a parent, child, colleague or member of the public. Allegations or concerns must be referred to the designated 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**. Emma Tibbs / Susan Hartley Raven**
- The designated person alerts the designated officer. **Emma Tibbs / Susan Hartley Raven** 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) Mark Blackwell 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.
- MASH - Working hour 0300 555 1384 Out of Hours 0300 555 1373
- Early Years Professional Helpline 02380 176498
- 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:
    - what actions the designated person must take next and when and how the parents of the child are informed of the allegation
    - whether or not the LADO thinks a criminal offence may have occurred and whether the police should be informed and if so, who will inform them
    - whether the LADO is happy for the setting to pursue an internal investigation without input from the LADO, or how the LADO wants to proceed
    - whether the LADO thinks the person concerned should be suspended, and whether they have any other suggestions about the actions the designated 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 06.1b Safeguarding incident reporting form; normally by the educator who has observed the incident**.** 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.

06.02a Low level concerns form

Name of setting:

This form is to share any concern or 'nagging doubt' that a colleague may have acted in a manner that could be described as a 'low level' concern that may not meet the threshold of harm or be considered serious enough to refer to the LADO (Local Authority Designated Officer). A low-level concern may include behaviour that:

- is not consistent with the setting's code of conduct, for example, discriminatory or unsafe working practice or, being subject to a police caution, conviction or investigation that they have not disclosed to their line manager
- relates to conduct outside of work that has caused a sense of unease about their suitability to work with children, for example, behaving in a way that would bring the setting into disrepute

The above examples are not exhaustive. The person who has the concern must speak to the designated person as soon as possible. It is also helpful to document concerns, which can be done using this form and then passed to the designated person. If the concern is about the designated person, please speak to the designated officer (usually the setting's line manager).

If the concern has been raised through the setting's whistleblowing process, the designated person/setting manager will be informed and should complete this form as a record of the concern.

Name of the person the concern/allegation is about: _____

Job title: _____

Date and time of incident: (if the allegation or concern relates to a specific event) _____

Area of place where incident occurred: _____

Nature of Concern: (if not related to a specific incident)

Hand this form to the designated person or complete it together.

Outcome decisions/actions to be taken :(Tick all that apply and give further details)

Refer to the designated officer if the concern could meet the threshold for reporting to the LADO and implement procedure 06.02 Allegations against staff, volunteers or agency staff.	
No further action.	
Gather further information and continue to monitor.	
Support member of staff through supervision.	
Follow procedures for disciplinary action.	

In all instances, please retain this record on the staff member's personal file.

Signature of designated person: _____ Date completed: _____

06 *Safeguarding children, young people and vulnerable adults procedures*

06.3 Visitor or intruder on the premises

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

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

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

Intruder

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

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

- In the case of a serious breach where there was a perceived or actual threat to the safety of the children, the manager/designated person completes 06.1c Confidential safeguarding incident report form) and copies in **Susan Hartley-Raven** on the day of the incident. The **Owner and Manager** ensure a robust organisational response and ensure that learning is shared.

06 Safeguarding children, young people and vulnerable adults procedures

06.4 Uncollected child

Policy statement

In the event that a child is not collected by an authorised adult by their expected collection time, we will put into practice agreed procedures. The child will receive a high standard of care in order

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

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

- The designated person is informed of the uncollected child as soon as possible and attempts to contact the parents by phone.
- If the parents cannot be contacted, the designated person uses the emergency contacts to inform a known carer of the situation and arrange collection of the child.
- After one hour, the designated person contacts the **local social care out-of-hours duty officer 0300 555 1373** if the parents or other known carer cannot be contacted and there are concerns about the child's welfare or the welfare of the parents.
- The designated person should arrange for the collection of the child by social care.
- Where appropriate the designated person should also notify police.

Members of staff do not:

- go off the premises to look for the parents.
- leave the premises to take the child home or to a carer.
- offer to take the child home with them to care for them in their own home until contact with the parent is made.

- Staff make a record of the incident in the child's file using the incident recording forms. A record of conversations with parents should be made, with parents being asked to sign and date the recording.
- This is logged on the child's personal file along with the actions taken. Confidential safeguarding incident report form should also be completed if there are safeguarding and

welfare concerns about the child, or if Social Care have been involved due to the late collection.

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

Further information

Safeguarding Children (Pre-school Learning Alliance 2013)

06 Safeguarding children, young people and vulnerable adults procedures

06.5 Missing child

Policy statement

Children's safety is our highest priority, both on and off the premises. Every attempt is made, through the implementation of our outing's 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. Staff will always be aware of their number of children in the setting at any one time. Regular counts are done throughout the day.

In the building

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

Off-site (outing or walk)

- As soon as it is noticed that a child is missing, the senior staff present carries out a headcount and register is taken.
- One member of staff searches the immediate vicinity.
- If the child is not found, the senior staff calls the police and then contacts the designated safeguarding lead.
- The designated safeguarding lead informs the parents and makes their way to join the outing.
- Designated safeguarding lead and all other team members return the children to the setting as soon as possible if it is safe to do so. According to the advice of the police, one senior member of staff may be asked to remain at the site where the child went missing and wait for the police to arrive.

- The designated safeguarding lead contacts the designated officer, who attends the setting.

Recording and reporting

- A record is made on 06.1a Child welfare and protection summary and 06.1b Safeguarding incident reporting form. The manager as designated safeguarding lead completes and circulates 06.1c Confidential safeguarding incident report form to the designated officer on the same day that the incident occurred.

The investigation

- Ofsted are informed as soon as possible (and at least within 14 days).
- The designated officer carries out a full investigation.
- The designated safeguarding lead and the designated officer speak with the parents together and explain the process of the investigation
- Each member of staff present during the incident writes a full report using 06.1b Safeguarding incident reporting form, which is filed in the child's file. Staff do not discuss any missing child incident with the press or any persons not directly linked to the setting.

06 Safeguarding children, young people and vulnerable adults procedures

06.6 Incapacitated parent

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

- appearing drunk

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

Informing

- If a member of staff is concerned that a parent displays any of the above characteristics, they inform the designated 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 06.1b Safeguarding incident reporting form.
- If intervention is required, the designated safeguarding lead with the child's key person 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. Where an inter-agency referral form is submitted.
- 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 is 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 person completes Safeguarding incident reporting form and if social care were contacted. A confidential safeguarding incident report form is completed by the designated officer. If police were contacted a confidential safeguarding incident report form should also be copied to the director.
- Further updates/notes/conversations/ telephone calls are recorded.

06 Safeguarding children, young people and vulnerable adults' procedures

06.7 Death of a child on-site

Identifying

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

Informing

- The designated safeguarding lead ensures emergency services have been contacted; ambulance and police, by calling 999.
- The parents are contacted and asked to come to the setting immediately, informing them that there has been an incident involving their child and that an ambulance has been called; asking them to come straight to the setting or hospital as appropriate.
- The designated safeguarding lead calls the designated officer **Susan Hartley-Raven** and informs them of what has happened.
- The owner S**usan Hartley-Raven** is contacted and 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 or anyone outside the nursery.

Responding

- The owner Susan **Hartley Raven and the Manager Emma Tibbs** will decide how the death is investigated within the organisation after taking advice from relevant agencies.
- The owner **Susan Hartley Raven** will coordinate support for staff and children to ensure their mental health and well-being.

06 Safeguarding children, young people and vulnerable adults procedures

06.8 Looked after children

Identification.

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

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 into 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.

Services provided to Looked After Children

Under two-year-olds

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

Two-year-olds

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

Three- and four-year-olds

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

Additional Support

- The designated person and key person liaise with agencies and professionals involved with the child, and his or her family, and ensure appropriate information is gained and shared.
- A meeting of professionals involved with the child is convened by the setting at the start of a placement. A Personal Education Plan (PEP) for children over 3 years old is put in place within 10 days of the child becoming looked after.
- Following this meeting, 6.8a Care plan for looked after children form is completed. The care plan is reviewed after two weeks, six weeks, three months, and thereafter at three to six monthly intervals. The care plan must include:
- 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 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 Birth to 5 and Montessori approach and each specific areas of learning and development. Concerns about the child will be noted in the child's file and discussed with the foster carer.
- Regular contact will be maintained with the social worker through planned meetings, which will include contribution to the PEP which is reviewed annually.

Further guidance

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

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

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

06.8a Care plan for looked after children

This form must be used alongside the individual child's registration form which contains further details.

Name of child		**Date of birth:**	
Child's address			
Contact information for main carers			
1. Name			

Relationship to child	
Phone numbers	
2. Name	
Relationship to child	
Phone numbers	
Any additional healthcare needs (give details and complete 04.2a Health care plan form, if required)	
Social Care/Social Worker	
Name	
Phone no.	
GP/Doctor	
Name	
Phone No.	
Details of professionals meeting convened at start of placement (include date of meeting, names of agencies/professionals attending and any special considerations for the child)	

Risk assessment required?	**Yes or No**
If yes, include details here, including date completed:	
Daily care requirements e.g. before meals/going outdoors	
Describe what constitutes an emergency for the child and what actions are to be taken if this occurs	
Name(s) of staff responsible for an emergency situation with this child	

The child's carer and key person must sign below to indicate that the information in this plan is accurate and the carer agrees for any relevant procedures to be followed.

Carer's name		Signature		Date	
Key person's name		Signature		Date	
Setting manager's name		Signature		Date	

Review completed (at 2 weeks, 6 weeks, 3 months onwards)

Carer's name		Signature		Date	
Key person's name		Signature		Date	
Setting manager's name		Signature		Date	

Copies circulated to:

Carers

Other agencies/professionals

Child's personal records (with registration form)

06 Safeguarding children, young people and vulnerable adults procedures

06.9 E-safety (including all electronic devices with internet capacity and smart watches)

Online Safety

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

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

The issues are:

Content – being exposed to illegal, inappropriate or harmful material

Contact – being subjected to harmful online interaction with other users

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

I.C.T Equipment

Policy statement

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

- The setting manager ensures that all computers have up-to-date virus protection installed.
- Tablets are only used for the purposes of observation, assessment and planning and to take photographs for individual children's learning journeys. Extended use for educational purposes must be authorised by the Duty Manager

- Tablets remain on the premises and are stored securely at all times when not in use.
- Staff follow the additional guidance provided with the system

Internet access

- Children never have unsupervised access to the internet.
- The setting manager ensures that risk assessments in relation to e-safety are completed.
- Only reputable sites with a focus on early learning are used (e.g. CBeebies).
- Video sharing sites such as YouTube are not accessed due to the risk of inappropriate content.
- Children are taught the following stay safe principles in an age-appropriate way:
  - only go online with a grown up
  - be kind online **and** keep information about me safely
  - only press buttons on the internet to things I understand
  - tell a grown up if something makes me unhappy on the internet
- Staff support children's resilience in relation to issues they may face online, and address issues such as staying safe, appropriate friendships, asking for help if unsure, not keeping secrets as part of social and emotional development in age-appropriate ways.
- All computers for use by children are sited in an area clearly visible to staff.
- Staff report any suspicious or offensive material, including material which may incite racism, bullying or discrimination to the Internet Watch Foundation at **www.iwf.org.uk.**

The setting manager ensures 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 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.

Personal mobile phones – staff, visitors and children (includes internet enabled devices such as smart watches)

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 in a locked drawer until the parent collects them at the end of the session.

Mobile phones and smart watches – Staff and visitors

- Personal mobile phones, Smart watches and any other internet enabled devices are not used in the classrooms by staff during working hours. All such devices should be stored in the staff room. This does not include breaks where personal mobiles may be used off the premises or in the staff room. The setting manager completes a risk assessment for where they can be used safely.
- The management team may store their mobile telephone in the nursery office, away from children.
- Personal mobile phones and smart watches are switched off and stored in the staff room where children NEVER have access to.
- In an emergency, personal mobile phones may be used in the privacy of the office or staff room with permission.
- Staff ensure that contact details of the setting are known to family and people who may need to contact them in an emergency.
- Staff do not take their mobile phones on outings.

- Members of staff do not use personal equipment to take photographs or videos of children.
- Parents and visitors do not use their mobile phones on the premises. Visitors are advised of a private space where they can use their mobile. Such as the manager's office or reception area
- If there are children present visitors must NOT have their mobile phone or any other camera/internet device while in the same room as children. They will be asked to leave them in the manager's office.

Cameras and videos

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

Cyber Bullying

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

Use of social media

Staff are expected to:

- understand how to manage their security settings to ensure that their information is only available to people they choose to share information with
- ensure the organisation is not negatively affected by their actions and do not name the setting
- are aware that comments or photographs online may be accessible to anyone and should use their judgement before posting
- are aware that images, such as those on Snapchat may still be accessed by others and a permanent record of them made, for example, by taking a screenshot of the image with a mobile phone
- observe confidentiality and refrain from discussing any issues relating to work
- not share information they would not want children, parents or colleagues to view
- set privacy settings to personal social networking and restrict to those who are able to access it
- **not accept or request service users/children/parents as friends on any social media as it is a breach of professional conduct**
- report any concerns or breaches to the designated safeguarding lead in their setting
- not engage in personal communication, including on social networking sites, with children and parents with whom they act in a professional capacity. There may be occasions when the educator and family are friendly prior to the child coming to the setting. In this case information is shared with the manager and a risk assessment and agreement in relation to boundaries are agreed

Use/distribution of inappropriate images

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

Electronic learning journals for recording children's progress

- Managers seek permission from the senior management team prior to using any online learning journal. A risk assessment is completed with details on how the learning journal is managed to ensure children are safeguarded. MMC is a secured site which houses a parent portal log on
- Staff adhere to the guidance provided with the system at all times. 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 online is an offence in its own right and concerns about a colleague's or others' behaviour are reported (as above).

Further guidance

NSPCC and CEOP Keeping Children Safe Online training: www.nspcc.org.uk/what-you-can-do/getexpert-training/keeping-children-safe-online-course/

Safeguarding Children (Pre-school Learning Alliance 2013)

The New Early Years Employee Handbook (Pre-school Learning Alliance 2019)

06 Safeguarding children, young people and vulnerable adults procedures

6.10 Team supervision

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

In our Nursery we like to use best practice where ALL staff members have supervisions.

Structure

- Supervision meetings are held every 6-8 weeks For part-time staff this may be less frequent but at least every 6-8 weeks.
- All nursery based team are supervised by the setting manager or deputy.
- Supervision meetings are held in a confidential space suitable for the task
- Team should prepare for supervision by having the relevant information to hand.

Content

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

- the development and well-being of the supervisee's key children and offer staff opportunity to raise concerns in relation to any child attending. *Safeguarding concerns must always be reported to the designated person immediately and not delayed until a scheduled supervision meeting*
- reflection on the journey a child is making and potential well-being or safeguarding concerns for the children they have key responsibility for
- promoting the interests of children.
- coaching to improve professional effectiveness based on a review of observed practice/teaching

- reviewing plans and agreements from previous supervisions including any identified learning needs for the member of staff

- During supervision staff can discuss any concerns they have about inappropriate behaviour displayed by colleagues but must never delay until a scheduled supervision to raise concerns.
- Staff are reminded of the need to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children that have occurred during their employment. New information is referred immediately to the designated officer.

Recording

- Team supervision discussions are recorded and are retained by the Manager and a copy provided to the key person.
- The team and supervisor must sign and date the minutes of supervision within 4-6 weeks of it happening and disagreements over recorded content must be minuted.
- Each member of staff has a supervision file that is stored securely at all times.
- Concerns raised during supervision about an individual child's welfare may result in safeguarding concerns not previously recognised as such, these are recorded on 06.1b Safeguarding incident reporting form and placed on the child's file. The reasons why the concerns have not previously been considered are explored.
- Additional safeguarding or welfare decisions made in relation to a child during supervision are recorded on the individual case file. The supervisor (if not the designated person) should ensure the recording is made and the designated person is notified.

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 Flexible 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**.**

Further guidance

Recruiting Early Years Staff (Pre-school Learning Alliance 2016)

People Management in the Early Years (Pre-school Learning Alliance 2016)

6.11 Baby sitting and lone working

Eco Montessori Nursery Winchester operates a strict no babysitting policy. By doing so, we actively safeguard our staff and all the children within our care.
All employees of Eco Montessori, volunteers or any other persons affiliated with the nursery are NOT permitted to babysit/homecare children on roll.
The nursery has a duty to safeguard all children and adults while on nursery premises and whilst in the care of our staff. If staff are caring for your children at home, outside of nursery hours or premises, we cannot guarantee the safety of children or staff, against potential allegations.
Babysitting crosses from the professional to the personal and has far reaching consequences in terms of Safeguarding, public liability and confidentiality.
If members of staff were to care for children out of nursery opening hours on different premises, the nursery could not guarantee confidentiality or impartiality, which staff must adhere to and respect whilst working at the setting ensuring that all families and children are treated equally.
The nursery also cannot guarantee that the "babysitter" may not take other adults, unknown to the nursery and/ or parents and such adults may not hold relevant DBS checks and wouldn't have been vetted to assess whether they are suitable to care for children unsupervised.
The nursery would not be directly held responsible for any health and safety, or other issues that may arise from such private arrangements.
All individuals employed by Eco Montessori are made aware of this policy and it will be deemed as a breach of the terms and conditions of employment and will lead to formal disciplinary action being taken.

Lone working with children is not permitted at Eco Montessori, there will always be a minimum of 2 staff members with children, ratios will always be followed, and staff will always stay within sight and/or hearing of one another. To safeguard children and staff.

07 *Record keeping policy*

Alongside associated procedures in 07.1-07.4 Record keeping, this policy was adopted by *Eco Montessori Winchester* in *January* 2024

Aim

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

Objectives

- Children's records are kept in personal files, divided into appropriate sections, and stored separately from their developmental records, or are kept electronically on management software systems.
- Children's personal files contain registration information as specified in procedure 07.1 Children's records and data protection.
- Children's personal files contain other material described as confidential as required, such as Common Assessment Framework assessments, Early Support information for Education, Health and Care Plan (EHCP, case notes including recording of concerns, discussions with parents, and action taken, copies of correspondence and reports from other agencies.
- Ethnicity data is only recorded where parents have identified the ethnicity of their child themselves.
- Confidentiality is maintained by secure storage of files in a locked cabinet with access restricted to those who need to know. Client access to records is provided for within procedure 07.4 Client access to records.
- Staff know how and when to share information effectively if they believe a family may require a particular service to achieve positive outcomes
- Staff know how and when to share information if they believe a child is in need or at risk of suffering harm.

- Staff record when and to whom information has been shared, why information was shared and whether consent was given. Where consent has not been given and staff have taken the decision, in line with guidelines, to override the refusal for consent, the decision to do so is recorded.
- Guidance and training for staff specifically covers the sharing of information between professions, organisations, and agencies as well as within them, and arrangements for training takes account of the value of multi-agency as well as single agency working.

Records

The following information and documentation are also held:

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

Legal references

General Data Protection Regulation 2018

Freedom of Information Act 2000

Human Rights Act 1998

Statutory Framework for the Early Years Foundation Stage (DfE 2021)

Data Protection Act 2018

Further guidance

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

07 Record keeping procedures

07.1 Children's records and data protection

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

Principles of data protection: lawful processing of data

Personal data shall be:

a) processed lawfully, fairly and in a transparent manner in relation to the data subject

b) collected for specified, explicit and legitimate purposes and not further processed in a manner that is not compatible for these purposes

c) adequate, relevant and necessary in relation to the purposes for which they are processed

d) accurate, and where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purpose for which they are processed, are erased or rectified without delay

e) kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed

f) processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures ("integrity and confidentiality") Article 5 of the General Data Protection Regulations (2018)

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

General safeguarding recording principles

- It is vital that all relevant interactions linked to safeguarding children's and individual's welfare are accurately recorded.

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

The principles of GDPR and effective safeguarding recording practice are upheld

- Recording is factual and non-judgemental.
- The procedure for retaining and archiving personal data and the retention schedule and subsequent destruction of data is adhered to.
- Parents/carers and children where appropriate are made aware of what will be recorded and in what circumstances information is shared, prior to their child starting at the setting. Parents/carers are issued with 07.1a Privacy notice and should give signed, informed consent to recording and information sharing prior to their child attending the setting. If a parent/carer would not expect their information to be shared in any given situation, normally, they should be asked for consent prior to sharing.
- There are circumstances where information is shared without consent to safeguard children. These are detailed below, but in summary, information can be shared without consent if an

educator is unable to gain consent, cannot reasonably be expected to gain consent, or gaining consent places a child at risk.

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

Children's personal files

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

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

07.1a Privacy notice

Eco Montessori Winchester Privacy Notice

St John's Hall, St Johns Street, Winchester, SO230HF (Telephone:01962 855412)

Data protection officers: Susan Hartley-Raven**/ Emma Tibbs**

Introduction

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

When we refer to "we", "us" or "our", we mean Eco Montessori Winchester

What personal data we collect

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

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

We will only with your consent collect your National Insurance number or unique taxpayer reference (UTR) where necessary if you are self-employed and where you apply for up to 15 / 30 hours free childcare and early education. We also collect information regarding benefits and family credits. Please note that if this information is not provided, then we cannot claim funding for your child.

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

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

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

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

We use personal data about you and your child in order to provide childcare and early education services and to fulfil the contractual arrangement you have entered into.

This includes using your data in the following ways:

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

With your consent, we would also like to:

- collect your child's ethnicity and religion data for monitoring purposes
- record your child's activities for their individual learning journal (this will often include photographs and videos of children during play)

- transfer your child's records to the receiving school when s/he transfers

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

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

Who we share your data with:

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

- Ofsted, when there has been a complaint about the childcare and early education service or during an inspection
- banking services in order to process payments
- the local authority, if you claim up to 15 / 30 hours free childcare and early education
- the governments eligibility checker as above, if applicable
- our insurance underwriter, where applicable

We will also share your data:

- if we are legally required to do so, for example, by a law enforcement agency, court
- to enforce or apply the terms and conditions of your contract with us
- to protect your child and other children; for example, by sharing information with medical services, social services or the police
- if it is necessary to protect our rights, property or safety or to protect the rights, property or safety of others
- with the school that your child will be attending, when s/he transfers, if applicable

- if we transfer the management of the setting out or take over any other organisation or part of it, in which case we may disclose your personal data to the prospective seller or buyer so that they may continue using it in the same way

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

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

How do we protect your data?

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

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

Where do we store your data?

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

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

How long do we retain your data?

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

- You and your child's data, including registers are retained 3 years after your child no longer uses the setting, or until our next Ofsted inspection after your child leaves our setting.
- Medication records and accident records are kept for longer according to legal requirements.

- Learning journeys are maintained by the setting and available at your request when your child leaves. Records are kept and archived in line with our data retention policy.
- In some cases (child protection or other support service referrals), we may need to keep your data longer, only if it is necessary in order to comply with legal requirements. We will only keep your data for as long as is necessary to fulfil the purposes it was collected for and in line with data protection laws.

Your rights with respect to your data

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

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

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

How to ask questions about this notice

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

How to contact the Information Commissioner Office (ICO)

If the manager is not able to address your concern, please contact ***Susan Hartley-Raven***

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

Changes to this notice

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

07 Record keeping procedures

07.2 Confidentiality, recording and sharing information

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

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

- When recording general information, staff should ensure that records are dated correctly and the time is included where necessary and signed.
- Welfare/child protection concerns are recorded on 6.1b Safeguarding incident reporting form July 21. Information is clear and unambiguous (fact, not opinion), although it may include the educator's thoughts on the impact on the child.
- Records are non-judgemental and do not reflect any biased or discriminatory attitude.
- Not everything needs to be recorded, but significant events, discussions and telephone conversations must be recorded at the time that they take place.
- Recording should be proportionate and necessary.
- When deciding what is relevant, the things that cause concern are recorded as well as action taken to deal with the concern. The appropriate recording format is filed within the child's file.
- Information shared with other agencies is done in line with these procedures.
- Where a decision is made to share information (or not), reasons are recorded.
- Staff may use nursery computers to type reports, or letters. Staff may use a computer to type reports, or letters. Where this is the case, the typed document is deleted from the computer and only the hard copy is kept.
- The setting is registered with the Information Commissioner's Office (ICO). Staff are expected to follow guidelines issued by the ICO, at https://ico.org.uk/for-organisations/guidance-index/
- Additional guidance in relation to information sharing about adults is given by the Social Care Institute for Excellence, at www.scie.org.uk/safeguarding/adults/practice/sharing-information
- Staff should follow guidance including Working Together to Safeguard Children (DfE 2023); Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers 2018 and What to do if you're Worried a Child is Being Abused (HMG 2015)

Confidentiality definition

- Personal information of a private or sensitive nature, which is not already lawfully in the public domain or readily available from another public source, and has been shared in a relationship, where the person giving the information could reasonably expect it would not be shared with others.
- Staff can be said to have a 'confidential relationship' with families. Some families share information about themselves readily; members of staff need to check whether parents regard this information as confidential or not.
- Parents sometimes share information about themselves with other parents as well as staff; the setting cannot be held responsible if information is shared beyond those parents whom the person has confided in.
- Information shared between parents in a group is usually bound by a shared agreement that the information is confidential and not discussed outside. The setting manager is not responsible should that confidentiality be breached by participants.
- Where third parties share information about an individual; staff need to check if it is confidential, both in terms of the party sharing the information and of the person whom the information concerns.
- Information shared is confidential to the setting.
- Educators ensure that parents/carers understand that information given confidentially will be shared appropriately within the setting (for instance with a designated person, during supervision) and should not agree to withhold information from the designated person or their line manager.

Breach of confidentiality

- A breach of confidentiality occurs when confidential information is not authorised by the person who provided it, or to whom it relates, without lawful reason to share.
- The impact is that it may put the person in danger, cause embarrassment or pain.
- It is not a breach of confidentiality, if information was provided on the basis that it would be shared with relevant people or organisations with lawful reason, such as to safeguard an individual at risk or in the public interest, or where there was consent to the sharing.
- Procedure 07.1 Children's records and data protection must be followed.

Exception

- GDPR enables information to be shared lawfully within a legal framework. The Data Protection Act 2018 balances the rights of the person about whom the data is stored with the possible need to share information about them.

- The Data Protection Act 2018 contains "safeguarding of children and individuals at risk" as a processing condition enabling "special category personal data" to be processed and to be shared. This allows educators to share without consent if it is not possible to gain consent, if consent cannot reasonably be gained, or if gaining consent would place a child at risk.

- Confidential information may be shared without authorisation - either from the person who provided it or to whom it relates, if it is in the public interest and it is not possible or reasonable to gain consent or if gaining consent would place a child or other person at risk. The Data Protection Act 2018 enables data to be shared to safeguard children and individuals at risk. Information may be shared to prevent a crime from being committed or to prevent harm to a child, Information can be shared without consent in the public interest if it is necessary to protect someone from harm, prevent or detect a crime, apprehend an offender, comply with a Court order or other legal obligation or in certain other circumstances where there is sufficient public interest.

Sharing confidential information without consent is done only in circumstances where consideration is given to balancing the needs of the individual with the need to share information about them.

When deciding if public interest should override a duty of confidence, consider the following:

- Is the intended disclosure appropriate to the relevant aim?
- What is the vulnerability of those at risk?
- Is there another equally effective means of achieving the same aim?
- Is sharing necessary to prevent/detect crime and uphold the rights and freedoms of others?
- Is the disclosure necessary to protect other vulnerable people?

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

Obtaining consent

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

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

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

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

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

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

Consent

- Parents share information about themselves and their families. They have a right to know that any information they share will be regarded as confidential as outlined in 07.1a Privacy notice. They should also be informed about the circumstances, and reasons for the setting being under obligation to share information.
- Parents are advised that their informed consent will be sought in most cases, as well as the circumstances when consent may not be sought, or their refusal to give consent overridden.
- Where there are concerns about whether or not to gain parental consent before sharing information, for example when making a Channel or Prevent referral the setting manager must inform their line manager for clarification before speaking to parents
- Consent must be informed - that is the person giving consent needs to understand why information will be shared, what will be shared, who will see information, the purpose of sharing it and the implications for them of sharing that information.

Separated parents

- Consent to share need only be sought from one parent. Where parents are separated, this would normally be the parent with whom the child resides.
- Where there is a dispute, this needs to be considered carefully.

- Where the child is looked after, the local authority, as 'corporate parent' may also need to be consulted before information is shared.

Age for giving consent

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

Ways in which consent to share information can occur

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

Further guidance

Working Together to Safeguard Children (DfE 2023)
www.gov.uk/government/publications/working-together-to-safeguard-children--2

Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers (HMG 2018) www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

What to do if you're Worried a Child is Being Abused (HMG 2015)
www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2

Mental Capacity Act 2005 Code of Practice (Office of the Public Guardian 2007)
www.gov.uk/government/publications/mental-capacity-act-code-of-practice

07 Record keeping procedures

07.3 Client access to records

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

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

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

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

- In each case this should be discussed with members of staff and decisions recorded.

- When the consent/refusals have been received, the setting manager takes a photocopy of the whole file. On the copy file the document not to be disclosed is removed (e.g. a case conference report) or notes pertaining to that individual in the contact pages blanked out using a thick marker pen.
- The copy file is then checked by the line manager and legal advisors verify that the file has been prepared appropriately, for instance, in certain circumstances redaction may be appropriate, for instance if a child may be damaged by their data being seen by their parent/carer, e.g., if they have disclosed abuse. This must be clarified with the legal adviser.
- The 'cleaned' copy is then photocopied again and collated for the parent to see.
- The setting manager informs the parent that the file is now ready and invites him/her to make an appointment to view it.
- The setting manager and their line manager / owner meet with the parent to go through the file, explaining the process as well as what the content records about the child and the work that has been done. Only the persons with parental responsibility can attend that meeting, or the parent's legal representative or interpreter.
- The parent may take a copy of the prepared file away, but it is never handed over without discussion.
- It is an offence to remove material that is controversial or to rewrite records to make them more acceptable. If recording procedures and guidelines have been followed, the material should reflect an accurate and non-judgemental account of the work done with the family.
- If a parent feels aggrieved about any entry in the file, or the resulting outcome, then the parent should be referred to section 10.2 Complaints procedure for parents and service users.
- The law requires that information held must be accurate, and if a parent says the information held is inaccurate then the parent has a right to request it to be changed. However, this only pertains to factual inaccuracies. Where the disputed entry is a matter of opinion, professional

judgement, or represents a different view of the matter than that held by the parent, the setting retains the right not to change the entry but can record the parent's view. In most cases, a parent would have had the opportunity at the time to state their side of the matter, and this should have been recorded there and then.

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

Further guidance

The Information Commissioner's Office www.ico.gov.uk/ or helpline 0303 123 1113.

07 Record keeping procedures

07.4 Transfer of records

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

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

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

Development and learning records

- The key person prepares a summary of achievements in the prime and specific areas of learning and development
- This record refers to any additional languages spoken by the child and their progress in all languages.
- The record also refers to any additional needs that have been identified or addressed by the setting and any action plans.
- The record also refers to any special needs or disability and whether early help referrals, or child in need referrals or child protection referrals, were raised in respect of special educational needs or disability, whether there is an Action Plan (or other relevant plan, such as CIN or CP, or early help) and gives the name of the lead professional.

- The summary shared with schools should also include whether the child is in receipt of, or eligible for EYPP or other additional funding.
- The record contains a summary by the key person and a summary of the parents' view of the child.
- The document may be accompanied by other evidence such as photos or drawings that the child has made.
- The setting will use the local authority's assessment summary format or transition record, where these where provided.
- Whichever format of assessment summary is used, it should be completed and shared with the parent prior to transfer.

Transfer of confidential safeguarding and child protection information

- The receiving school/setting will need a record of child protection concerns raised in the setting and what was done about them. The responsibility for transfer of records lies with the originating setting, not on the receiving setting/school to make contact and request them.
- To safeguard children effectively, the receiving setting must be made aware of any current child protection concerns, preferably by telephone, prior to the transfer of written records.
- Eco Montessori will gain permission from parents before transferring children's documents to receiving school.
- Parents should be reminded that sensitive information about their child is passed onto receiving settings where there have been safeguarding concerns and should be asked to agree to this prior to the information being shared. Settings are obliged to share data linked to "child abuse" which is defined as physical injury (non-accidental) physical and emotional neglect, ill treatment and abuse.
- Parents/carers should be asked to agree to this, however, where safeguarding concerns have reached the level of a referral being made to local children's social work services (either due to concerns that a child may be at risk of significant harm or that a child may be in need under

Section 17 of the Children Act,) if consent is withheld the information will most likely need to be shared anyway. It is important that any decisions made to share or not share with or without consent are fully recorded.

- For any safeguarding or welfare concerns that resulted in an early help referral being made, and if consent to share is withheld, legal advice is sought prior to sharing.
- If the level of a safeguarding concern has not been such that a referral was made for early help, or to children's social work services or police, the likelihood is that any concerns were at a very low level and if they did not meet the threshold for early help, they are unlikely to need to be shared as child abuse data with a receiving setting, however, the designated person should make decisions on a case by case basis, seeking legal advice as necessary.
- The designated person should check the quality of information to be transferred prior to transfer, ensuring that any information to be shared is accurate, relevant, balanced and proportionate. Parents can request that any factual inaccuracies are amended prior to transfer.
- If a parent wants to see the exact content of the safeguarding information to be transferred, they should go through the subject access request process. It is important that a child or other person is not put at risk through information being shared.
- If no referrals have been made for early help or to children's social work services and police, there should not normally be any significant information which is unknown to a parent being shared with the receiving school or setting.
- If a parent has objections or reservations about safeguarding information being transferred to the new setting, or if it is unclear what information should be included, the designated person will seek legal advice.
- In the event that LSP requirements are different to the setting's this must be explained to the parent, and a record of the discussion should be signed by parents to indicate that they understand how the information will be shared, in what circumstances, and who by.

- Prior to sharing the information with the receiving setting the designated person should check LSP retention procedures and if it becomes apparent that the LSP procedures are materially different to setting's procedures this is brought to the attention of the designated person's line manager, who will agree how to proceed.
- If a child protection plan or child in need plan is in place 06.1a Child welfare and protection summary is also photocopied and a copy is given to the receiving setting or school, along with the date of the last professional meeting or case conference.
- If a S47 investigation has been undertaken by the local authority a copy of the child welfare and protection concern summary form is given to the receiving setting/school.
- Where a CAF/early help assessment has been raised in respect of welfare concerns, the name and contact details of the lead professional are passed on to the receiving setting or school**.**
- If the setting has a copy of a current plan in place due to early help services being accessed, a copy of this should be given to the receiving setting, with parental consent.
- Where there has been a S47 investigation regarding a child protection concern, the name and contact details of the child's social worker will be passed on to the receiving setting/school, regardless of the outcome of the investigation.
- Where a child has been previously or is currently subject to a child protection plan, or a child in need plan, the name and contact details of the child's social worker will be passed onto the receiving setting/school, along with the dates that the relevant plan was in place for.
- This information is posted (by 'signed for' delivery) or taken to the school/setting, addressed to the setting's or school's designated person for child protection and marked confidential. Electronic records must only be transferred by a secure electronic transfer mechanism, or after the information has been encrypted.
- Parents/carers should be made aware what information will be passed onto another setting via 07.1a Privacy notice.

- Copies of the last relevant initial child protection conference/review, as well as the last core group or child in need minutes can be given to the setting/school.
- The setting manager must review and update 06.1a Child welfare and protection summary, checking for accuracy, proportionality, and relevance, before this is copied and sent to the setting/school.
- The setting manager ensures the remaining file is archived in line with the procedures set out below.

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

Archiving children's files

- Paper documents are removed from the child's file, taken out of plastic pockets and placed in a robust envelope, with the child's name and date of birth on the front and the date they left.
- The designated person writes clearly on the front of the envelope the length of time the file should be kept before destruction.

  This is sealed and placed in an archive box and stored in a safe place i.e. a locked cabinet for three years or until the next Ofsted inspection conducted after the child has left the setting, and can then be destroyed.
- For web-based or electronic children's files, the designated person must also use the archiving procedure, and record details of what needs to be retained/destroyed. The designated person must make arrangements to ensure that electronic files are deleted/retained as required in accordance with the required retention periods in the same way as paper based files.
- Health and safety records and some accident records pertaining to a child are stored in line with required retention periods.

08 Staff, volunteers and students policy

Alongside associated procedures in 08.1-08.3 Staff, volunteers and students, this policy was adopted by *Eco Montessori Winchester* in *January* 2024

Policy Statement

We meet the Safeguarding and Welfare Requirements of the Early Years Foundation Stage, ensuring that our staff and volunteers 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. We encourage all staff to be on the update service.
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.

Aim

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

Objectives

- All staff and volunteers who work with the children have enhanced DBS disclosure checks. Their personal DBS numbers are kept in their file and on the DBS log held by the manager in the manager's office.
- All staff and volunteers working with children have appropriate training, skills, and knowledge.
- All staff, students and volunteers are deployed in accordance with the procedures.
- There is a complaints procedure and staff, and volunteers know how to complain and who they complain to.
- Ofsted are notified of management changes or changes to the setting’s name or address.

- Parents are involved with their children's learning and their views are considered.

Legal references

Protection of Children Act 1999

Safeguarding Vulnerable Groups Act 2006

Childcare Act 2006

Further guidance

Recruiting Early Years Staff (Alliance Publication 2016)

People Management in the Early Years (Alliance Publication)

08 Staff, volunteers and students procedures

08.1 Staff deployment

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

- **Three** members of staff are on the premises before children are admitted in the morning and the end of the day; one of which should be the manager or deputy.
- Only those staff **aged 17** or over are included in ratios. Staff working as apprentices (aged 16 or over) may be included in the ratios if the setting manager is satisfied that they are competent and responsible.
- At least one Paediatric First Aider must be on site at all times when children are present
- The setting manager deploys staff 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.
- In open plan provision, staff are positioned in areas of the room and outdoors to supervise children and to support their learning.
- Staff are responsible for ensuring that equipment in their area is used appropriately and that the area is tidy at the end of the session.
- Staff plan their focus on play activities around the interest of the current cohort of children.
- Staff inform colleagues if they have to leave the room for any reason.
- There are generally two members of staff outside in the garden when it is being used, one of whom supervises climbing equipment that has been put out.

- The setting manager may direct other members of staff to join those outside, if the numbers of children warrant additional staff.
- Staff focus their attention on the children at all times whilst having a wider awareness of what is happening around them.
- Staff do not spend working time in social conversation with colleagues.
- Staff allow time for colleagues to engage in 'sustained shared interaction' with children and do not interrupt activities led by colleagues.
- Sufficient staff are available at storytimes to engage children.
- Key persons spend time with key groups daily; these times are not for focussed activities but for promoting shared times and friendship.

Staff children

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

If it is the setting manager's child, then their line manager ensures the criteria above is met

08 Staff, volunteers and students procedures

08.2 Deployment of volunteers and parent helpers

Volunteers and parent helpers are always under the supervision of a permanent member of staff. **They are not included in staff ratios, or as the three members of staff needed on the premises before children are admitted in the morning or at the end of the day.** The setting manager ensures that volunteers and parent helpers are deployed to assist permanent staff.

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

- Volunteers and parent helpers allow time for colleagues to engage in 'sustained shared interaction' with children and do not interrupt activities led by colleagues.
- Sufficient volunteers and parent helpers are available to support staff at story times.

08 Staff, volunteers and students procedures

08.3 Student placement

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

- The setting manager ensures that students meet the 'suitable person' requirements.
- The setting manager discusses the aim of the placement with the student's tutor prior to the placement commencing. The expectations of both parties are agreed at this point.
- The good character of students under 17 years old is vouched for by the establishment that places them, the setting manager must be satisfied that all relevant checks have been made.
- Students do not have unsupervised access to children.
- Students and apprentices who are undertaking L3 or above may be counted in qualified L2 ratios if the setting manager is convinced that they are suitably experienced.
- Employed trainee staff over the age of 17 may be included in staffing ratios if deemed competent.
- Staff working as apprentices (aged 16 or over) may be included in staffing ratios if deemed competent.
- Public liability and employer's liability insurance is in place that covers students and voluntary helpers.
- Students are aware of confidentiality.

- Student induction includes how the setting and sessions are managed, and policies and procedures, in particular safeguarding, confidentiality and health and safety.
- Appropriate members of staff co-operate with students' tutors to assist them in fulfilling the requirements of their course of study.
- The setting communicates a positive message to students about the value of qualifications and training.
- The needs of the children and their families remain paramount at all times and students are only admitted in numbers that do not hinder the work of the setting.
- The setting manager ensures that students and trainees on placement are engaged in bona fide early years training, which provides the necessary background understanding of children's development and activities.

09 *Childcare and early education practice policy*

Alongside associated procedures in 09.1-09.15 Childcare and early education practice, this policy was adopted by *Eco Montessori Winchester* in *January* 2024

Aim

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

Objectives

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

- be aware of and responsive to their feelings
- make caring and thoughtful relationships with other people
- become increasingly excited by, interested in, and knowledgeable and questioning about the world around them.

3. We provide a wide range of interesting child-chosen and adult-initiated 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 babies and children under two years.

Older Children (2-5 years)

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

Waiting list and admissions

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

- We endeavour to operate in an inclusive manner which enables all children and families to access our services.
- We also have regard for the needs of parents who are:
  - looking to take up work, remain in work or extend their hours of work
  - looking to commence training or education
- We work in partnership with the local authority and other agencies to ensure that our provision is accessible to all sections of the community.
- Services are widely advertised and information is accessible to all sections of the community.
- Where the number of children wanting places exceeds the number of places available a waiting list is operated using clear criteria for allocation of places as detailed in section 09.1 Waiting list and admissions procedure.

Funded places – Early Years entitlement

All 3- and 4-year-olds in England are entitled to 15 hours free childcare and early education each week for 38 weeks of the year. 3 & 4 year olds from working families are entitled to 30 hours of funding over 38 weeks or 11 hours stretched over 51 weeks.

From April 2024, all two year olds from working families or who meet the eligibility criteria are entitled to 15 hours entitlement over 38 weeks. Funded places are offered in accordance with national and local codes of practice and adherence to the relevant Provider Agreement/Contract with the local authority.

Legal References

Special Educational Needs and Disability Act 2001

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

Equality Act 2010

Childcare Act 2006

09 Childcare and early education practice procedures

09.1 Waiting list and admissions

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

- The setting is widely advertised in places accessible to all sections of the community.
- Information about the setting is accessible, using plain English, in written and spoken form and, where appropriate, could be provided in different community languages and in other formats on request.
- Children with disabilities are supported to take full part in all activities within the setting and the setting makes reasonable adjustments to ensure that this will be the case from the time the child is placed on the waiting list.
- The waiting list is arranged in birth order and in addition may take into account the following:
  - the age of the child with priority being given to children eligible for the free entitlement
  - length of time on the waiting list
  - the vicinity of the home to the setting
  - siblings already attending the setting
  - the capacity of the setting to meet the individual needs of the child
- Funded places are offered in accordance with the Early Years Entitlements: Operational Guidance for local authorities and providers (DfE 2018) and any local conditions in place at the time.

- Where it is financially viable to do so, a place is kept vacant for an emergency admission.
- The setting and its practices are welcoming and make it clear that fathers, mothers, other relations and carers and childminders are all welcome.
- The setting and its practices operate in a way that encourages positive regard for and understanding of difference and ability, whether gender, family structure, class, background, religion, ethnicity or competence in spoken English.
- The needs and individual circumstances of children joining the setting are monitored on 09.1c Childcare and early education registration form, to ensure that no accidental or unintentional discrimination is taking place and that reasonable adjustments are made as required.
- Section 05 Equality procedures are shared and widely promoted to all.
- Places are provided in accordance with 09.1d Childcare and early education terms and conditions issued to every parent when the child takes up their place. Failure to comply may result in the provision of a place being withdrawn.

Admissions

- Once a childcare and early education place has been offered the relevant paperwork is completed by the setting manager or deputy before the child starts and filed on the child's personal file. Forms completed include:
    - Privacy notice - explains what personal data we collect, why we collect it, how we use it, the control parents/carers have over their personal data and the procedures we have in place to protect it.
    - Childcare and early education terms and conditions - govern the basis by which we provide childcare and early education.
    - Childcare and early education registration form - contains personal information about the child and family that must be completed in full prior to the child commencing.
    - Pricing policy - 2024
    - Early Years Education funding forms when appropriate.

Children with SEND

- The manager must seek to determine an accurate assessment of a child's needs at registration. If the child's needs cannot be met from within the setting's core budget, then an application for SEN inclusion funding must be made immediately.
- Children with identified SEND must be offered a place when one becomes available as with any other child. However, the start date for children with more complex SEND will be determined by the preparations made to ensure the child's safety, well-being and accessibility in the setting. If a child's needs determine that adjustments need to be made, the manager must outline a realistic timeframe for completion, detailing the nature of adjustments e.g. risk assessment, staff training, health care plan and all other adjustments required. The child's safety at all times is paramount.
- At the time of registration, the manager must check to see if a child's family is in receipt of Disability Living Allowance, if so, the manager must ask for evidence to enable them to claim the Disability Access Fund directly from the local authority. If the family is eligible but not in receipt of the allowance, the setting manager will support the family in their application. More information can be found at www.gov.uk/disability-living-allowance-children/how-to-claim.
- Preparation for admitting a child with SEND must be made in a reasonable amount of time and any delay in the child starting is scrutinised by the setting manager to avoid discrimination and negative impact on the child and family. During a preparation period the family and relevant agencies and the local authority must be regularly updated on the progress of the preparations.

Safeguarding/child protection

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

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

Further guidance

Early Years Entitlements: Operational guidance for local authorities and providers (DfE 2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/718181/Early_years_entitlements-operational_guidance.pdf

09.1a About our childcare and early education

Welcome to Eco Montessori Winchester and thank you for registering your child with us.

We know how important your child is and aim to deliver the highest quality of care and education to help them to achieve their best.

This document aims to provide you with an introduction to Eco Montessori and our routines, our approach to supporting your child's learning and development and how we aim to work together with you to best meet your child's individual needs. This should be read alongside our Childcare and Early Education Terms and Conditions for a full description of our services.

Vision: To Educate Children for a Happy Healthy & Successful Life, In the context of sustainability for the future. Our children are our future and engaging with Eco friendly principles and practices will offer our children a head start on their learning journey.

Values:

We will create a Montessori and eco-friendly educational environment that inspires and stimulates children, in order to reach their full potential.

We value the individuality and happiness of each child

We value childhood as a special phase of life

We will develop children to be confident, caring individuals with emotional intelligence

We will provide children with the educational and personal tools for future success

The welfare and well-being of children is central to everything we do.

We will continuously seek to improve on all aspects of our service

We work together as a team for the group goal

We will work as a ECO nature nursery with Forest school and a strong Montessori influence.

Our setting aims to:

- provide high quality care and education for children
- work in partnership with parents to help children to learn and develop
- add to the life and well-being of the local community
- offer children and their parents a service that promotes equality and values diversity
- offer children the opportunity to take the Montessori approach, giving them the chance to learn lifelong skills.
- Supporting children to be more ECO aware and to connect with nature through hands-on practical learning in a Montessori and Forest School context.

Parents

You are regarded as members of our setting who have full participatory rights. These include a right to be:

- valued and respected
- kept informed
- consulted
- involved
- included at all levels

Children's development and learning

We aim to ensure that each child:

- is in a safe and stimulating environment
- has a named key person who makes sure each child makes satisfying progress and is your link to our setting
- is given generous care and attention, because of our ratio of qualified staff to children
- has the chance to join in with other children and adults to live, play, work and learn together
- is helped to take forward her/his learning and development by being helped to build on what she/he already knows and can do
- has a personal key person who makes sure each child makes satisfying progress
- is in a setting that sees parents as partners in helping each child to learn and develop
- is in a setting in which parents help to shape the service it offers

The Early Years Foundation Stage

Provision for the development and learning of children from birth to five years is guided by the Early Years Foundation Stage. Our provision reflects the four overarching principles of the *Statutory Framework for the Early Years Foundation Stage* (DfE 2023):

Our provision reflects the four overarching principles of the *Statutory Framework for the Early Years Foundation Stage* (DfE 2021):

- *A Unique Child*

  Every child is a unique child who is constantly learning and can be resilient, capable, confident and self-assured.

- *Positive Relationships*

  Children learn to be strong and independent through positive relationships.

- *Enabling Environments*

Children learn and develop well in enabling environments with teaching and support from adults, who respond to their individual interests and needs and help them to build their learning over time. Children benefit from a strong partnership between educators, parents and/or carers.

- *Learning and Development*
- Children develop and learn at different rates. The framework covers the education and care of all children in early years provision including children with special educational needs and disabilities (SEND).

How we provide for learning and development

Children start to learn about the world around them from the moment they are born. The care and education offered by our setting helps children to continue to do this by providing all the children with interesting activities that are appropriate for their age and stage of development and a rich continuous provision.

The Areas of Learning and Development comprise:

- *Prime Areas*
  - Personal, Social and Emotional development & Activities for Everyday Living
  - Physical development.
  - Communication and language.
- *Specific Areas*
  - Literacy.
  - Mathematics & Sensorial Learning
  - Understanding the world & Cultural Studies.
  - Expressive arts and design & Creative Development

For each area, the level of progress that children are expected to have attained by the end of the Early Years Foundation Stage is defined by the Early Learning Goals. These goals state what it is expected that children will know, and be able to do, by the end of the reception year of their education.

We refer to non-statutory curriculum guidance to support our professional judgement as we assess each child's progress and level of development as they progress towards the Early Learning Goals. We have regard to these when we assess children and plan for their learning by creating a curriculum that is ambitious and meets every child's needs. Our educational programmes support children to develop the knowledge, skills and understanding they need for:

Personal, social and emotional development

- self-regulation & intrinsic motivation. Our children's initiative and curiosity encouraged and developed
- managing self by learning specific skills to help our children help themselves
- building relationships supported by the collective good of the group. Grace and Courtesy guidance in order to have a calm and positive community in the learning environment.

Physical development

- gross motor skills
- fine motor skills

Communication and language

- listening, attention and understanding
- speaking

Literacy

- comprehension
- word reading
- writing

Mathematics

- number
- numerical patterns & sensorial experiences

Understanding the world

- past and present
- people, culture and communities
- the natural world – ecosystems / botany / zoology
- Awe and wonder - the solar system

Expressive arts and design

- creating with materials & patterns in our environment
- being imaginative and expressive & initiative and free ideas with space and time to create

Our approach to learning and development and assessment

Learning through play

Being active and playing supports young children's learning and development through doing and talking. This is how children learn to think about and understand the world around them. We use the EYFS education programmes to plan and provide opportunities which will help children to make progress in all areas of learning. This programme is made up of a mixture of activities that children plan and organise for themselves and activities planned and led by educators.

We also use `in the moment planning` to help ensure we plan activities and set up the rooms reflecting the children's current interest. Some activities are adult-led from a child's interest, and sometimes the children create and develop their own activities using our rich continuous environment.

Characteristics of effective learning

We understand that all children engage with other people and their environment through the characteristics of effective learning that are described in the Early Years Foundation Stage as:

- playing and exploring - engagement
- active learning - motivation
- creating and thinking critically - thinking

We aim to provide for the characteristics of effective learning by observing how a child engages with learning and being clear about what we can do and provide to support each child to remain an effective and motivated learner.

Assessment

We assess how young children are learning and developing by observing them. We use information that we gain from observations of the children, to understand their progress and where this may be leading them. We believe that parents know their children best and we will ask you to contribute to assessment by sharing information about what your child likes to do at home and how you, as parents, are supporting development. This can be shared verbally or on our My Montessori Child (MMC) online learning system.

We create Next Steps as we go through the year for each individual child. These help us to build a picture of a child's progress during their time with us and form part of children's records of achievement/learning journeys. We develop Next Steps at the child's rate but aim to ensure these are created or extended every two weeks. Key workers work to develop an observation the week after the new step, this is a two-week cycle.

Week 1 you will be sent a next step via MMC for you and our key workers to work on and share ideas,

Week 2 our key workers will send you an observation with a photo and a review of the learning through the week sparked from your child's interest and next step.

We write up a summary of your child's development at times of transition, such as when a child moves into a different group or when they go on to school. This ensures information is shared and gives a clear view of what your child can already do.

We make periodic assessment summaries of children's achievement based on our on-going observations. These help us to build a picture of a child's progress during their time with us and form part of children's records of achievement/learning journeys.

The Progress Check at age two

The Early Years Foundation Stage requires that we supply parents and carers with a short-written summary of their child's development in the three prime areas of learning and development - Personal, social and emotional development; Physical development; and Communication and language - when a child is aged between 24 - 36 months. Your child's key person is responsible for completing the check using information from on-going observations carried out as part of our everyday practice, taking account of the views and contributions of parents and other professionals. We encourage you to share this at your child's two year check carried out by the Health Visitor.

Records of achievement/learning journeys

We keep a record of achievement/learning journey for each child. Your child's record of achievement/learning journey helps us to celebrate her/his achievements and to work together to provide what your child needs for her/his well-being and to make progress. This is recorded on My Montessori Child (MMC)

Your child's key person will work in partnership with you to keep this record. To do this you and she/he will collect information about your child's needs, activities, interests, and achievements and entwine this information into our `in the moment planning`. This information will enable the key person to identify your child's progress and interests. Together, we will then decide on how to further support your child's learning and development.

Working together for your children

We maintain the ratio of adults to children in the setting that is set by the Safeguarding and Welfare Requirements. We also sometimes have Bank Staff / apprentices and students where possible, to complement these ratios. This helps us to:

- give time and attention to each child
- talk with the children about their interests and activities
- help children to experience and benefit from the activities we provide
- allow the children to explore and be adventurous in safety

The staff who work at our setting are displayed on a notice board in the entrance area.

We are open for 51 weeks each year.

We are closed Over the Christmas period only

We are open for 5 days each week

The times we are open are 8-6

We provide care and education for young children between the ages of: 6 months to five years old.

How parents take part in our setting:

Our setting recognises parents as the first and most important educators of their children. All our staff see themselves as partners with parents in providing care and education for their children. There are many ways in which parents take part in making our setting a welcoming and stimulating place for children and parents, such as:

- exchanging knowledge about their children's needs, activities, interests and progress with our staff
- contributing to the progress check at age two
- sharing their own special interests with the children
- taking part in events and informal discussions about the activities and curriculum provided by the setting
- joining in community activities, in which the setting takes part
- building friendships with other parents in the setting

Joining in

Our setting has a rota which parents can join if they would like to help at a particular session or sessions of the setting. Helping at the session enables parents to see what the day-to-day life of our setting is like and to join in helping the children to get the best out of their activities.

Parents can also offer to take part in a session by sharing their own interests and skills with the children. We welcome parents to drop into the setting to see it at work or to speak with the Nursery Manager or Key Workers.

Key person and your child

Our setting uses a key person approach. This means that each member of staff has a group of children for whom she/he is particularly responsible. Your child's key person will be the person who works with you to make sure that the childcare and early education that we provide is right for your child's particular needs and interests. When your child first starts at the setting, she/he will help your child to settle and throughout your child's time at the setting, she/he will help your child to benefit from our activities.

Learning opportunities for adults

As well as gaining childcare and early education qualifications, our staff take part in further training to help them to keep up-to-date with thinking about early years care and education. We also keep up-to-date with best practice, as a member of the Early Years Alliance, through *Under 5* magazine and other publications produced by the Alliance. The current copy of *Under 5* is available for you to read. Occasionally, we hold learning events for parents. These usually look at how adults can help children to learn and develop in their early years.

The setting's timetable and routines

Our setting believes that care and education are equally important in the experience which we offer children. The routines and activities that make up the day in our setting are provided in ways that:

- help each child to feel that she/he is a valued member of the setting
- ensure the safety of each child
- help children to gain from the social experience of being part of a group
- provide children with opportunities to learn and help them to value learning

The day

We organise the day so that children can take part in a variety of child-chosen and adult-led activities. These take account of children's changing energy levels throughout the day. We cater for children's individual needs for rest and quiet activities during the day. Outdoor activities contribute to all areas of children's learning and development including their health, their physical development and their knowledge of the world around them.

The rooms are set up with Montessori materials and activities and the children are exposed to Forest School and Eco School experiences.

Snacks and meals

We make snacks and meals are a social time at which children and adults eat together. We plan the menus for snacks and meals so that they provide the children with healthy and nutritious food. Please tell us about your child's dietary needs, particularly any known allergies or food intolerance and we will plan accordingly.

Snack time Children are offered a free flow snack bar at around 10 am-and again at around 2.30pm they are offered a carbohydrate, fresh fruits and a dairy product with the choice of milk or water. Children are able to use snack time as a rich learning opportunity, where they can help to prepare the foods and set up the snack bar. Snack time at Eco Montessori gives children the opportunity to be exposed to maths during snack where the children count out how many pieces and look at the numbers, their hand eye coordination is stretched while they use the tools to safely prepare and choose their foods. They learn all about healthy foods and how to keep their bodies healthy. This is a great time for staff to ensure every single child gets that undivided attention form the adult to talk and socialise if they wish.

Lunch: Every day the children are provided with a hot healthy meal. Children are chosen to help set up the tables, and serve their own lunch, after lunch they all scrape their own plate before going back to play. During lunch time we all meet in the hall for lunch, the mixed ages work really well and the children enjoy learning from the older children and likewise the older children enjoy being good role models for the younger children.

Tea. Tea is served at 4.30 pm, there is a variety of food from sandwiches to pizza again this is set up the same as lunch where we all come together.

Clothing

We provide protective clothing for the children when they play with messy activities. We encourage children to gain the skills that help them to be independent and look after themselves. These include taking themselves to the toilet and taking off, and putting on, outdoor clothes. Clothing that is easy for the children to manage will help them to do this.

We encourage no shoes inside and suggest parents bring a pair of slippers and or slipper socks for inside.

We ask for children to attend nursery with a few sets of spare clothing, waterproofs and hats/gloves when appropriate.

Policies

Our staff can explain our policies and procedures to you. Copies of which are available electronically if requested or in the folder in the foyer.

Our policies help us to make sure that the service we provide is of high quality and that being a member of our setting is an enjoyable and beneficial experience for each child and her/his parents.

Our staff work together to adopt the policies and they all have the opportunity to take part in the annual review of the policies. This review helps us to make sure that the policies are enabling our setting to provide a quality service for its members and the local community.

Information we hold about you and your child

We have procedures in place for the recording and sharing of information about you and your child that is compliant with the principles of the General Data Protection Regulations (2018) as follows:

The data is we collect is:

1. processed fairly, lawfully and in a transparent manner in relation to the data subject [you and your family]
2. collected for specified, explicit and legitimate purposes and not further processed for other purposes incompatible with those purposes
3. adequate, relevant, and limited to what is necessary in relation to the purposes for which data is processed
4. accurate and, where necessary, kept up to date
5. kept in a form that permits identification of data subjects [you and your family] for no longer than is necessary for the purposes for which the personal data is processed

6. processed in a way that ensures appropriate security of the personal data including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures

When you register your child with us, we will provide you with a privacy notice that gives you further details of how we fulfil our obligations with regard to your data.

Safeguarding children

Our setting has a duty under the law to help safeguard children against suspected or actual 'significant harm'. Our safer recruitment employment practices ensure that people looking after children are suitable to fulfil the requirements of their role and help to protect children against the likelihood of abuse in our setting and we have a procedure for managing complaints or allegations against a member of staff.

Our way of working with children and their parents ensures that we are aware of any problems that may emerge and can offer support, including referral to appropriate agencies, when necessary, to help families in difficulty.

Special educational needs

To make sure that our provision meets the needs of each individual child, we take account of any special educational needs a child may have. We work to the requirements of the Special Educational Needs and Disability Code of Practice: 0 to 25 years (2015).

Our Special Educational Needs Co-ordinator is Megan Shattock

The setting is owned and governed by Eco Montessori Limited

Fees

The fees are payable monthly in advance. Fees must still be paid if children are absent without notice for a short period of time. If your child has to be absent over a long period of time, talk to your Nursery Manager.

For your child to keep her/his place at our setting, you must pay the fees. We are in receipt of nursery education funding for two-, three- and four-year-olds; where funding is not received, then fees apply.

Starting at our setting

The first days

We want your child to feel happy and safe with us. To make sure that this is the case, our staff will work with you to decide on how to help your child to settle into the setting. We encourage settling in sessions to be planned around your child, some children will not need as many as others, we follow the lead of the child and will increase hours as and when your child is comfortable with this.

We hope that you and your child enjoy being members of our setting and the Eco Montessori Winchester family and that you both find taking part in our activities interesting and stimulating. Our staff are always ready and willing to talk with you about your ideas, views or to respond to any questions.

Application to Join Eco Montessori Nursery Winchester

Personal details

First name(s) of child:

Surname of child: Date of birth:

Full address:

Postcode:

Parent/carer name

Relationship to child:

Full address (if different):

Postcode:

Daytime/work tel: _____

Home: _____ Mobile: _____

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child.**

Once your child is offered a place and you accept it, further personal information and family details are required for our records on admission. Your child's birth certificate is required at this point with a copy made for our file.
If you find that you no longer need the place, please inform us as soon as possible.

Signed parent/carer _____ Date: _____

Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood and agreed to these terms and conditions.

Session Request Form

Requested start date……..

Childs Name _____ **Date of birth:** _____

Please tick the sessions you would like your child to attend:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (8 – 1)					
Afternoon (1-6)					

Information

- Every child is entitled to 15 hours of Early Years Education funding, starting from the term **after their 3rd birthday**.
- Eligible Working families are able to claim 15 hours for the term after they are 2,3,4 year olds and 30 hours for 3 and 4 year olds.
- The relevant documentation can be found on .gov.uk and Childcare choices.
- In some circumstances other funding is available for children starting from the term after their 2nd birthday. To see if you qualify for this funding, you can look on the Hants web site.

NOTE: If you require a change in hours you must let us know 4 weeks in advance. otherwise you might be liable for the costs of your child's place the following month.

Name of Parent/Carer _____

Signature _____

Date _____

Registration Form

Child's details

Child's first name(s) _____

Surname _____

Known as _____

Child's full address _____

_____

Gender Male □ Female □ Date of birth _____

Birth certificate seen and copy made Yes □ No □

Family details

Name of parent(s)/carer(s) with whom the child lives: _____

Contact details 1 (including emergency information):

Parent/carer full name _____

Relationship to child _____ Date of birth _____

Home address _____

_____

Daytime/work tel: _____

Home: _____ Mobile: _____

Email _____

Does this parent have parental responsibility for the child? Yes □ No □

Contact details 2 (including emergency information):

Parent/carer full name _____

Relationship to child _____ Date of birth _____

Home address _____

_____

Daytime/work tel: _____

Home: _____ Mobile: _____

Email _____

Does this parent have parental responsibility for the child? Yes □ No □

Other person(s) with legal contact *To be completed where those persons with parental responsibility are separated and an S8 Order is in place.*

Name

Relationship to child Date of birth

Home address

Contact numbers

Email

What are the contact arrangements that we need to be aware of?

Emergency contact details if parents are not available *(must be local.)*

Contact 1 - Name

Relationship to child

Address

Contact numbers

Contact 2 - Name

Relationship to child

Address

Contact numbers

Persons other than parent(s) authorised to collect the child *Must be over 16 years of age. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, staff will check before releasing the child.*

Person 1 – Name

Relationship to child

Address

Contact numbers

Person 2 - Name

Relationship to child

Address

Contact numbers _____

Password for the collection of child by authorised persons _____

About Your Child

Does your child have previous experience of attending a childcare setting? If so, please specify:

Health and development

Has your child received the following immunisations?

Two months old	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes □	No □	Date:
	Pneumococcal (PCV) vaccine.	Yes □	No □	Date:
	Rotavirus vaccine.	Yes □	No □	Date:
Three months old	5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes □	No □	Date:
	Meningitis C vaccine.	Yes □	No □	Date:
	Rotavirus, second dose.	Yes □	No □	Date:
Four months old	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes □	No □	Date:
	Pneumococcal (PCV) vaccine, second dose.	Yes □	No □	Date:
Between 12 and 13 months old	Hib/Men C booster - Haemophilus influenza type b (Hib), forth dose and meningitis C, second dose.	Yes □	No □	Date:
	MMR vaccine – mumps, measles and rubella.	Yes □	No □	Date:
	Pneumococcal (PCV) vaccine, third dose.	Yes □	No □	Date:
Two to three years	Flu vaccine	Yes □	No □	Date:

Three years and four months or soon after	MMR vaccine, second dose – mumps, measles and rubella.	Yes □ No □	Date:
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	Yes □ No □	Date:

For internal use: Has the child's health record book been seen to confirm immunisation dates?

Yes □ No □

Does your child have any on-going medical conditions? If so, please specify:

If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:

Does your child require a health care plan? Yes □ No □

If your child is aged three years or over, does he or she have difficulty with any of the following:

Speaking and communicating	Yes	□	No	□
Listening and attending	Yes	□	No	□
Understanding simple instructions	Yes	□	No	□
Eating and drinking	Yes	□	No	□
Sitting and sharing a book	Yes	□	No	□
Walking and climbing	Yes	□	No	□
Rolling a ball	Yes	□	No	□
Holding a crayon	Yes	□	No	□
Socialising with adults and other children	Yes	□	No	□
Using the toilet	Yes	□	No	□

Putting on their shoes and socks Yes □ No □

Any other concerns:

Does your child have any special needs or disabilities? If so, please specify:

Are any of the following in place for the child?

SEN action plan Yes □ No □

Education, Health and Care Plan Yes □ No □

What additional support will he/she require in our setting?

Is your child known to have any allergies or food intolerances? If so, please specify:

What are your child's dietary requirements? Please specify:

Two year old progress check – children aged 24 – 36 months

If your child is aged between 24-36 months, has a two-year-old progress check already been completed for your child? Yes □ No □

Setting completing check _____ Date completed _____

Details of professionals involved with your child

GP

Name _____ Telephone _____

Address _____

Health Visitor (if applicable)

Name _____ Telephone _____

Address _____

Social Care Worker (if applicable)

Name _____ Telephone _____

Address _____

What is the reason for the involvement of the social care department with your family?

Any other professional who has regular contact with the child

Name 1 _____ Role _____

Agency _____ Telephone _____

Address _____

Name 2 _____ Role _____

Agency _____ Telephone _____

Address _____

General information

What is your child's usual sleep pattern?

What sort of things does your child enjoy doing at home, i.e. drawing or cooking?

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, or any special words they use.

Cultural background

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

What is the main religion in your family (if applicable)?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

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

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes ☐ No ☐

Does your child need a bilingual support plan? Yes ☐ No ☐

If so, discuss and agree with the key person how we/ can work together to support your child when settling-in:

General Parental Permissions

Emergency treatment declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the manager for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed _____ Date _____

Printed name _____

For inhalers/auto-injectors (if applicable)

I give permission for a named member of staff who has been appropriately trained to administer the inhaler, Epipen or Anapen (supplied by me) to:

_____ (*name of child*).

The named staff are:

- _____
- _____

Signed _____ Date _____

Printed name _____

Nappy cream

I give permission for nappy cream (supplied by me) to be administered to:

_____ (*name of child*).

when required, in accordance with manufacturer's instructions. Nappy cream is considered a medicine and will be administered in accordance with our Administering Medicines policy

Signed _____ Date _____

Printed name _____

Paracetamol based medicine (e.g. Calpol or Sudafed)

I give permission for staff to administer paracetamol based products (e.g. Calpol) (supplied by me) to:

_____ *(name of child*)

in the case of a raised temperature and on the understanding that I will be making arrangements for my child to be collected as soon as possible.

Signed _____ Date _____

Printed name _____

Sun cream

I give permission for staff to administer hypoallergenic sun cream (supplied by me) and or to apply the settings own creams if mine should run out.

_____ (*name of child*)

when necessary and to record its use.

Signed _____ Date _____

Printed name _____

Short trip - general outings

Your child will be taken out of our setting as part of the daily activities. The venues used are the grounds and the surrounding area of Norman Court Estate. I give permission for

_____ (name of child)

to take part in short trips or general outings. I understand that individual risk assessments are carried out and are available for me to see as required. For any planned outings, I understand I will be informed and my specific consent obtained.

Signed _____ Date _____

Printed name _____

Photographs

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your

child's records within the setting. We may also record events and activities on video. Photos/videos are stored on the setting's computer only; we only store images during the period your child is with us. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use. I give permission for…

_____ (name of child)
to have her/his photo taken, or to be videoed, as per the above conditions.

Signed _____ Date _____

Printed name _____

We record your child's learning on My Montessori Child online. And use individual and group photo to show as evidence.
I give permission for_____ to be in other children's photos on their My Montessori Child.

Please tick boxes if consent is given to use your child's photos on the following:

Photos on internal boards ☐ Photos on social media/Marketing ☐

Inhalers/auto-injectors (e.g. Epipens)

I give permission for a named member of staff who has been appropriately trained to administer the inhaler/Epipen or Anapen if required.

Signed_____Date_____

Printed name_____

Sharing Information with other Professionals

At times we may be required to share information with other Early Years professionals for example Two Year Old Checks with Health Visitors and Transitional documents with feeder schools. I give permission for staff to communicate and share information with other Early Years professionals.

Signed_____Date_____
_

Printed name_____

Animals

We may occasionally have supervised visits of animals to our setting. Or even have our own pets. A risk assessment will be carried out for visiting animals, and parents will be informed.

_____ (name of child)

Please state below any known allergies or aversion your child has to animals

Signed _____ Date _____

Printed name _____

Agreement of Terms and Conditions

I have been made aware of Eco Montessori Winchester - Policies and Procedures.

I have read and understood Eco Montessori Winchester Childcare and Early Education Terms and Conditions.
The information given on this form is accurate and correct, and I will notify you of any changes as they arise.

Parent name 1 _____

Signed _____ Date _____

Parent name 2 _____

Signed _____ Date _____

Signed on behalf of Eco Montessori Winchester (Manager)

Name _____

Signed _____ Date _____

Equalities Monitoring Form

Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.

White British	☐	Pakistani	☐
White Irish	☐	Indian	☐
White other	☐	Asian other	☐
Black British	☐	Chinese	☐
Black African	☐	Chinese other	☐
Black Caribbean	☐	White and Black Caribbean	☐
Black Other	☐	White and Black African	☐
Bangladeshi	☐	White and Black Asian	☐

Other please state _____

A child's learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need	☐
SEN action plan	☐
Education, Health and Care Plan	☐

Providers should refer to the SEND Code of Practice for the Early Years (2014) for an explanation of the terms above.

PARENTS AGREEMENT

Terms and Conditions

Please read this document carefully, before signing and returning the slip at the bottom.

The following document is a brief overview of some of our key policies. Our Policies and Procedures are subject to review and are available for you to look at and refer to at any time. By signing this document you agree to not only these terms, but all future versions. Please ask a member of staff for further details.

Health and Safety Policy

Eco Montessori Winchester puts the Health and Safety of the children first at all times. All possible efforts are made to ensure that the nursery is a safe and healthy learning and working environment. There are many ways that we try to do this, for example the staff have high standards of personal hygiene and practice, in particular hand washing, and maintaining a clean environment. Fire drills are held at regular intervals following the procedures posted on the notice boards. Members of staff have Paediatric First Aid training, and this is regularly updated. An Accident folder is kept in which details of accidents on nursery premises are recorded. We expect you, as parents, to notify us of any medical or other condition affecting your child and to provide us with emergency contact numbers. If necessary, we will provide you with an 'individual Health Care Plan'. We realise that all children have minor illnesses that do not prevent them from attending nursery but we do also realise that all children are vulnerable and can contract illnesses from each other. If your child is ill and you are unsure whether he/she should be brought to nursery or not please call or see our Health Protection Agency Posters for more information. Keeping in line with safeguarding requirements If your child is going to be absent from Nursery you must call/email us to let us know so we can make record of this

In signing this Agreement, you are consenting to your child receiving First Aid at nursery and/or to be treated by a doctor should an emergency arise. Every effort will be made to contact parents before such action is taken.

Eco Montessori Winchester and its representatives cannot be held liable for accidents arising outside the school premises during dropping off or collection time. Your child is handed over at the signing in sheet on entry/exit; it is therefore your responsibility to care for your child's safety from that point.

Medication Policy

Parents must notify staff if their child has been unwell at the weekend or in the night, and if they have been given any medicine prior to coming to nursery. Any child found to be unwell will be sent home. It is the responsibility of the parent/guardian to inform the setting of any changes to a child's health and/or of any known allergies.

Children must not be brought into the setting if they have any types of infection or illness, e.g. chicken pox, sickness, diarrhoea, conjunctivitis, head lice, etc. To minimise the risk of spreading infection, specific guidelines must be followed – please ask the setting management team for information regarding exclusion periods. Children must not be admitted to the setting within **48 hours after the last episode** of sickness or diarrhoea. Parents/Carers should notify the setting of any such cases.

Where a child has been prescribed medication for an infectious illness, we ask parents to keep them at home for 24 hours before returning to the setting. Children may then only receive prescribed medicines in the setting, administered by members of nursery staff. Details must be given and recorded in the Medicine Record log.
If it is an 'on-going' prescription medication such as an inhaler to control asthma, a 'Health Care Plan' should be completed by the child's Key Person, alongside parents.

Medicines are stored in their original containers, clearly labelled (prescription label) and inaccessible to children. Medicines are not administered unless a doctor has prescribed them for that child. The parent gives prior written permission to administer any medication *(this is a mandatory requirement). Written records are kept of all medicines administered to children and parents sign the record book to acknowledge the entry.

If the administration of prescription medicines requires technical/medical knowledge, then individual training is provided for staff from a qualified health professional. Training is specific to the individual child concerned.

We are unable to administer non-prescription medicine. An exception to this is that if a child has a temperature (above 38) Calpol can be administered (a permission form is included in the enrolment pack when a child starts). This permission must be given. Additionally, before it is administered parents must give verbal permission again over the phone and the child has to be collected as soon as possible. Parents must collect their child as soon as reasonably practicable if they have a temperature above 38. An ambulance will be called for a temperature above 40. Children who are Calpol reliant will not be able to attend nursery.

Safeguarding
At Eco Montessori Winchester, we are committed to promoting positive outcomes for all children. We are committed to building open and supportive professional relationships with our families. We follow the principle that everyone has a duty of care to keep the children safe and protect them from harm.

Eco Montessori Winchester recognises its legal and ethical duty to promote the well-being of all pupils, protect them from harm, and take appropriate action where we have concerns. We agree that we have a primary responsibility for the care, welfare and safety of the pupils in our charge, and we will carry out this duty through our teaching and learning and pastoral care.

Eco Montessori Winchester is committed to working in partnership with external agencies to support the welfare of the children in our care. We therefore liaise with and make referrals to appropriate agencies about children where there are safeguarding or child protection concerns.

We are committed to responding promptly and appropriately to all incidents, allegations or concerns which relate to the welfare of a child. If anyone has reason to consider that a child may be suffering, or may be at risk of suffering significant harm, they must always discuss such concerns to the Designated Safeguarding Lead, Jilly Pearce , who will refer the matter to Hantsdirect Children's Services Department on 08456035620. (Out of hours 0845 600 455). Advice may also be taken from MASH 0300 555 1384. If a child is at significant risk of harm, police will be informed by calling 999.

Equal Opportunities
Eco Montessori Winchester respects and actively promotes the right of all individuals to develop to their full potential irrespective of their ethnic origin, cultural background, religion, linguistic background, life experience or disability. Through our Equal Opportunities policy, we aim to value difference and diversity and benefit from them.

Eco Montessori Winchester is committed to providing equality of opportunity for all children and families and will take positive action to eliminate discrimination in all areas of their work. The nursery works in accordance with all relevant legislation, including

- Equalities Act (2006)
- Disability Discrimination Act 1995
- Race Relations Act 1976, Race Relations Act (Amendments, 2000)
- Sex Discrimination Act 1986
- Children Act 1989

- Protection of Children Act (1999)
- The Children Act (Every Child Matters) (2004)
- Data Protection Act (1998)
- Human Rights Act (1999)

Timing

It is the parent's responsibility to ensure that his or her child is on time for nursery.
For Children in receipt of the Early Years Nursery Grant, please ensure that you drop off or collect your child at the appropriate time.

Eco Montessori Winchester Nursery

Drop off Times	Pick Up Times
08.00	13.00
09.00	
13.00	16.00
	17.00
	18.00

Collection of your Child

The nursery requires an introduction to any third party, bringing or collecting their child to/from the nursery, e.g. visiting grandparents. We also require written notice of any change of person collecting a child. This applies to regular arrangements such as a new childminder or the one off occasion of a friend or neighbour coming to collect a child. Please ask the staff for a Permission Form. If an unexpected person arrives the child will not be released until permission has been obtained or the parent arrives.

Procedure for Parent/Carer Failing to Collect Child

Two members of staff (one must be trained to level 3 or above and have Paediatric First Aid training) will remain with the child at all times. Parents will be contacted using available telephone numbers. If contact is unsuccessful the specified third party will be contacted. If a person not known to us arrives to collect the child, the child will not be handed over until a parent can give us a password, if necessary by telephone. The person must produce a photo ID and the password.

This procedure applies even if the person is very well known to the child. The incident will be recorded.

The person collecting the child **MUST** be over 16 years of age.

If all above attempts fail and an hour passes Eco Montessori Winchester will contact the Local Safeguarding Children's Board.

Late Collection

To ensure that we comply with staffing ratios and our insurance policy we need parents to pick up their children promptly at the end of each nursery session. If a child remains uncollected, two members of staff (one must be trained to level 3 or above and have Paediatric First Aid training) will remain with the child at all times.
Please note that our 'late collection policy' states that '*A fee will be charged if parents are late in collecting their children. We will use our discretion for genuine reasons but for all other reasons late pick-ups will incur a fee of £1 per minute, with a minimum charge of £5.'*

The 'late collection fee' is so that Eco Montessori Winchester can pay the two staff members to stay with your child as per our procedure for Parent/Carer failing to collect the child.

In the event of an unavoidable delay we ask parents to contact the nursery as soon as possible.

Securing and Fees

In signing this Agreement parents are agreeing to pay a securing fee equivalent to four weeks nursery fees to secure a place for their child. This becomes payable when sessions are confirmed, and is refunded once one month's written notice is given. The notice period starts on the 1st of the month.

Invoices are issued on the 20th day of each month. Fees are due by the 1st of the month. If fees remain unpaid at the end of the calendar month an invoice for a late payment charge of £15 will be issued. Fees are also payable if there is any delay in taking up the place once the nursery sessions have been confirmed.

We understand that many families encounter financial difficulties at some stage. Please feel free to speak to the Nursery Manager to discuss alternative financial arrangements if this is the case.

In the case of a long-standing non-payment of the securing fee or nursery fees Eco Montessori Winchester reserves the right to refuse entry to the nursery.

The nursery is unable to refund fees for any cause of absence unless circumstances have prevented the nursery from being opened.

Should you wish to increase or decrease the number of sessions your child attends, one month's notice will be required in writing.

Notice
If a parent wishes to withdraw their child from the nursery, they must notify the nursery in writing at least one month in advance or forfeit the securing fee. Where one month's written notification is provided the securing fee will be refunded to you once all outstanding nursery fees have been paid.

Change of Sessions
If a parent wishes to increase/decrease their child's nursery sessions they must notify the nursery in writing at least one month in advance. Please liaise with the nursery manager/administrator for confirmation of change. However, if possible, we will take action sooner. We are unable to 'swap' sessions on an ad hoc basis.

Term Dates
The nursery's opening dates are issued to parents annually posted on the nursery notice board and are also detailed in the nursery's newsletters. These dates are fixed and it is at the parent's discretion to take their child out of nursery during nursery time.
Eco Montessori Winchester closes for 5 days a year over the Christmas Period as specified on the nursery school term dates. The monthly charge is worked out over the year; 51 weeks are charged and are divided into 12 equal payments.

Nursery Staff

In signing this Agreement parents agree not to approach the staff directly or indirectly for any contact details and private booking/employment. The Company asks for a nominal introduction fee for consensual full time or part time employment of a staff member, should this situation arise. The fee will be £1000.00 to release a member of staff.

Complaints Procedure
If you have any concerns about your child or the way the nursery is being run on a day to day basis, please speak to a senior member of the nursery staff or contact the Nursery Manager:

Emma Tibbs
Nursery Manager
Eco Montessori Winchester
St Johns Hall
St Johns Street
Winchester
Hampshire
S023 0HF

emma@ecomontessori.co.uk

If it is likely to take some time or be of a confidential nature, please make an appointment so that time can be allocated. Or if you feel it is serious and requires instant attention please call the nursery office: **Winchester 01962 855412**

If you are dissatisfied by the response of this initial complaint or your complaint is about a senior member of staff or the way the nursery is being run please put your complaint in writing to:

Susan Hartley-Raven
Director
Eco Montessori
St Johns Hall
St Johns Street
Winchester
Hampshire
S023 0HF

If you are still not satisfied or the complaint is of a very serious nature, then representation should be made to OFSTED. Contact details can be found on our notice board.

Please sign below, cut off and return this slip to the nursery. This slip will be kept in your child's file.

Updated Feb 2024

✂ _

To: Eco Montessori Winchester

I/We have understood the Parent's Agreement and agree to the conditions as stated.

Child's Name:	Date:
Print Name (Parent/guardian 1):	Signed:
Print Name (Parent/guardian 2):	Signed:

My

M

All About Me . .

(Insert a photo of your child here!)

I like to be called .....

I started Eco Montessori Winchester on.
.....

My Home Language is .....

My Pre-School experience is .....

Circle any that I have had experience with.

Childminder Speech Therapy Nursery

Home Portage Playgroup

My Family & Pets

My Family, who lives in my house & Special People to Me are
.....

Pretend Games I like ….

Games I like to play

Rhymes I like to sing ….

Things I like to do ….

Food I like ….

Friends I like to play with ….

Toys I like to play with ….

Stories I like to hear ….

Things I dislike

Any other information we need to know such as eating / sleeping routines

09 Childcare and early education practice procedures

09.2 Absence

We take steps to ensure that children are kept safe, that their wellbeing is promoted, and they do not miss out on their entitlements and opportunities. At the very least, good attendance promotes good outcomes for children. In a small minority of cases, good attendance may also lead to early identification of more serious concerns for a child or family.

There are several reasons why a child may be absent from a setting. In most cases it is reasonable to expect that parents/carers alert the setting as soon as possible, or in the case of appointments and holidays give adequate notice. Parents are advised that they should contact the setting within one hour of the time the child would have been expected to advise of their absence. Designated persons must also adhere to Local Safeguarding Partners (LSP) requirements, procedures and contact protocols for children who are absent or missing from childcare and early education.

- If a child who normally attends fails to arrive and no contact has been received from their parents, the designated person, takes immediate action to contact them to seek an explanation for the absence and be assured that the child is safe and well.
- Attempts to contact the child's parents or other named carers continue throughout the day on the first day of absence.
- If no contact is made with the parents and there is no means to verify the reason for the child's absence i.e. through a named contact on the child's registration form, this is recorded as an unexplained absence on the child's personal file and is followed up by the manager each day until contact is made.
- If contact has not been made within three working days, children's services will be contacted for advice about making a referral. Other relevant services maybe contacted as per LSP procedures.

- All absences are recorded in the absence book with the reason given for the absence, the expected duration and any follow up action taken or required with timescales.
- Absence records are retained for at least three years, or until the next Ofsted inspection following a cohort of children moving on to school.

If at any time further information comes to light that gives cause for concern, procedure 06.1 Responding to safeguarding or child protection concerns is immediately followed.

Safeguarding vulnerable children

- The designated person or key person attempts to contact the parents to establish why the child is absent. If contact is made and a valid reason given, the information is recorded in the child's file.
- Any relevant professionals involved with the child are informed, e.g. social worker/family support worker.
- If contact is made and the designated person is concerned that the child is at risk, the relevant professionals are contacted immediately. The events, conversation and follow-up actions are recorded. If contact cannot be made, the designated person contacts the relevant professionals and informs them of the situation.
- If the child has current involvement with social care, the social worker is notified on the day of the unexplained absence.
- If at any time information comes to light that gives cause for concern, 06 Safeguarding children, young people and vulnerable adults procedures are followed immediately.

Safeguarding

- If a child misses three consecutive sessions and it has not been possible to make contact, the designated person calls Social Care and makes a referral if advised.

- If there is any cause for concern i.e. the child has a child protection plan in place or there have been previous safeguarding and welfare concerns, the designated person attempts to contact the child's parent/carer immediately. If no contact is made, the child's absence is logged on 06.1b Safeguarding incident reporting form, and Social Care are contacted immediately, and safeguarding procedures are followed.

Poor/irregular attendance

Whilst attendance at an early years setting is not mandatory, regular poor attendance may be indicative of safeguarding and welfare concerns that should be followed up.

- In the first instance the setting manager should discuss a child's attendance with their parents to ascertain any potential barriers i.e. transport, working patterns etc and should work with the parent/s to offer support where possible.
- If poor attendance continues and strategies to support are not having an impact, the setting manager must review the situation and decide if a referral to a multi-agency team is appropriate.
- Where there are already safeguarding and welfare concerns about a child or a child protection plan is in place, poor/irregular attendance at the setting is reported to the Social Care worker without delay.

In the case of funded children the local authority may use their discretion, where absence is recurring or for extended periods, taking into account the reason for the absence and impact on the setting. The setting manager is aware of the local authority policy on reclaiming refunds when a child is absent from a setting**.**

All absences are evaluated every 6-8 weeks or sooner if concerns arise.

09 Childcare and early education practice procedures

09.3 Prime times – The role of the key person

'Each child must be assigned a key person' (EYFS 2023)

Babies and young children need to form a secure attachment to a key person when they join the setting to feel safe, happy, and eager to participate and learn.

The key person role

- A key person builds an on-going relationship with the child and his/her parents and is committed to that child's well-being while in the setting.
- Every child that attends is allocated a key person before they begin settling in - it is not the responsibility of the child to choose their own key person.
- Where possible a 'back up' key person is also identified for each child so that they can fulfil the role in the absence of the main key person, for example, during annual leave or sickness. Although we aim for ALL staff to be co key workers and know ALL the children in their rooms.
- The key person conducts the progress check at age two for their key children.
- The role is fully explained to parents on induction and the name of the child's key person and 'back up' key person is recorded on the child's registration form.
- The key person is central to settling a child into the setting. The setting manager and key person explain the need for a settling in process and agree a plan with the parents.
- Shift patterns and staff absence can affect a child who is just settling in; where possible, settling in should be matched to when the key person is on duty.
- The number of children for each key person takes into account the individual needs of children and the capacity of the key person to manage their cohort; it is also influenced by part-time places and part time staff. The setting manager should aim for consistency i.e. matching part-time staff to part-time children; full-time children should not be divided between key persons during the week.
- Photographs of key persons and their key groups are displayed clearly in the rooms
- The key person spends time daily with his or her key group to ensure their well-being.

Parents

- Key persons are the first point of contact for parents with regard to matters concerning their child and any concerns parents may have are addressed with the key person in the first instance.
- Key persons support parents in their role as the child's first and most enduring educators.
- The key person is responsible for the child's developmental records, completing the progress check at age two, and for sharing information about progress with the child's parents.

Learning and development

- The key person helps to ensure that every child's learning and care is tailored to meet their individual needs. This is achieved through regular observation and assessment of children, using information gathered about their achievements, interests and learning styles to plan for each individual child's learning and development.
- If a child's progress in any of the prime areas gives cause for concern, the key person must discuss this with the setting manager or SENCO and the child's parents.

Prime times

The key person role is explained further in the prime time procedures (09.4/6/7/8/10/14); the key person also maintains other responsibilities for key children including administering medication and signing accident records where possible.

Buddy key person

- The role of the buddy key person is to step in when the main key person is absent or unavailable to provide a stable and consistent care relationship for the child.
- The buddy key person is identified when the child starts but is not introduced to the child until an attachment is beginning to form with the key person.
- The buddy key person gradually forms a relationship with the child until the child is happy to be cared for by this person.
- The buddy key person shares information with parents in the key person's absence and makes notes in the child's records where appropriate.
- The buddy key person ensures information is shared with the key person.

Safeguarding children

- The key person has a responsibility towards their key children to report any concern about their development, welfare or child protection matter to the setting manager and to follow the procedures in this respect.
- Regular supervision with the setting manager provides further opportunities to discuss the progress and welfare of key children.
- The back-up key person has a duty likewise.

Further guidance

Being a Key Person in an Early Years Setting (Alliance Publication)

09 Childcare and early education practice procedures

09.4 Prime times – Settling in and transitions

To feel securely settled and ready to learn, children need to form attachments with the adults who care for them, primarily a key person, but others too. In this way they feel part of a community; they are able to contribute to that community and receive from it. Very young children, especially two- to three-year-olds, approach separation from their parents with anxieties, older children have

a more secure understanding of 'people permanence' and are able to approach new experiences with confidence; but also need time to adjust and feel secure. It is the entitlement of all children to be settled comfortably into a new environment.

We follow a three-stage model of settling in based on three key needs:

1. *Proximity* - Babies and young children feel safest when a familiar adult, such as a parent, is present when they are getting used to a new carer and new surroundings. In this way they can become confident in engaging with those experiences independently later on.
2. *Secure base* – Because the initial need for proximity of the parent has been met, babies and young children gradually begin to feel secure with a key person in a new surrounding so that they are able to participate independently for small periods of time.
3. *Dependency* – Babies and young children are able to separate from parents' and main carers when they have formed a secure attachment to their key person who knows and understands them best and on whom they can depend for their needs to be met.

The setting manager and key person explain the need for settling in and agree a plan with the parents. They write this down and both the key person and parents keep a copy. Each day they review the plan and agree what will happen the next day.

Settling-in for babies, children under two and those with SEND

- Start times for babies are staggered to allow sufficient one to one time with each child and parent.
- Babies should at least be at stage 2 of settling before the key person begins settling another child.

- Where a number of babies need to start – key persons can start settling one child in the morning and another in the afternoon. In their first week, children who are settling in will not stay all day.
- If a child has been identified as having SEND then the key person/SENCO and parents will need to identify and address potential barriers to settling in e.g. timings of medication and invasive procedures, specific routines and levels of support.

Promoting proximity

- For the first few days, the parent attends with the baby and does not leave for any time.
- One to two hours is sufficient for a baby and parent to attend on any one day initially.
- On the first day, the key person shows the parent around, introduces members of staff, and explains how the day is organised, making the parent and child feel welcome and comfortable.
- The key person always greets the parent and child. (Shift patterns may need to be adjusted when settling in.)
- The parent is invited to play with their child and the key person spends time with them. As much time as possible is allowed for the key person to do this.
- Over subsequent days, depending how the child is responding, the parent is invited to attend other significant times of the day, including lunch, sleep and afternoon play.
- At this time, the key person does not change or feed the baby but observes the parent's handling of the baby and how the baby responds.
- The key person will engage the baby in eye contact but not rush to handle or hold the baby if this causes them distress.
- The key person observes to see if the baby is recognising them, beginning to explore the environment (if able), noting what they seem to like and making sure it is available the next day.

Promoting secure base

- When the young child has experienced different times of the day, these are then fitted together to establish continuity of the day.
- The parent now attends with the baby for the whole morning including lunch time. During this time, the key person and parent establish how the baby is getting to know the key person. They note when the baby seems distressed and when the baby is happy and build on this.
- If the baby is responding to the situation with smiles and eagerness to be held, then the baby is ready for the parent to spend short periods of time away in another part of the building. If signs of distress are still apparent then the separation will be approached more slowly, starting with the parent staying in the room, but taking a 'back seat', while the key person spends time with the baby.
- When the parent leaves, they always say goodbye and say they are coming back. Parents should never slip away without the baby noticing; this leads to greater distress.
- Gradually, time out of the room is extended from 10 to 20 minutes, and then 30 minutes.
- When the baby can comfortably cope with 30 minutes, the key person and parent plan the next stage.
- Parents can be asked to bring in a recently worn tee shirt or scarf that smells of them. Babies will often settle if they can smell the familiar smell of the parent. Some parents may agree to send in a recording of a song that they sing to get their baby to sleep, especially if it is in their home language.

Promoting dependency

- Attachment can be seen when the baby shows signs that they are happy to transfer their need to be dependent onto the key person. Key persons look for signs such as the baby being pleased to see them, looking for them when distressed, holding out their arms to be held, establishing eye contact, responding to play, feeding and taking comfort from the key person.
- Parents can now leave their baby for longer, until the baby can cope with a longer day.

- After 4-6 weeks, the key person reviews the settling in plan with the parent and discusses how well the child has settled. They discuss problems that may have arisen and plan how they will be overcome. They plan for the next few weeks and set a time to review. As babies and toddlers grow and change so rapidly, meeting every 6 weeks is recommended.

Part-time babies and toddlers

- Part-time babies have the same needs when settling in as full-time babies. However, part-time attendance means that there may be gaps between times the baby is in one week to the next.
- During settling in the baby and parent attend every day, even on the days when they will not usually, until the baby is settled and comfortably attached to the key person. Then the normal pattern of attendance should commence.
- A settling in review takes place after 6 weeks for the key person and parent to discuss how well the baby has settled, formed an attachment and adapted to the setting. Any adverse changes of behaviour at home (or in the setting) are addressed as a sign of separation difficulty.

When babies do not seem to settle

- It is not good for babies to be in a setting when they are acutely distressed and anxious. A baby who is not securely attached and settled is overwhelmed with fear. They are unable to participate in any activity and do not learn. It is not in their immediate or long-term interest to attempt to prolong what is an agonising experience for them.
- A highly distressed baby will need 1:1 attention consistently; their distress will upset other babies and put stress on staff. If this is the case, the key person discusses with the manager or deputy.
- Attempts are made to reduce anxiety and distress through a planned approach with the parent.
- The 3 stages of settling-in are reviewed and the plan is pitched back at the appropriate stage.
- Particular triggers of distress are discussed to see what can be done to alleviate it.

- If all attempts have been made and the baby or toddler still cannot cope without the parent, then the place is offered only with the parent attending. In some cases it may be appropriate to withdraw the place and help the parent consider alternatives. For a child 'in need' this may need to be discussed with the social care worker, where one is allocated to the child, health visitor or referring agency.

When a parent is unable or refuses to take part in settling in

- Information about the 'settling in' plan is given at the first visit and the reasons are explained.
- If the parent feels that this will be difficult – perhaps another close relative can come in instead.
- Genuine difficulties need to be handled sensitively, but generally speaking this is not an issue where the parent has a choice not to attend with their child. A parent who refuses to take part in settling in may have the offer of the place withdrawn.

Prolonged absences

- If babies or toddlers are absent from the setting for any for periods of time beyond one or two weeks, their attachment to their key persons will have decreased and will need to be built up again.
- Parents are made aware of the need to 're-settle' their children and a plan is agreed.

Moving up from baby room to the main room

- One-year olds are not moved to the main room before their second birthday or before they can cope; they are given the opportunity to visit the main group as part of a normal day and participate in play and join in at mealtimes, becoming familiar with adults, children and the environment.
- When approaching their second birthday, and when a vacancy arises, a new key person is identified. The key person discusses the plan for the child moving up with the parents.
- The baby room key person and the parents agree how the child will be settled; ideally parents spend time with their child and new key person before the move takes place.

- The current key person will spend time with the child in the new group, liaising with the new key person and ensuring that the child is familiar with all the main times of the day.
- The child gradually spends more time with the new key person until they can cope in their new room.

Two-year-olds starting a setting for the first time

- A two-year-old may have little or no experience of group care. As part of gathering information from parents, it is important to find out about the child's experience of non-parental care, for example grandparents, or childminders; this informs staff as to how a child may respond to a new situation.
- The three-stage approach involving *Proximity, Secure Base* and *Dependency/Independence* is applied to two-year-olds as to younger children.
- After the induction meeting with the setting manager or deputy and key person, a settling-in plan is drawn up. Where possible, a home visit is carried out for the same purpose.
- To settle in a two-year-old, the setting will go through the same process of gradually increasing the time a child attends with a parent/carer during the proximity stage.
- On the first day, the parent attends with the child, and stays for the morning (less if the child becomes tired). On day two, the parent stays longer and on day three stays until, and including lunch
- It is evident that the child is developing a sense of secure base when he or she shows interest in activities and begins to engage with the key person and other children. Then the parent/ carer may gradually start to spend short periods of time in another room to see how the child responds, this time increases until the child can manage a whole session without the parent.
- Separation causes anxiety in two-year-olds, as they have no concept of where their parents have gone. Parents should always say goodbye and tell them when they will return. Patience

with the process will ensure children are happy and eager to come to play and be cared for in the setting.

Three- and four-year-olds

- Most children of this age can move through the stages more quickly and confidently.
- Some children take longer, and their needs for proximity and secure base stages should be accommodated as much as possible.
- Some children appear to leap to dependency/independence within a couple of days. In most cases, they will revert to the need for proximity and a secure base. It can be difficult to progress to true dependency/independence and this can be frustrating.
- After the parent attends an induction meeting with the setting manager or deputy and key person, (or in some circumstances a home visit), a settling-in plan is drawn up.
- On the first day, the parent attends with the child and stays for the morning (less if the child becomes tired), on day two, longer and the next day stays until and including lunch (if full day care).
- If the child shows interest in the activities and is beginning to engage with the key person and other children, the parent spends time in the parent room (if available) to see how the child responds.
- Parents are encouraged to explain to their child where they are going, and that they will return.
- If by the fifth day, the child is able to spend more time without the parent, the child may be ready for a short day or session the following week, progressing to a full day or session very soon.

For children whose first language is not English

- For many children learning English as an additional language, the stage of proximity takes longer as the child is dependent upon the parents' input to make sense of what is going on.

- If the parent does not speak English, efforts are made to source an interpreter for induction; it will be helpful for them to see around the setting and be clear about their role in interpreting in the play area.
- The settling-in programme is explained to the parent, and it is emphasised how important it is that they stay with the child and talk to him/her in the home language to be able to explain things.
- Through the interpreter, the key person will try to gauge the child's level of skills in their home language; this will give the key person an idea of the child's interests and levels of understanding.
- The need for the parent to converse in the child's home language is important.
- The key person makes the parent feel welcome using smiles and gestures.
- With the parent, make a list of key words in the child's home language; sometimes it is useful to write the word as you would pronounce it. These words will be used with the child and parents will be addressed with 'hello' and 'goodbye' in their language.
- The key person prepares for the child's visits by having a favourite toy or activity ready for the child to provide a means to interact with the child.
- Children will be spoken to as per any other child, using gestures and facial expressions to help.
- When the child feels happy to spend time with the key person (secure base), the parent should spend time outside of the room.
- Progress with settling in will be done as with any other child; it just takes a little longer to reach dependency/independence.

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09.5 Establishing children's starting points

When children start at the setting they arrive at different levels of learning and development. In order to help them to settle and make rapid progress it is important that they are provided with care and learning opportunities that are suited to their needs, interests and abilities. This means establishing and understanding their starting points and whether there are any obstacles to their learning, so that teaching can be tailored to the 'unique child'.

- The aim of establishing a child's starting points is to ensure that the most appropriate care and learning is provided from the outset.
- Starting points are established by gathering information from the first contact with the child's parents at induction and during the 'settling in' period. Staff do not 'wait and see' how the child is settling before they begin to gather information.
- The key person is responsible for establishing their key children's starting points by gathering information in the following ways:
  - observation of the child during settling in visits
  - discussion with the child's parents
  - building on information that has been gathered during registration by referring to the registration form and the `All About Me`

The information gathered is recorded within two weeks of the child's official start date and sooner where possible.

- The key person must make a 'best fit' judgement about the age range the child is working in, referring to Birth to Five Matters.
- The key person should complete details by indicating where they have gathered their evidence from, using more than one source where possible i.e. parent comment and observation during settling in.

  If the initial assessment raises any concerns that extra support may be required procedure 09.13 Identification, assessment and support for children with SEND is followed.

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09.6 Prime times – arrivals and departures

Prime times of the day make the very best of routine opportunities to promote 'tuning-in' to the child emotionally and to create opportunities for learning. Arrivals and departures are key times in the day when children need support from their carer to make the transition smooth and happy; these times of day also pose a certain level of risk as parents and carers come and go. All staff are aware of the potential risks and take measures to minimise them.

Arrivals

- Whenever possible the key person or back up key person always greets young children. This ensures that young children are received into the setting by a familiar and trusted adult.
- The key person who greets the child marks their presence and time of arrival in the register.

- If a child who is expected fails to arrive, this is recorded on the register and the setting manager is immediately notified so that they can contact the child's parents to find out why the child is absent following procedure 09.2 Absence.
- The key person greets the parents and takes time to hear information the parents need to share. They inform the parents of aspects of the day, such as if there is an agency member of staff or flexible worker in, which members of staff will be around later when parents collect their child, any planned outings, or special planned event. Any consent forms are signed.
- The key person receives the child physically and tunes in to how he or she is feeling and prepares to meet his/her needs.
- Parents should spend a few minutes with their child and key person before leaving. Many parents will be in a hurry, but this can have an unsettling effect.
- Always ensure that the parents say goodbye to their child and say when they are coming back, such as 'after tea', rather than just 'later'.
- If the member of staff receiving the child is not the key person, the member of staff will hand over the information shared by the parents to the key person when they arrive.

Injuries noted on arrival

- If a child is noted to have visible injuries when they arrive at the setting procedure 6.1 is followed.

Changing shifts and handing over information

- When the key person leaves or goes on a break, they handover the care of the child to a 'back-up' key person.
- If someone other than the key person receives the child, he/she will share any information from the parent and write a note for the key person. Confidential information should be shared with the setting manager to pass on.

- The key person shares information with the back-up key person, in this way they ensure that all information is passed on to the parent in the key person's absence.

Departures

- Children are prepared for home, with clean faces, hands and clothes if required.
- The key person always aims to greet parents when they arrive, ensuring that the person who has arrived to collect the child is named on the signing in/out form. They hand over the child personally and enter the time of departure in the register.
- Only persons aged over 16 years should normally collect children. If a parent has no alternative, then this is agreed with the setting manager and a risk assessment completed and signed by the parent. In all cases the setting manager will ask the parents to ensure that in future alternative arrangements are made. If the parent is under 16 years of age a risk assessment will be completed. No child will be collected by anyone who has not reached 14 years of age. The risk assessment should take account of factors such as age/vulnerability of child, journey travelled, arrangements upon leaving the setting to go home/elsewhere.
- Educators verbally exchange information with parents.
- If someone other than the key person is with the child at the end of the day, the key person should pass general information to the other staff or write a note for the parents. Confidential information should be shared with the setting manager to pass on.

Maintaining children's safety and security

Arrivals and departures pose a particular threat to the safety and security of the children, particularly when parents arrive at the same time or when in shared premises. To minimise the risk of a child leaving the building unnoticed, the setting manager conducts a risk assessment that identifies potential risks and the measures put in place to minimise them, such as staff busy talking to individual parents or doors left ajar. The risk assessment is shared with their line manager and is updated as and when required. View procedure 01.1 Risk assessment and 01.1a Generic risk assessment form for further guidance.

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09.7 Prime times – Baby and toddler mealtimes

Feeding and mealtimes are key times in the day for being close and to promote security, as well as for exploration and learning. We understand the importance of a healthy balanced diet for young children.

Bottle fed babies

- Babies' hands are washed prior to being given their bottle.
- Babies are fed by their key person or back-up key person if they are not in.
- Bottles are warmed and ready in time; babies should not be left hungry and crying while bottles are being prepared.
- The key person sits in a comfortable chair, or on cushions to feed the baby; the key person needs to be relaxed and calm.
- Babies should be held close so that eye contact can be made. Key persons are responsive to their communication gestures during feeding, talking quietly to them, stroking or holding their hands.

- Babies are winded after feeding, nappies are changed and the baby is settled to sleep or play.
- Other key children may want to be close to their carer when a baby is being fed. This may allay any anxiety or feelings of jealousy, especially for toddlers.
- Planning for feeding times should be done to try to avoid overlap so that one-to-one attention can be given. If this cannot be avoided the feeding times should be arranged so that the key person can comfortably be with both babies at the same time. Unless in extreme circumstances, feeding should not be regarded as a shared task; unfamiliar carers should not take over feeding times just to 'get it done'.
- Babies will want to hold their own bottles, but they are never left propped up with a bottle to feed themselves.

Toddler mealtimes

- For the most part, older babies and toddlers who are feeding themselves have their meals in their space, with their key group and key person.
- Staff who are eating with the children must role-model hygiene, healthy eating and best practice at all times, for example not drinking cans of fizzy drinks in front of the children.
- Food is brought to their room in serving dishes on a trolley.
- Staff arrange the table before toddlers sit down; there should be no waiting time.
- Babies' and toddlers' hands are wiped/washed clean before their meal.
- Key persons serve their children; they ask their children what they want; they do not put food on plates if the toddler indicates that they do not want it. Toddlers can get very upset if their detested food is put in front of them; they do not understand 'try a little bit' in the way an older child does.
- Babies and toddlers are not discouraged from eating with their fingers; this exploration of their food with their hands is the beginning of self-feeding. When they have finished, they may wish to 'play' further with any remaining food. It is fine for them to get a bit messy; they, and their table can be cleaned afterwards.

- Babies and toddlers are given time to eat at their own pace and are not hurried to fit in with adults' tasks and breaks.
- Mealtimes are relaxed opportunities for social interaction of babies and toddlers with their group and the adults who care for them. It is a time of sensory learning and learning skills, as well as for the fundamental satisfaction of being fed.
- In order to protect children with food allergies or specific dietary requirements, children are discouraged from sharing and swopping their food with one another.
- While toddlers are mainly fed in their rooms, opportunities should be open for older children to be invited into their room for lunch, especially siblings, or children who have just moved up into the older group. There should also be opportunities for babies and toddlers to join the older children for, providing they do not find this unsettling or distressing.
- Information for parents is displayed on the parent's notice board, including:
  - ***Ten Steps for Healthy Toddlers*** ***https://infantandtoddlerforum.org/media/upload/pdf-downloads/HR_toddler_booklet_green.pdf***
  - ***Daily menus including identification of any foods containing allergens***

09 Early years practice procedures

09.8 Prime times – Snack-times and mealtimes (older children)

Children are supervised during mealtimes and always remain within sight and hearing of staff.

Snack times

- A 'snack' is prepared mid-morning and mid-afternoon and can be organised according to the discretion of the setting manager e.g. picnic on a blanket.
- Children may also take turns to help set the table. Small, lidded plastic jugs are provided with choice of milk or water.
- Children wash their hands before and after snack-time.

- Children are only offered full-fat milk until they are at least two years old because they may not get the calories they need from semi-skimmed milk. After the age of two, children can gradually move to semi-skimmed milk as a main drink, as long as they are eating a varied and balanced diet.
- Fruit or raw vegetables, such as carrot or tomato, are offered in batons, which children should be encouraged to help in preparing. Bananas and other foods are not cut as rounds, but are sliced to minimise a choking hazard.
- Portion sizes are gauged as appropriate to the age of the child.
- Biscuits should not be offered, but toast, rice cakes or oatcakes are good alternatives.
- Children arrive as they want refreshment and leave when they have had enough. Children are not made to leave their play if they do not want to have a snack.
- Staff join in conversation and encourage children's independence by allowing them to pour drinks, butter toast, cut fruit etc.

Mealtimes

- Tables are never overcrowded during mealtimes. Some social distancing is encouraged even though it is acknowledged that children will play in close proximity for the rest of the session.
- Children help staff set tables which are arranged for key person groups.
- Cloths are used where practical and children's places are personalised with, for example, mats that they make for themselves and have laminated.
- Their food is brought to their room in serving dishes for each table on a trolley. Dishes are not kept in a food warmer or oven so will not be too hot to touch.
- Children wash their hands and sit down as food is ready to be served.
- Children are encouraged to choose what they want and to take their own helpings.

- Staff have their lunch with children and do not eat different food in front of children. Staff who are eating with the children role-model healthy eating and best practice at all times, for example not drinking cans of fizzy drinks in front of the children.
- Children are given time to eat at their own pace and are not hurried to fit in with adults' tasks and breaks. They are not made to eat what they do not like and are only encouraged to try new foods slowly.
- In order to protect children with food allergies or specific dietary requirements, children are discouraged from sharing and swopping their food with one another.
- If children do not eat their main course, they are not denied pudding. Food is not used as a reward or punishment.
- Mealtimes are relaxed opportunities for social interaction between children and the adults who care for them.
- There are sometimes opportunities for children to eat with friends on other tables. Children may be invited to the babies' room for lunch, to join a sibling or be with their previous carer if they have just moved up into the older group. There should also be opportunities for babies and toddlers to join the older children for lunch, providing they do not find this unsettling or distressing.
- After lunch children are encouraged to scrape their plates and help wipe the table and sweep the floor.
- Children go to the bathroom and wash their hands after lunch in their key groups. Cleaning teeth no sooner than 1 hour after lunch is recommended where hygiene procedures pose no risk (see procedure 04.6 Oral health)/ It is not always recommended for groups in shared premises.
- Information for parents is displayed on the parent's notice board, including:
  - Ten Steps for Healthy Toddlers https://infantandtoddlerforum.org/media/upload/pdf-downloads/HR_toddler_booklet_green.pdf

- Daily menus including identification of any foods containing allergens

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09.9 Prime times – Intimate care and nappy changing

Prime times of the day make the very best of routine opportunities to promote 'tuning-in' to the child emotionally and to create opportunities for learning. Nappy changing times are key times in the day for being close and promoting security as well as for communication, exploration and learning.

Babies

- Babies/young children are usually changed within sight or hearing of other staff whilst maintaining their dignity and privacy at all times. Where the layout of the setting makes this difficult to achieve, the setting manager completes a risk assessment to ensure that alternative arrangements are in place
- Key persons have a list of personalised changing or checking times for the babies and toddlers in their care.
- Key persons undertake changing babies in their key groups wherever possible; back up key persons change them if the key person is absent.
- Nappy changing areas are warm; there are no bright lights shining down in babies' eyes.
- There are mobiles or other objects of interest to take the baby's attention.

- Each baby has their own basket to hand, containing their nappies and changing wipes; there may also be a special toy for the baby to play with.
- Members of staff put on aprons before changing starts and the area is prepared, gloves are always worn.
- All members of staff are familiar with the hygiene procedures and carry these out when changing nappies.
- Key persons ensure that nappy changing is relaxed and a happy time for babies.
- Key persons never turn their back on a child or leave them unattended on a changing mat.
- Key persons are gentle when changing; they allow time for communicating with the baby, talking, and responding to the baby's sounds. They allow time for play and 'rituals' that the baby enjoys, such as gently tickling tummies or toes.
- Key persons avoid pulling faces and making negative comments about the nappy contents.
- Key persons do not make inappropriate comments about babies' genitals, nor attempt to pull back a baby boy's foreskin to clean unless there is a genuine need to do so for hygiene purposes.

Nappy changing records.

- Key persons record when they changed the baby and whether the baby passed a stool and if there was anything unusual about it e.g. hard and shiny, soft and runny or an unusual colour.
- If the baby does not pass a stool, or if he/she strains to do so, or is passing hard or shiny stools, the parents will be informed. The baby may be constipated so their feed may need to be adjusted. Constipation in babies is not 'normal' and every effort is made with the parent to help them adjust the diet until soft, formed stools are passed.
- A stool that is an unusual colour can usually be related to the food that was eaten, so it is important that this is noted. However, a stool that is black, green or very white indicates a problem, and the child should be taken to the doctor.

- Very soft, watery stools are signs of diarrhoea; strict hygiene needs to be carried out in cleaning the changing area to prevent spread of infection. The parent should be called immediately to collect their child, who must be taken to the doctor. The baby must have passed at least 2 formed stools before returning. And it must have been over the 48 hours exclusion period.
- Sometimes a baby may have a sore bottom. This may have happened at home as a result of poor care; or the baby may have eaten something that, when passed, created some soreness. The baby also may be allergic to a product being used. This must be noted and discussed with the parent and a plan devised and agreed to help heal the soreness. This may include use of nappy cream or leaving the baby without a nappy in some circumstances. If a medicated nappy cream such as Sudocrem is used, this must be recorded as per procedure 04.2 Administration of medicine.
- Nappies are checked regularly and changed within a maximum of a three hour time slot. No child is left unchanged over three hours. Every Nappy change is documented onto a nappy chart held in the room.

Young children, intimate care and toileting

- Wherever possible, key persons undertake changing young children in their key groups; back-up key persons change them if the key person is absent.
- Young children from two years old may be put into 'pull ups' as soon as they are comfortable with this and if parents agree.
- Changing areas are warm, appropriately sited and there are safe areas to lay young children if they need to have their bottoms cleaned. There are objects of interest to take the child's attention and the adults talk and sing with the children.
- If children refuse to lie down for nappy change, they can be changed whilst standing up, providing it is still possible to clean them effectively.

- Each young child has his/her own basket to hand with their nappies/pull ups and changing wipes.
- Key persons ensure that nappy changing is relaxed and a time to promote independence in young children.
- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- They are encouraged to wash their hands and have soap and paper towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Anti-bacterial hand wash liquid or soap should not be used by young children, as they are no more effective than ordinary soap and water.
- Key persons are gentle when changing and avoid pulling faces and making negative comments about the nappy contents.
- Wipes or cotton wool and water are used to clean the child. Where cultural practices involve children being washed and dried with towels, staff aim to make reasonable adjustments to achieve the desired results in consultation with the child's parents. Where this is not possible it is explained to parents the reasons why. The use of wipes or cotton wool and water achieves the same outcome whilst reducing the risk of cross infection from items such as towels that are not 'single use' or disposable.
- Key persons do not make inappropriate comments about young children's genitals when changing their nappies.
- The procedure for dealing with sore bottoms is the same as that for babies.
- Older children use the toilet when needed and are encouraged to be independent.
- Members of staff do not wipe older children's bottoms unless there is a need, or unless the child has asked.
- Key persons are responsible for changing where possible. Back-up key persons take over in the key person's absence, but where it is unavoidable that other members of staff are brought in,

they must be briefed as to their responsibilities towards designated children, so that no child is inadvertently overlooked and that all children's needs continue to be met.

- Parents are encouraged to provide enough changes of clothes for 'accidents' when children are potty training.
- If spare clothes are kept by the setting, they are 'gender neutral' i.e. neutral colours, and are clean, in good condition and are in a range of appropriate sizes.
- If young children are left in wet or soiled nappies/pull-ups in the setting, this may constitute neglect and will be a disciplinary matter.

Nappy changing is always done in an appropriate/designated area. Children are not changed in play areas or next to snack tables. If there are limitations for nappy change areas due to the lay-out of the room or space available this is discussed with the setting manager's line manager so that an appropriate site can be agreed that maintains the dignity of the child and good hygiene practice.

09 Early Years Practice Procedures

09.10 Prime times – Sleep and rest time

Sleep and rest times are key times in the day for being close and promoting security. Younger children will need to sleep but older children do not usually need to. **No child is made to sleep**.

Babies under one year

- Babies have a designated place to sleep and personalised bedding. This consists of a sleep bag or a cotton blanket. **Pillows are not used.**
- Babies have their own place to put their clothes in as well as any special toy or comforter that they need for sleep.
- Babies are prepared by their key person when possible. Nappies are changed and heavier clothing removed.

- Babies are soothed to sleep by their key person or buddy. If they are distressed, their key person or buddy comforts them. Key persons very gently stroke or pat babies. They will follow the child's individual sleep routine.
- The sleep area is made quiet, perhaps with soft music playing and curtains drawn.
- Babies are placed on their backs to sleep.
- Sleeping babies are supervised at all times, a team member must stay in the room and be visible at all times, if it is not possible for a team member to be in the room and visible they must position themselves in a doorway and ensure that they can be seen. Sleeping babies are checked in approximately 10 minute intervals. This is recorded onto the sleep chart with the time checked and the initials of the person responsible for checking.

Children over 2yrs old

- Children sleep on rest mats and have their own personalised bedding.
- Children have a suitable place or basket to store clothes, shoes and a special toy, book or comforter for sleep. This is labelled with a photo so they can identify their bag or basket.
- Nappies changed and heavier clothing removed.
- Hair accessories that may come loose or detach are removed before sleep/rest time.
- A separate area is made quiet, perhaps with soft music playing and curtains drawn if safe to do so.
- Children are settled by their key person or buddy when possible and made comforted to sleep. Key person or buddy may gently stroke or pat children. Key person will follow the child's individual sleep routine.
- If children fall asleep in-situ it may be necessary to move or wake them to make sure they are comfortable, unless in certain circumstances they are not left to sleep in a buggy or bouncy chair.
- Sleeping children are supervised at all times, a team member must stay in the room and be visible at all times, if it is not possible for a team member to be in the room and visible they must position themselves in a doorway and ensure that they can be seen. Sleeping children

are checked in approximately 10 minute intervals. This is recorded onto the sleep chart with the time checked and the initials of the person responsible for checking.

Young children

- Young children sleep on rest mats and have their own personalised bedding.
- Young children each have a place to put their clothes and shoes in, and in which they keep any special toy, book, or comforter that they need for sleep.
- Nappies are changed and heavier clothing is removed.
- Hair accessories with parts that may come loose or detached and pose a choking hazard are removed before sleep/rest time.
- A separate area of the room is made as quiet as possible, perhaps with some soft music playing and curtains drawn when safe to do so
- Young children are settled by their key person or buddy when possible. They are soothed to sleep. Key persons or buddies may stroke or very gently pat children and the child's individual sleep routine is followed.
- Sleeping children are supervised at all times, a team member must stay in the room and be visible at all times, if it is not possible for a team member to be in the room and visible they must position themselves in a doorway and ensure that they can be seen.Sleeping children are checked in approximately 10 minute intervals. This is recorded onto the sleep chart with the time checked and the initials of the person responsible for checking

Further guidance

Safer Sleep for Babies (Lullaby Trust) www.lullabytrust.org.uk/safer-sleep-advice

09 Early years practice procedures

09.11 Managing separation anxiety in children under 2 years old

Separation anxiety occurs when babies and toddlers do not feel securely attached to their key person. Taking steps to reduce anxiety and promote attachment is a priority task for the key person in partnership with the parent.

- Separation anxiety can be identified when signals are clearly understood by members of staff.
- Distress in children produces high levels of corticosteroids (neurochemicals) which hinder brain functioning. It is detrimental for babies to experience prolonged distress. Signals include:
  - crying inconsolably for extended periods; causing coughing or difficulty to breath or vomiting
  - holding breath
  - head banging or rocking
  - ambivalent feelings towards the key person, i.e. wanting to be picked up then struggling free
  - frantic movement or lashing out with arms and legs
  - biting, tantrums and snatching from others.
  - jealousy shown towards other children in the key group

- refusing food or drink or showing signs of digestive problems
- temporary interest in toys or others, then crying again.
- prolonged periods of sleep
- switching off, staring blankly
- anxiousness about who is coming in and out of a room, standing by the door for long periods
- being held, but not responding or smiling
- crying when the parent collects or cheering up and eager when parent collects

- A picture of evidence builds up which may suggest that the baby/toddler is experiencing separation anxiety. This needs to be discussed with the parent and a plan made to help the child settle.
- The parent and key person discuss the reasons that the separation anxiety has developed or been made worse. It could be due to:
  - hurried settling-in due to pressures on parents
  - inadequate settling in due to the key person being absent or the baby not being brought in each day to complete the settling-in plan
  - the key person's absence during settling in period
  - changes of staff
  - part time attendance not allowing sufficient continuity for the baby to become familiar with the surroundings and to make an attachment to the key person
  - change of key person in the setting
  - changes at home – stress events in the family
  - baby's illness
  - family having been away on holiday

- previous distressing experiences with another setting

- The goal of any plan is to ensure the child is secure through forming an attachment with the key person.
- The settling in process is reviewed; if any aspect has been missed, this needs to be re-planned. This may include the need for the parent to stay or find a close relative or friend whom the child feels safe with if the parent cannot be there.
- A baby who will be attending on a part-time basis will need to come in daily until he/she is familiar and beginning to settle.

09 Early years practice procedures

09.12 Promoting positive behaviour

Positive behaviour is located within the context of the development of children's personal, social and emotional skills and well-being. A key person who understands children's needs, their levels of development, personal characteristics, and specific circumstances, supports this development. This ensures children's individual needs are understood and supported. Settling into a new environment is an emotional transition for young children especially as they learn to develop and master complex skills needed to communicate, negotiate and socialise with their peers. Skills such as turn taking and sharing often instigate minor conflicts between children as they struggle to deal with powerful emotions and feelings. During minor disputes, key persons help children to reflect and regulate their actions and, in most instances, children learn how to resolve minor disputes themselves. However, some incidents are influenced by factors, requiring a strategic approach especially if the behaviour causes harm or distress to the child or others. These situations are managed by the SENCO/key person using a stepped approach which aims to resolve the issue and/or avoid the behaviour escalating and causing further harm.

This is an unsettling time for young children. Educators are alert to the emotional well-being of children who may be affected by the disruption to their normal routine. Where a child's behaviour

gives cause for concern, educators take into consideration the many factors that may be affecting them. This is done in partnership with the child's parents/carers and the principles of this procedure are adhered to

The setting manager/SENCO will:

- ensure that all new staff attend training on behaviour management such as *Understanding and Addressing Behaviour in the Early Years* (EduCare)
- help staff to implement procedure 09.12 Promoting positive behaviour in their everyday practice
- advise staff on how to address behaviour issues and how to access expert advice if needed

Rewards and sanctions

Children need consistent messages, clear boundaries and guidance to intrinsically manage their behaviour through self-reflection and control.

Rewards such as excessive praise and stickers may provide immediate results for the adult but do not teach a child how to act when a 'prize' is not being given or provide the skills to manage situations and emotions themselves. Instead, a child is taught to be 'compliant' and respond to meet adult expectations to obtain a reward (or for fear of a sanction). If used the type of rewards and their functions must be carefully considered.

Children are never labelled, criticised, humiliated, punished, shouted at or isolated by removing them from the group to be left in 'time out' or on a 'naughty chair'. If a child is distressed or causing harm to others, it may help to remove them from the immediate environment where the incident occurred. They should be taken to a quiet area by their key person for up to 5 minutes to help them calm down. If appropriate, the key person can use this time to help the child reflect on what has happened. Physical punishment of any kind is never used or threatened which could adversely affect a child's well-being. If staff become aware that another person has given corporal punishment to a child, they follow 06 Safeguarding children, young people and vulnerable adults

procedures. Physical intervention to safeguard a child/children must be carried out as per the guidance in this procedure.

Step 1

- The setting manager, SENCo and other relevant staff members are knowledgeable with, and apply the procedure 09.12 Promoting positive behaviour.
- Unwanted behaviours are addressed using an agreed and consistently applied approach to de escalate situations
- Behaviours that result in concern for the child and/or others must be discussed by the key person, SENCo/setting manager. During the meeting the key person must use their all-round knowledge of the child and family to share any known influencing factors such as a new baby in the family, child and/or parental illness, underlying additional needs to help place the child's behaviour into context.
- Appropriate adjustments to practice must be agreed within the setting. If relevant, a risk assessment should be carried out.
- If the adjustments are successful and the unwanted behaviour does not reoccur or cause concern then normal monitoring can resume.

Step 2

- If the behaviour remains a concern, then the key person and SENCo must **li**aise with the parents to try to discover possible reasons for the behaviour and to agree next steps. If relevant and appropriate the views of the child must be sought and considered to help identify a cause.
- If a cause for the behaviour is not known or only occurs whilst in the setting, then the setting manager/SENCo must suggest using a focused intervention approach to identifying a trigger for the behaviour such as the ABC approach, i.e. Antecedents – what happened before; Behaviour – what was the behaviour observed; Consequences – what happened after the event.

- If a trigger is identified, then the SENCo and key person must meet with the parents to plan support for the child through a graduated approach via SEN support.
- Aggressive behaviour by children towards other children will result in a staff member intervening immediately to stop the behaviour and prevent escalation using the agreed initial intervention approach. If the behaviour has been significant or may have a detrimental effect on the child, the parents of the victim of the behaviour and the parents of the perpetrator must be informed. If the setting has applied a physical intervention, they must follow the guidance as set out below. The designated person completes 6.1b Safeguarding incident reporting form and contact Ofsted if appropriate. A record of discussions is recorded and parents are asked to sign.
- Parents must also be asked to sign risk assessments where the risk assessment relates to managing the behaviour of a specific child.
- If relevant, actions for dealing with the behaviour at home are agreed with parents and incorporated into the action plan. Other staff are informed of the agreed interventions and help implement the actions. The plan must be monitored and reviewed regularly by the key person/SENCo until improvement is noticed.
- Incidents and intervention relating to unwanted/challenging behaviour by children must be clearly and appropriately logged on 09.13b SEN Support - Action plan.

Step 3

If despite applying initial intervention to deescalate situations and focused interventions to identify triggers the child's behaviour continues to occur and/or is of significant concern, the SENCo and key person invite the parents to a meeting to discuss external referral and next steps for supporting the child. It may be agreed that the setting request support from the Early Help team and/or other specialist services such as the Area SENCo. This will help address most developmental or welfare concerns. If the behaviour is part of other welfare concerns that include a concern that the child may be suffering or likely to suffer significant harm, safeguarding

procedures 06 Safeguarding children, young people and vulnerable adults procedures must be followed immediately.

- Advice provided by external agencies is incorporated in 09.13b SEN Support: Action Plan and regular multi-disciplinary meetings held to review the child's progress.
- If a review determines a statutory assessment may be needed then all relevant documentation must be collected in preparation for an Education Health and Care Assessment which may lead onto an Education, Health and Care Plan.

Use of physical intervention

Staff will already use different elements of physical contact with a child as part of their interaction in the setting especially when they are comforting a child or giving first aid. However, physical intervention to keep a child or other children safe is different and should only be applied in exceptional circumstances.

The EYFS states that it physical intervention from a staff member towards a child may be used for the purposes of "averting immediate danger of personal injury to any person (including the child) or to manage a child's behaviour if it is absolutely necessary".

Staff must do all they can to avoid using a physical intervention because this is not the preferred way of addressing children's behaviour.

To offer protection to children a range of appropriate graded interventions may be needed before physical intervention is applied. Most single incidents such as a child throwing a book on the floor or kicking a chair usually only require a verbal intervention from a member of staff. In other situations, an intervention can be applied through mechanical and environmental means such as locking doors and stair gates. This usually stops a situation escalating. However, there will be some situations where a child places themselves or others in danger which requires an immediate need for the use of both verbal and physical intervention. If a single or persistent incident requires a physical intervention such as physical handling from a staff member towards a child, then this is used intentionally to restrict a child's movement against their will. In most cases this

can be applied through the use of the adult's body gently and safely blocking the child from access to danger or to prevent danger.

To physically intervene, an educator may use "reasonable force" to protect a child from injuring themselves or others. Legally an educator may also use reasonable force to prevent a child from damaging property. However, we would expect that in instances of damaging physical property a child would only experience a physical intervention if the broken property presented a risk or is high value.

If a situation arises which requires urgent physical hands-on intervention this is best applied by the staff who knows the child well such as their key person who is more able to calm them or use other known methods for defusing situations without physical intervention.

Physical handling

We use the principle of applying reasonable minimal force and handling in proportion to the situation. Staff use as little force as necessary to maintain safety. This intervention should only be used for as short a period as possible to keep the child safe and maintain well-being by aiming for:

- keeping the child's safety and well-being paramount
- a calm, gentle but firm approach and application of the intervention
- never restricting the child's ability to breathe
- side-by-side contact with the child
- no gap between theirs or the child's body
- keeping the adults back as straight as possible
- avoiding close head-to-head positioning to avoid injury to the child and themselves (head butting)
- only holding the child by their 'long' bones to avoid grasping at the child's joints where pain and damage are most likely to occur
- avoiding lifting the child unless necessary

- reassuring the child and talking about what has happened
- only applying a physical intervention on a disabled child if training or preferred method is provided from a reputable external source e.g. British Institute of Learning Disabilities www.bild.org.uk/

Risks

There are risks associated with any physical intervention and handling of a child. The younger and more vulnerable a child may be, the greater risk to the child of using physical intervention towards them. However, there are also risks to children associated with not intervening physically; for instance, if an educator did not take hold of a child by the wrist, they may have run into the path of a fast-moving car.

Before intervening physically to protect a child from immediate harm an educator needs to decision make in a split second, considering the following factors. This is described as dynamic risk assessment.

- What is the immediate risk to this child if I do not intervene now?
- What might the risks be if I do intervene? If this was my child, what would I want someone looking after them to do in this situation?
- What is the minimum level of intervention that will be effective here? How can I do this as gently as possible for as short a time as possible and how am I going to manage myself to stay calm?

Recording

Any instance of physical intervention is fully recorded immediately and reported to the designated person as soon as possible on 6.1b Safeguarding incident reporting form, ensuring that it is clearly stated when and how parents were informed. Parents are asked to sign a copy of the form which is then kept on the child's file. The designated person decides who will notify the parent and when, ensuring that the parent signs to say they have been notified. An individual risk assessment should be completed after any physical intervention with a child which considers the risks and likelihood of such behaviour re-occurring and how this will be managed. The risk assessment should be agreed and signed by parents.

Temporary suspension (fixed term)

Any decision to temporarily suspend a child must be carefully considered lawful, reasonable and fair. If despite following the stepped approach for behaviour it is necessary to temporarily suspend a child, for no more than five days, on the grounds of health and safety, the following steps are followed.

- The setting manager provides a written request to suspend a child to their line manager; the request must detail the reason why the child must be suspended and the length of time of the proposed suspension.
- If the line manager approves, the parents must be invited to a meeting to discuss next steps. Parents are invited to bring a representative along. Notes must be taken at the meeting and shared later with the parents. The meeting must aim for a positive outcome for the child and not to suspend.
- If no acceptable alternative to suspension is found then the setting manager must give both verbal and written notice of time related suspension to the parent, meanwhile the setting manager must ensure that continued resolution is sought and suitable adjustments are in place for the child's return.

Suspension of a disabled child

We have a statutory duty not to discriminate against a child on the basis of a protected characteristic. This includes suspending a child based on a disability. Ignorance of the law or claiming it was unknown that a child was disabled is no defence. However, if the child's behaviour places themselves or others at risk then the setting must take actions to avoid further harm. Time limited suspension may be applied to keep the child and/or others safe whilst finding a solution. Suspension is only used if reasonable steps and planned adjustments are first used to help resolve the situation. Without this action, suspension of a child with SEND may constitute disability discrimination (Equality Act 2010). A decision to suspend a disabled child must be clearly evidenced, specific, measurable, achievable, realistic and targeted. Plans and intervention must be recorded on the child's file and 9.12b SEN Support - Action plan. If little or no progress is made during the suspension period, the following steps are taken.

- The setting manager sends a written/electronic invite to the parents, a local authority representative and any relevant external agencies to attend a review meeting. Each attendee must be made aware that the meeting is to avoid the situation escalating further and to find a positive solution.
- After the meeting the setting manager continues to maintain weekly contact with the parents and local authority to seek a solution.

- Suitable arrangements offer the parent continued support and advice during the suspension. The setting manager reviews the situation fortnightly and provides their line manager with a monthly update.

Expulsion

In some exceptional circumstances a child may be expelled due to:

- a termination of their childcare and early education agreement as explained in 9.1d Childcare and early education terms and conditions
- if despite applying a range of interventions (including reasonable adjustments), the setting has been unable to adequately meet the child's needs or cannot protect the health, safety and well-being of the child and/or others.

Challenging unwanted behaviour from adults in the setting

We do not tolerate behaviour demonstrating dislike, prejudice, discriminatory attitudes or action towards any individual/group. This includes those living outside the UK (xenophobia). This also applies to behaviour towards specific groups of people and individuals who are British Citizens residing in the UK.

Allegations of discriminatory remarks or behaviour made in the setting by any adult will be taken seriously. The perpetrator will be asked to stop the behaviour and failure to do so may result in the adult being asked to leave the premises. Where a parent makes discriminatory or prejudice remarks to staff at any time, or other persons while on the premises, this is recorded on the child's file and is reported to the setting manager. The procedure is explained and the parent is asked to comply while on the premises. An 'escalatory' approach will be taken with those who continue to exhibit this behaviour. The second stage comprises a letter to the parent requesting them to sign a written agreement not to make discriminatory remarks or behave in discriminatory or prejudice ways; the third stage may be considering withdrawing the child's place.

Further guidance

Behaviour Matters (Alliance 2016)

09 Early years practice procedures

09.13 Identification, assessment and support for children with SEND

We have regard for the Special Educational Needs and Disability (SEND) (DfE and DoH 2015) which states that local authorities must ensure that all early 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. During the Covid outbreak we will review and update children's SEN support plans more frequently to ensure their progress and well-being.

The term SEN support defines arrangements for identifying and supporting children with special educational needs and/or disabilities. We are required to offer appropriate support and intervention and to promote equality of opportunity for children that we care for. Children's SEND generally falls within the following four broad areas of need and support:

- communication and interaction
- cognition and learning
- social, emotional and mental health
- sensory and/or physical needs

Graduated approach

Initial identification and support (identifying special educational needs)

- Ongoing formative assessment forms part of a continuous process for observing, assessing, planning and reviewing children's progress.
- Children identified as having difficulty with one or more area of development should be given support by applying some simple strategies and resources.
- For most children application of some simple differentiation approaches will be enough to build confidence and help the child develop, **9.13a SEN Support: Initial record of concern form** can be used for this purpose.

- If despite applying differentiated strategies a child continues to struggle and is showing significantly more difficulty with learning than their peers or has a disability which requires specific adjustments, then the key person should raise a concern with the setting's SENCo/setting manager 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 may be 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 a SEN action plan

- If external agencies are already involved at this stage, then they should also be invited to help decide on what appropriate interventions are needed to help meet outcomes for the child. The SENCo/setting manager 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 (01.1b)
- 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 guidance

SEND Code of Practice: 0 to 25 years (DfE and DoH 2015)

Ready, Steady, SENCO (Alliance Publication)

09.13a SEN Support: Initial record of concern form

Name of child: _____ **DOB:** _____

Name and role of person recording concern: **Date:**

Nature of concern:	
Observation notes (detail evidence here):	

Parents informed of concern and their views are known? Yes ☐ No ☐

Notes:	

Curriculum differentiation applied? Yes ☐ No ☐

Notes (detail when and how)	

_____ _____

Other adjustments made?	Yes		No	

Notes (detail when and how)	

Next steps	

09.13b SEN Support - Action plan

Date: **This is Me!**

IMAGE OF CHILD

My name is:

My DOB is:

I can:

-
-

I would like to:

-
-

This is what is important to me:

-
-

I can't do everything I like because:

-

My parents/carers think:

-

My key person thinks:

I receive help from:

-

I already have this help from my setting:

-

I would like to try this activity

-

When and where?

-

With whom?

-

With what?

-

The outcome should be:

-

I may also like to try to

-

When and where?

-

With whom?

-

With what?

-

The outcome should be:

-

My parents/carers will help me by:

We will look at my plan again on:

09.13b Action plan - Recording Sheet

Name of child: **Key person:**

Planned objective:

Date:	Activity:	Outcomes:	Persons present:

Notes:

Action plan - Review sheet

Name of child: _____ **Date:** _____

People present at this review:

Planned objectives:

Outcome (setting):

_____

Outcome (home):

Next steps:

09 Early years practice procedures

09.14 Prime times – Transition to school

Moving on to school is a major transition in a child's life involving separation from familiar adults and children. Older children have a more secure understanding of 'people permanence' and are able to approach new experiences with confidence. However, they need preparation if they are to approach transition to school with confidence and an awareness of what to expect.

Partnership with schools

- Details of the school that a child will be attending are recorded in the child's file along with the name of the reception class teacher.
- Every effort is made to forge and maintain strong links with all schools that children may attend. The setting manager will approach schools in order to open lines of communication where these have not previously existed.
- Details of the school's transition or settling in procedures are kept by the setting and are referred to so that members of staff are familiar with them and can develop a consistent approach to transition with teachers, parents and children.

- Teachers are welcomed into the setting and sufficient time is made for them to spend both with the child, their parents and with the key person, to discuss and share information that will support the child's transition to school.
- A child's Learning Journey record is forwarded to the school along with other information that will aid transition and settling in. Parents receive a copy of this.
- Any action plans relating to a child's additional needs are also shared, where this is in place.
- Other formal documentation such as safeguarding information is prepared in line with procedure 07.6 Transfer of records.

Partnership with parents

- Key persons discuss transition to school with parents and set aside time to discuss learning and development summaries. Parents are encouraged to contribute to summaries.
- Key persons will discuss with parents how they are preparing their child for school and will share information about how the setting is working in partnership with the school to aid transition.
- Key persons will make clear to parents the information that will be shared with the school, for example, information regarding child protection and work that has taken place to ensure the child's welfare.

Increasing familiarity for children

- If there are several schools in a catchment area, or the setting is not within a reasonable distance of the school, other means of familiarisation will be explored. This could be through videos, photographs or other information about the school that can be shown within the setting. Staff may borrow resources from the schools and will use these with the children.

Preparing children for leaving

- Children and parents form bonds with adults and children in the setting and will need preparation for separating from the relationships they have formed.
- The child's last day should be prepared for in advance and marked with a special celebration or party that acknowledges that the child is moving on.
- Parents should not be discouraged from bringing the child for the occasional brief visit, as separations often take time to complete. Sometimes children need the reassurance that their nursery/pre-school is still there and that they are remembered.

09 Early years practice procedures

09.15 Progress check at age two

- A template for completing the two-year-old progress check is provided as **09.15a Progress** check at age two template.
- The key person is central to the progress check and must be the person completing it.
- Settings should take guidance from their local authority as to when the progress check at age two is completed; if no such guidance is provided, the progress check is completed when the child is between 26 and 30 months old. The child should be attending the setting for at least 1 term before the check is completed.
- Once the timing of the child's progress check is confirmed, parents are invited to discuss their child's progress at a mutually convenient time.
- The setting must seek to engage both parents and make allowance for parents who do not live with their child to be involved.

Completing the progress check at age two

- On-going observational assessment informs the progress check and must be referred to.

- Children's contributions are included in the report. Staff must be 'tuned in' to the ways in which very young children, or those with speech or other developmental delay or disability, communicate.
- Where any concerns about a child's learning and development are raised these are discussed with the parents, the SENCo and the setting manager.
- If concerns arise about a child's welfare, they must be addressed through **06 Safeguarding** children, young people and vulnerable adults procedures.
- The key person must be clear about the aims of the progress check as follows:
    - to review a child's development in the three prime areas of the EYFS
    - to ensure that parents have a clear picture of their child's development
    - to enable educators to understand the child's needs and, with support from educators, enhance development at home
    - note areas where a child is progressing well and identify any areas where progress is less than expected
    - describe actions the provider intends to take to address any developmental concerns (working with other professionals as appropriate)

9.15a Progress check at age two

Childs Name: _____ DOB: _____ Age: (in months) _____

Key person: _____ Date: _____

Personal, social and emotional development

Self-regulation	**Managing self**	**Building relationships**
Developmental stage: _____	Developmental stage: _____	Developmental stage: _____

Communication and language

Listening, attention and understanding	**Speaking**

Developmental Stage: _____

Developmental Stage: _____

-

Physical development

Gross motor skills	**Fine motor skills**

Developmental stage: _____

Developmental stage: _____

-

Please use this space to comment on 'how' the child learns (characteristics of effective learning)

Playing and exploring:

Active learning:

Creative and critical thinking:

Is (insert name of child) meeting developmental milestones?

_____

Are there any specific areas of concern?

Parents' comments including further information about (insert name of child)'s interests, achievement:

What next?

Date shared with parents: _____

-

Further actions agreed (if required)

10 Working in partnership with parents and other agencies policy

Alongside associated procedures in **10.1-10.2 Working in partnership** with parents and other agencies, this policy was adopted by Eco Montessori Winchester January 2024.

Aim

We actively promote partnership with parents and recognise the importance of working in partnership with other agencies to promote the well-being of children and their families. This includes signposting parents to support as appropriate.

Objectives

- We believe that parents are children's first and most enduring educators and our practice aims to involve and consult parents on all aspects of their child's well-being.
- We also recognise the important role parents must play in the day-to-day organisation of the provision.
- We consider parents views and expectations and will give the opportunity to be involved in the following ways:
  - sharing information about their child's needs, likes, achievements and interests
  - settling in their child to the agreed plan according our settling in procedures
  - taking part in children's activities and outings
  - contributing with ideas or resources as appropriate to enhance the curriculum of the setting
  - taking part in early learning projects, sharing with educators knowledge and insights about their child's learning
  - contributing to assessment with information, photos and stories that illustrate how their child is learning within the home environment, taking part in day-to-day family activities
  - taking part in discussion groups
  - taking part in planning, preparing, or simply participating in social activities organised within the setting
  - taking part in a parent feedback to encourage the democratic participation of parents in discussions about the day-to-day organisation of the setting, consulting about new developments and other matters as they arise
  - involvement in the review of policies and procedures
  - Ofsted and setting contact details are displayed on the parent notice board for parents who have a complaint that cannot be resolved with the setting manager in the first instance, or where a parent is concerned that the EYFS standards are not being maintained

Partnership and signposting to other agencies

- We are committed to ensuring effective partnership with other agencies including:
  - local authority early years services about the EYFS, training and staff development
  - local programmes regarding delivering children's centres or the childcare and early education element of children's centres
  - social welfare departments regarding children in need and children who need safeguarding or for whom a child protection plan is in place
  - child development networks and health professionals to support children with disabilities and special needs
  - local community organisations and other childcare and early education providers
  - Ofsted and setting contact details are made available to other agencies who have a complaint that cannot be resolved with the Setting Manager in the first instance, or where a parent is concerned that the EYFS welfare standards are not being maintained.

Legal references

Childcare Act 2006 / Education Act 2011

10 Working in partnership with parents and other agencies procedures

10.1 Working in partnership with parents and other agencies

We believe that families are central in all services we provide for young children. They are involved in all aspects of their child's care, their views are actively sought and they are actively involved in the running of the setting in various ways.

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

Families

- Parents are provided with written information about the setting, including the setting's safeguarding actions and responsibilities under the Prevent Duty

- Parents are made to feel welcome in the setting; they are greeted appropriately, there is adult seating and provision for refreshment.
- Every effort is made to accommodate parents who have a disability or impairment.
- The expectations we make on parents are made clear at the point of registration.
- There is a clear expectation that parents will participate in settling their child at the commencement of a place according to an agreed plan.
- There is sufficient opportunity for parents to share necessary information with staff and this is recorded and stored to protect confidentiality.
- Key persons support parents in their role as the child's first and most enduring educators.
- Key persons regularly meet with parents to discuss their child's progress and to share concerns if they arise.
- Key persons work with parents to carry out an agreed plan to support a child's special educational needs.
- Key persons work with parents to carry out any agreed tasks where a child protection plan is in place.
- According to the nature of the setting, there is provision for families to be involved in activities that promote their own learning and well-being.
- Parents are involved in the social and cultural life of the setting and actively contribute.
- As far as possible the service is provided in a flexible way to meet the needs of parents without compromising the needs of children.
- Parents are involved in regular assessment of their child's progress, including the progress check at age two, as per procedure **09.15 Progress check at age two.**
- There are effective means for communicating with parents on all relevant matters and **10.2 Complaints procedure** for parents and service users is referred to when necessary.

- Every effort is made to provide an interpreter for parents who speak a language other than English and to provide translated written materials.
- Information about a child and their family is kept confidential within the setting. The exception to this is where there is cause to believe that a child may be suffering, or is likely to suffer, significant harm, or where there are concerns regarding their child's development that need to be shared with another agency. Parental permission will be sought unless there are reasons not to, to protect the safety of the child.
- Parental consent is sought to administer medication, take a child for emergency treatment, take a child on an outing and take photographs for the purposes of record keeping.
- Parents' views are sought regarding changes in the delivery of the service
- Parents are actively encouraged to participate in decision making processes via parent feedback surveys and tasks.
- There are opportunities for parents to take active roles in supporting their child's learning in the setting: informally through helping out or activities with their child, or through structured projects engaging parents and staff in their child's learning.

Agencies

- We work in partnership or in tandem with local and national agencies to promote the wellbeing of children.
- Procedures are in place for sharing of information about children and families with other agencies, as outlined in procedures **07.2 Confidentiality, recording and sharing information.**
- Information shared by other agencies (third party information) is also kept in confidence and not shared without consent from that agency.
- When working in partnership with staff from other agencies, individuals are made to feel welcome in the setting and professional roles are respected.
- Staff follow the protocols for working with agencies, for example on child protection.
- Staff from other agencies do not have unsupervised access to the child they are visiting in the setting and do not have access to any other children during their visit.

- Staff do not casually share information or seek informal advice about any named child/family.
- We consult with and signpost to local and national agencies who offer a wealth of advice and information promoting staff understanding of issues facing them in their work and who can provide support and information for families. For example, ethnic/cultural organisations, drug/alcohol agencies, welfare rights advisors or organisations promoting childcare and early education, or adult education.

Schools

- Settings work in partnership with schools to assist children's transition as per procedure **09.14 Prime times –** transition to school., and share information as per procedure **07.6 Transfer of records.**
- The setting manager actively seeks to forge partnership with local schools with the aim of sharing best practice and creating a consistent approach.

10 Working in partnership with parents and other agencies procedures

10.2 Complaints procedure for parents and service users

There is a fair way of dealing with issues as they arise in an informal way, but parents may wish to exercise their right to make a formal complaint. They are informed of the procedure to do this and complaints are responded to in a timely way. The same procedures apply to agencies who may have a grievance or complaint.

Parents

- If a parent is unhappy about any aspect of their child's care or how he/she feels he/she has been treated, this should be discussed with the child's key person. The key person will listen to the parent and acknowledge what he/she is unhappy about. The key person will offer an explanation and an apology if appropriate. The issue and how it was resolved is recorded in the child's file and Complaint Investigation Record. The recording will also make clear whether the issue being raised relates to a

concern about quality of the service or practice, or a complaint. For allegations relating to serious harm to a child caused by a member of staff or volunteer procedure **6.2 Allegations against staff, volunteers** or agency staff will be followed.

- If the parent is not happy with the key person's response or wishes to complain about the key person or any other member of staff, he/she will be directed to the setting manager. Some parents will want to make a written complaint; others will prefer to make it verbally; in which case the setting manager writes down the main issues of the complaint using the **Complaint Investigation Record** and keeps it in the child's file.
- The setting manager will investigate the complaint and provide time to feedback to the parent within 28 days. A confidential written report of the investigation is kept in the child's file if the complaint relates directly to a child.
- If the parent is still not satisfied, or if the complaint is about the setting manager, the setting manager is asked to forward their complaint verbally or in writing to their line manager.
- If the parent is still not satisfied, then he/she is entitled to appeal the outcome verbally or in writing to the setting manager's line manager who will pass the matter on to owners/directors/trustees for further investigation, who will respond to the parent within a further 14 days.
- If the complainant believes that the matter has not been resolved and there has been a breach of the EYFS requirements they are entitled to make a complaint to Ofsted. The manager will assist in any complaint investigation as well as in producing documentation that records the steps that were taken in response to the original complaint.
- The setting manager ensures that parents know they can complain to Ofsted by telephone or in writing at any time as follows**:**

  Applications, Regulatory and Contact (ARC) Team, Ofsted, Piccadilly Gate, Store Street, Manchester M1 2WD or telephone: 0300 123 1231

Agencies

- If an individual from another agency wishes to make a formal complaint about a member of staff or any practice of the setting, it should be made in writing to the setting manager.
- The complaint is acknowledged in writing within 10 days of receiving it.
- The setting manager investigates the matter and meets with the individual to discuss the matter further within 28 days of the complaint being received.
- An agreement needs to be reached to resolve the matter.
- If agreement is not reached, the complainant may write to the setting manager's line manager, who acknowledges the complaint within 5 days and reports back within 14 days.
- If the complainant is not satisfied with the outcome of the investigation, they are entitled to appeal and are referred to the owners/directors/trustees.

Ofsted complaints record

- Legislation requires settings to keep a record of complaints and disclose these to Ofsted at inspection, or if requested by Ofsted at any other time.
- The record of complaints is a summative record only.

A record of complaints will be kept for at least 3 years.

- In all cases where a complaint is upheld a review will be undertaken by the owners/directors/trustees to look for ways to improve practice where it is required.

This procedure is displayed on the Parent Notice Board.

Further guidance

Complaint Investigation Record (Alliance Publication)

The End