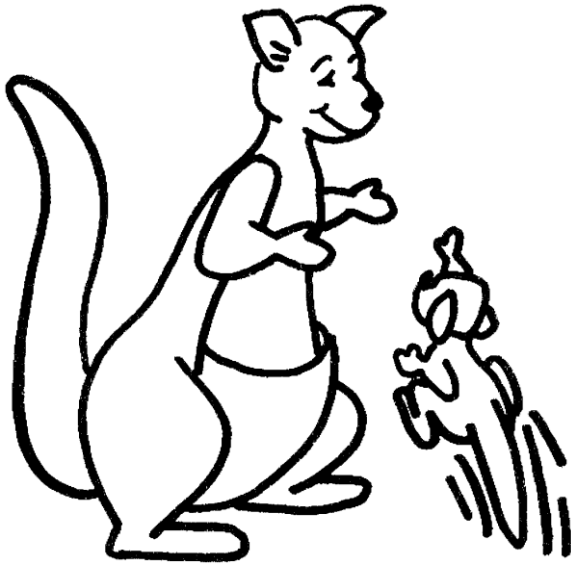


MILNTHORPE FAMILY CENTRE
Joey's Nursery & Out of School Club



Policies & Procedures
Reviewed September 2025

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Policies and procedures implementation and review

Implementation and review procedure

Alongside associated procedures, this policy was adopted by *Milnthorpe Family Centre* on 1.9.25

Aim

We have one set of policies and procedures which are consistent across our early education and childcare 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, agency workers, assistants, and students (hereon referred to collectively as 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.
- Policies and procedures are written and reviewed annually.
- Changes are only made to the policies and procedures by the manager in liaison with directors of the setting where risk assessment or other reasons indicate that this is required such as changes to guidance and law.
- 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, 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/carers know how to access a full set of policies and procedures.
 - **Legal references**
 - Childcare Act (2006)

- Education Act (2011)

1.0 About us, our vision and our childcare and early education

Welcome to Milnthorpe Family Centre trading as Joeys Nursery and thank you for registering your child with us.

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

This document aims to provide you with an introduction to us, 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.

Our Vision:

At Joeys we provide a welcoming, stimulating and happy environment that is safe and secure, where children have fun while they are cared for and supported in their development by professional, qualified staff who are supported by a highly motivated and efficient management team.

Our setting aims to:

Within our nursery and Out of School Club we aim to provide a friendly, welcoming, happy and homely environment that is safe and secure, where all children are well cared for by high quality and qualified staff, who are open minded and willing to try out new experiences and explore immersing pedagogy.

At Joeys, all our staff believe it is important to provide good role models in order to teach the children good values. We strive for a motivating environment where enthusiastic staff can help children to discover and learn through fun, engaging and challenging activities; we provide opportunities that allow children to take risks within safe boundaries and to add to the life and well-being of the local community.

Our staff endeavour to create strong relationships with all parents/carers and we hope to have high parental involvement within the running of our nursery working in partnership to help your child/ren reach their full potential. We pride ourselves on the flexibility of provision we offer, promoting equality, values and diversity and we welcome all our children and families with a warm smile each day.

Parents/carers

You are regarded as members of our Joeys family 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
- is in a setting that sees parents/carers as partners in helping each child to learn and develop

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*:

- *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.

The Areas of Learning and Development comprise:

- *Prime Areas*
 - Personal, social and emotional development.
 - Physical development.
 - Communication and language.
- *Specific Areas*
 - Literacy.
 - Mathematics.
 - Understanding the world.
 - Expressive arts and design.

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

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

Our educational programmes support children to develop the knowledge, skills and understanding they need for:

Personal, social and emotional development

Self regulation	Managing self	Building relationships
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Physical development

gross motor skills	fine motor skills
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Communication and language

listening, attention and understanding	speaking
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Literacy

Comprehension	Word reading	writing
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Mathematics

Number	Numerical patterns
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Understanding the world

Past and present	People, cultures & community	The natural world
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Expressive arts and design

Creating with materials	Being imaginative and expressive
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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.

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/carers, are supporting development. You can add your own observations through our child care software family.

We may 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. We undertake these assessment summaries at regular intervals, as well as at times of transition, such as when a child moves into a different group or when they go on to school.

The progress check at age two

The Early Years Foundation Stage requires that we supply parents and carers with a short-written summary of their child's development in the three prime areas of learning and development - 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.

Learning journeys

We keep a learning journey for each child. Your child's learning journey helps us to celebrate together her/his achievements and to work together to provide what your child needs for her/his well-being and to make progress.

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

Working together for your children

We maintain the ratio of adults to children in the setting that is set by the Safeguarding and Welfare Requirements. We may also have volunteer parent/carer helpers, 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

How parents/carers take part in the setting

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

We can't wait to get to know you and your child and we look forward to working with you.

2.0 Waiting List & Admission Policy

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

We are a full-time childcare setting, offering flexible quality childcare for children aged from 3 months up to the end of primary education. We run between the hours of 7.45am & 6pm all year round (*exc. Bank holidays & one week at Christmas closing 6pm the working day before Christmas eve and returning 7.45am the first working day after new years day)

Joey's is registered to care for up to 74 children across the site, the numbers and ages of children admitted to the nursery comply with the legal space requirements set out in the Early Years Foundation Stage (EYFS).

We operate a 'Valuing diversity and promoting inclusion and equality' policy and ensure that all children have access to places and services irrespective of gender, race, disability, religion or belief.

Availability of spaces in the setting takes into account the staff to child ratios, the age of the child and the above registration requirements. The welfare of the children in our care is paramount so we must ensure that we maintain the correct staff: child ratios and ensure the correct space is available for the children attending.

When a child takes up a booking with us that booking is secure until they move on to school. However, we cannot guarantee that there will be availability to increase a booking, this will depend upon availability. If we cannot guarantee a booking long term, at the time of offering you a place we will write to you explaining how long we can offer the place for, it is then up to you if you accept a short-term place.

When we look at allocating available places we take the following into consideration:

- Due to our position as a charity any child requiring a place due to extenuating circumstances affecting the child's welfare or the welfare of his/her family will be given priority. This may include referrals from other professionals.
- Children who have siblings already attending Joeys (Siblings are those living at the same address and include step and foster children)
- Children who have siblings attending Milnthorpe Primary school
- Staff children
- Children who live within the Milnthorpe ward and surrounding areas
- When the application is received
- Our ability to provide the facilities necessary for the welfare of the child, including appropriate staffing arrangements

We do not take new enquiries for children eligible for three-year funding, children on the enquiries list will be automatically removed once they are eligible for three year old funding. This is because we are on the of Milnthorpe primary school who have provision for three-year-olds, we can however consider offering wrap around care for all children attending Milnthorpe Primary school nursery.

Joeys does offer funded entitlement places to children who are eligible, for more information please visit www.childcarechoice.co.uk

As a provider of this funding we shall deliver the services consistently to all parents irrespective of the allotted time each parent is entitled to and regardless of whether they opt to pay for additional hours. All children accessing the services of Joeys nursery and out of school club will receive the same quality and opportunity of provision.

When starting a booking at Joeys, parents/carers must fill out and sign a booking form and pay a deposit (please see our fee's policy). We will then set the child up on our childcare software and ask parent to update personal information. Completing this information on the app is essential as it provides us with vital personal information about each child, therefore it is important that parents/carers ensure that all of the information requested is filled in, including emergency contact info of at least 2 people other than parents themselves. It is imperative that parents notify us if any details change.

Joeys reserve the right to withdraw a place if it has been allocated on the basis of false information. Please also refer to our fees policy with regards to withdrawal of a place due to late payments.

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 will 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 will 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 will check to see if a child's family is in receipt of Disability Living Allowance, if so, the manager will 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/carers that a child who is starting at the setting is currently, or was involved with social care, the designated safeguarding lead will contact the agency to seek further clarification.

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

2.1 Fees Policy and Procedure

Introduction

The purpose of this policy is to set out guidelines on the charging and collection of fees for childcare bookings at Joeys, Out of School Club and our Holiday Club. Confidentiality will always be maintained. Joeys is a non-profit charity; all income from fees is used to benefit children and families within our community and to meet our overheads (wages, insurance, rent, resources etc).

Before your child is offered a place, you will be asked to sign a booking form which details your standard weekly booking and the cost of that booking based on the price list at the time. Milnthorpe Family Centre reserve the right to increase prices when necessary, giving one month notice of such change.

Bookings –

On any day that your child is booked into Joeys the minimum booking per room is:

Koala Room (0-20 months) – One 5 hour session

Jumpers room (20months - 4 Years) - One 3 hour session

Out of School Club (MPS Nursery Class to Year 6) – Either Breakfast or After Nursery/School Club in a day during Term Time or One 3-hour session during school holidays.

We offer only all year-round contracts to our youngest children for their consistency and ensuring they remain settled.

From the term after your child is two you can opt to have a term time only or all year-round contract. If you select a term time only booking your booking will be for at least one full term.

All bookings will continue into the next term unless 6 weeks' notice is given.

Changes and cancelations to bookings

Contracts cannot be changed part way through a term, additional days can be added if available but these are chargeable, we do not allow swapping of days. We are unable to credit adhoc booking changes/cancelations unless booked as a holiday please see holidays info below.

Changes to contracts will be considered from the following term providing you give 6 weeks' notice. Contracts can be ended at any time providing 6 weeks' notice is given.

Chargeable holiday club bookings can be cancelled up to one month prior to the start of the holiday. However, if funded hours have been claimed for that holiday, we are unable to bank these therefore the hours will be lost. We ask all funded hours are finalised 6 weeks before the start of the term that the claim relates.

Nursery Funded Entitlement (FE) –

Funded hours can be claimed for any booking proving the correct information has been provided on our funding claim form.

You can use a maximum of 10 hours funding in a day and no more than 15/30 hours in a week.

- All hours booked over and above your entitlement will be chargeable.
- You can claim a maximum of 10 hours per day
- If you split your funded hours between Joeys and another provider then you must notify us of any changes to your hours at that setting. Failure to do so may lead to you over claiming funded entitlement, in this circumstance we reserve the right to charge you for any hours you have attended that we are unable to claim.
- If you lose eligibility for the funded entitlement your booking will be charged at the current fee.
- If you fail to provide Joeys with your funded claim form by the deadline we reserve the right to charge for hours booked.
- Joeys reserve the right to claim your funded entitlement for a 6 week period if you end your booking without giving the correct notice.

9 month Funded Entitlement booking options-

For our youngest children we strongly believe that continuity is essential and having frequent or prolonged time off over school holidays is not conducive to a settled child and environment therefore we have taken the decision to only introduce term time only contracts to those children on 2 year and 3 year old funded entitlement.

2–4-Year-old Funded Entitlement booking options-

Stretched Annually – (Only available to 2-3 year old funding) also known as an all year round booking your booking will remain the same for the full year without change.

Term time only – Your booking is set for the term and your child does not attend in the school holidays

Flexibly within term (only available to 3- & 4-year-old funded children) – You have a set booking in Joeys during term but you book additional hours in the holiday club to cover hours your child usually attends at another setting during term.

Funded entitlement booking changes - Funded Entitlement booking changes require more notice due to deadlines set by Local Authority for us to claim.

We are unable to change stretched annually bookings within the academic year.

Changes to the following term must be received by the following dates:

- Spring term (beginning 7th Jan 26) notice must be given by Wednesday 26th November 25
- Summer term (beginning 13th April 26) notice must be given by Monday 2nd March 26
- Autumn term (beginning 2nd Sept 26) notice must be given by 22nd July 26

We reserve the right to claim 6 weeks Funded entitlement if the dates above are not adhered to and therefore sufficient notice is not given.

For those, on 3 & 4 yr. funded entitlement, wishing to book additional hours in the holiday club and use funded entitlement we must have a booking in writing by the following dates.

- October & Christmas holiday claims, bookings must be finalised by 2nd September 26
- February & Easter holiday claims, bookings must be finalised by 26th November
- May & Summer holiday claims, bookings must be finalised by 2nd March

Where bookings for the holidays are made in advance and not cancelled by these strict deadlines, we are unable to cancel any claims made therefore you will lose the hours. If bookings are not made and received by these deadlines, we are unable to make claims for funded entitlement hours and although we may be able to offer you the booking hours will be chargeable at our hourly rate.

Holiday Club – A Holiday Club Planner & Booking Form is available upon request. This allows you to book in advance for any/all school holidays. Closing date and last day for cancellation applies to each holiday if you wish to use funded entitlement hours towards these holidays please see the dates for changes above. All cancellations after this date will be chargeable. If we are oversubscribed during any school holiday our admissions policy will apply.

Holidays – Children with an All-Year Round contract are entitled to 4 weeks (full weeks) holiday between 1st September and 31st August. One month notice must be given for any of the 4 weeks holiday to receive 30% discount on chargeable hours. Adhoc days off and additional holidays will be charged in full. Children on a Term time Only contract will not receive holiday discount for time off during term time as they get the benefit of not paying for any childcare during school holidays.

Sickness – Any booking unattended due to sickness will be charged at the normal rate.

Joeys is closed on Bank Holidays and in-between Christmas and New Year and you will not be charged for these dates. Our Christmas closure is from 6pm the working day before Christmas eve up to 7.45am the first working day after new years day.

Late collections

Please ensure you pick your child/ren up no later than the end of the session that they are booked in for. Late collections have an impact on maintaining the correct staff to child ratios and often means Joeys staff have to stay longer to remain in ratio, increasing cost to the company. More importantly staff having to remain past their planned finish time puts them at risk of working beyond legal periods without a break and impacting their personal commitments such as collecting their own children.

Late collections at 6pm have a greater impact as 2 members of staff must remain until the child/ren are picked up.

Therefore, if you are more than 5 minutes late to collect your child you will incur a £10 charge per child, for every fifteen minutes beyond that you will incur a further £10 charge per child. (Please refer to our Late arrivals & Uncollected child procedure – Children who have not been collected within 45 minutes of the normal

collection time and where we have been unable to contact a named adult on the child's records we have duty to report to Children's services)

Payments:-

- Payment of fees is the responsibility of the named parent/s – Carer/s entered on your booking form.
- A deposit equivalent to your standard weekly booking is required at the time of making your booking. This deposit can be deducted from your second invoice once your child has settled at nursery. This deposit is non-refundable if you do not start your full booking.
- When placing your booking we will discuss with you how you wish to pay.
- Invoices are produced monthly on or around the 20th of each month and are due for payment on or before the first of each month. It is your responsibility to ensure that your agreed payments are sufficient to pay your fees.
- Please note we do not accept cheques or cash

Non-payment :-

- Overdue payments one month late – you will be sent a reminder via email
- Overdue payments more than 1 month late – we reserve the right to cancel your booking until payment is made. Please note you may lose your preferred booking during this time.
- If at any point during your time with us you feel that payment of fees is becoming a problem, please do not ignore this. We will do everything we can to help you through a financially difficult period. We would rather do this than proceed to legal action.

3.0 Health and safety policy

Alongside associated procedures in 3.0-3.8j Health and safety, this policy was adopted by *Milnthorpe Family Centre* on 1.9.25

Designated Health and Safety Officer: Katie Smyth

- She is competent to carry out these responsibilities.
 - She has undertaken health and safety training and regularly updates her knowledge and understanding.
- We display the necessary health and safety poster in: The Kitchen

Aim

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

Objectives

- We recognise that we have a corporate responsibility and duty of care towards those who work in and receive a service from our provision. Individual staff and service users also have responsibility for ensuring their own safety as well as that of others. Adherence to policies and procedures and risk assessment is the key means through which this is achieved.
- Insurance is in place (including public liability) and an up-to-date certificate is always displayed in the main entrance.
- Risk assessment is carried out where it is helpful to do so, to ensure the safety of children, staff, parents, and visitors. Legislation requires all those individuals in the given workplace to be responsible for the health and safety of premises, equipment and working practices.
- Smoking and vaping are not allowed on the premises, both indoors and outdoors. If children use any public space that has been used for smoking or vaping, members of staff ensure that there is adequate ventilation to clear the atmosphere. Staff do not smoke or vape in their work clothes and are requested not to smoke or vape within at least one hour of working with children. The use of electronic cigarettes is not allowed on the premises.
- Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If staff are taking medication that they believe may impair them, they must 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.
- Alcohol must not be bought onto the premises for consumption.
- A risk assessment and access audit are carried out for each area as required and the procedure is modified according to needs identified for the specific environment.
- Risk assessments are monitored and reviewed by those responsible for health and safety.

Procedures

Awareness raising

- Our induction training for staff and volunteers includes a clear explanation of health and safety issues, so that all adults are able to adhere to our policy and procedures as they understand their shared responsibility for health and safety. The induction training covers matters of employee well-being, including safe lifting and the storage of potentially dangerous substances.
- 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.
- 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 during supervisions.
- We operate a no-smoking & no vaping policy.
- We make children aware of health and safety issues through discussions, planned activities and routines.

Kitchen spaces

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

Laundry area

- Children do not have access to laundry areas.
- Laundry areas are kept well ventilated.
- Detergents/detergent pods and cleaning materials are stored out of reach of children.
- Biological detergents are not used due to the risk of allergies.
- If children's clothes are soiled, they are double bagged and sent home.
- Separate baskets are provided for dirty and clean laundry.
- Members of staff wash their hands after handling dirty laundry and laundry chemicals.
- Machines are switched off from the plug after use.
- Members of staff do not leave the washer/dryer on at night or any other time when the building is vacant.

Staff Toilet/cloakroom

- All areas are kept tidy uncluttered.
- Doors to staff/visitor toilets/cloakroom is always kept shut
- Staff are not to store personal belongings in the staff toilet/cloakroom.
- Bags and personal belongings should be kept in the staff cupboard and medication stored in the office in the medicine cabinet.
- Staff/visitor toilets are cleaned daily using disinfectant.
- Toilet flush handles are disinfected daily.
- There is a toilet brush provided and separate cleaning cloth.
- 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 are washed daily.
- Paper towels are provided for hand drying.
- Bins are provided for sanitary wear and cleared four weekly
- Bins are provided for disposal of paper towels and are cleared daily.
- All bins are lined with plastic bags.
- Members of staff who are cleaning toilets wear disposable protective gloves to prevent cross contamination.

Windows

- Low level windows are made from materials that prevent accidental breakage or we ensure that they are made safe.
- We ensure that windows are protected from accidental breakage or vandalism from people outside the building.
- We ensure that any blind cords are secured safely and do not pose a strangulation risk for young children.

Doors

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

Floors and walkways

- All our floor surfaces are checked daily to ensure they are clean and not uneven, wet or damaged. Any wet spills are mopped up immediately and a wet floor sign displayed.
- Walkways are left clear and uncluttered.

Electrical/gas equipment

- We ensure that all electrical equipment conforms to safety requirements and is checked regularly.
- Our boiler/electrical switch gear/meter cupboard is not accessible to the children.
- Heaters, fans, wires and leads are properly guarded and we teach the children not to touch them.
- We check heaters daily to make sure they are not covered.
- There are sufficient sockets in our setting to prevent overloading.
- We switch electrical devices off from the plug after use.
- We ensure that the temperature of hot water is controlled to prevent scalds, this is checked monthly by a reputable company.
- Lighting and ventilation is adequate in all areas of our setting, including storage areas.

Storage

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

Outdoor area

- Our outdoor area is securely fenced. All gates and fences are childproof and safe.
- Our outdoor area is checked for safety and cleared of rubbish, animal droppings and any other unsafe items before it is used, this forms part of our daily checks.
- Adults and children are alerted to the dangers of poisonous plants, herbicides and pesticides.
- We leave receptacles upturned to prevent collection of rainwater. Where water can form a pool on equipment, it is emptied and cleaned before children start playing outside.
- Our outdoor sand pit is covered when not in use and is cleaned regularly.
- We check that children are suitably attired for the weather conditions and type of outdoor activities; ensuring that sun cream is applied, and hats are worn during the summer months.
- We supervise outdoor activities at all times; and particularly children on climbing equipment.

Hygiene

- We seek information from the Public Health England to ensure that we keep up-to-date with the latest recommendations.
- Our daily routines encourage the children to learn about personal hygiene.
- We have a daily cleaning routine for the setting, which includes the play room(s), kitchen, rest area, toilets and nappy changing areas.
- We have a schedule for cleaning resources and equipment, dressing-up clothes and furnishings.
- The toilet area has a high standard of hygiene, including hand washing and drying facilities and disposal facilities for nappies.
- We implement good hygiene practices by:
 - cleaning tables between activities;
 - cleaning and checking toilets regularly;
 - wearing protective clothing - such as aprons and disposable gloves - as appropriate;
 - providing sets of clean clothes;
 - providing tissues and wipes;

Activities, resources and repairs

- Before purchase or loan, we check equipment and resources to ensure that they are safe for the ages and stages of the children currently attending the setting.
- The layout of our play equipment allows adults and children to move safely and freely between activities.
- All our equipment is regularly checked for cleanliness and safety, and any dangerous items are repaired or discarded.
- We make safe and separate from general use any areas that are unsafe because of repair is needed.
- All our materials, including paint and glue, are non-toxic.
- We ensure that sand is clean and suitable for children's play.
- Physical play is constantly supervised.
- We teach children to handle and store tools safely.
- We check children who are sleeping at regular intervals of ten minutes. This is recorded with the times checked and the initials of the person undertaking the check.

- If children fall asleep in-situ, it may be necessary to move or wake them to make sure they are comfortable.
- Children learn about health, safety and personal hygiene through the activities we provide and the routines we follow.
- Any faulty equipment is removed from use and is repaired. If it cannot be repaired it is discarded. Large pieces of equipment are discarded only with the consent of the manager.

Jewellery and accessories

- Our staff, students and volunteers do not wear jewellery or fashion accessories, such as belts or high heels that may pose a danger to themselves or children. These include large rings with sharp edges, earrings - other than studs, chain necklaces, or bracelets with attachments that can be pulled off, or belts with large buckles.
- Parents must ensure that any jewellery worn by children poses no danger; particularly earrings which may get pulled, bracelets which can get caught when climbing or necklaces that may pose a risk of strangulation or in the case of beads, choking.
- Health and safety take precedence over respect for culture, religion or fashion.
- Children may wear small, smooth stud earrings.
- Children, staff, and volunteers do not wear anything with sharp edges that could scratch children, or jewellery with small elements that could become detached and swallowed.
- Hair accessories that may come loose pose a choking hazard are removed before children sleep or rest.
- Parents/carers 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.

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 853/2004 of the European Parliament and of the Council on the hygiene of foodstuffs

Manual Handling Operations Regulations (1992) (Amended 2002)

Medicines Act (1968)

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

Regulations 2012

Control of Substances Hazardous to Health (COSHH) Regulations 2004

Health and Safety (First Aid) Regulations 1981

Childcare Act 2006

Further guidance

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

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

Food Standards Agency www.food.gov.uk

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

Health and safety procedures

3.1 Risk assessment

Risk assessment is carried out to ensure the safety of children, staff, parents, and visitors. Individuals in the workplace are responsible for the health and safety of premises, equipment and working practices. We have a 'corporate responsibility' and 'duty of care' to those who work in and receive a service from our provision. Individuals are also responsible for ensuring their own and others safety.

- A Generic risk assessment form is completed for each area of work, and the areas of the building that are identified in these procedures
- An 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.

Risk assessment means: *Taking note of aspects of your workplace and activities that 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 important when balancing the need for children to take appropriate risks through physically challenging play. Children need opportunities to work out what is not safe and what to do when faced with a risk.

Daily safety sweeps and checks indoors and outdoors.

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

Health and safety risk assessments

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

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

- Electricity safety by a qualified electrician.
- Fire precautions to check that all fire-fighting equipment and alarms are in working order.
- Hot air heating systems/air conditioning systems cleaned and checked.
- Deep clean is carried out in kitchen.
- Water checks carried out for temperature control and legionnaires.

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

- Entrance and exits.
- Outdoor areas.
- Passageways and connecting areas.
- Meeting room
- Sleep areas.
- Kitchen areas.
- 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:

- To the library
- To the park
- To the local market
- To the local church (Apple pressing)

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 bringing equipment or animals for 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.

Health and safety procedures

3.1a Entrances and approach to the building

- Entrances and approaches are kept tidy and always uncluttered.
- Staff ensure that members of the public cannot access areas used by children during sessions.
- All gates and external fences are childproof and safe.
- Main doors are always kept locked and shut.
- Intercom phones are used in the main entrance and glass windows ensures clarity of view. Camera doorbells are used at the out of school club entrance and we adhere to CCTV procedures.
- The identity of a person not known to members of staff is checked before they enter the building, or at the point they seek access to the area where children are being cared for.
- 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/carers 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.
- Building works or other changes to the premises which may affect the space available to children and the quality of childcare available to them, must be notified to Ofsted.

Health and safety procedures

3.1b Group rooms

- 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. Or alternative premises found.
- Door handles are placed high, and release buttons are up high
- Chairs are stacked safely and not too high.
- There are no trailing wires; all radiators are guarded.
- Windows are opened regularly to ensure flow of air.
- Floors are properly dried after mopping up spills.
- Staff hold the hand of toddlers and children who require assistance.
- Materials and equipment are not generally stored in corridors, but where this is the case, it does not block clear access or way out.
- Walkways and are uncluttered and adequately lit.
- Socket safety inserts are unnecessary, as there is no safety reason to use them, modern plug sockets are designed to remove risk of electrocution if something is poked into them.
- Blinds are always secured by cleats there are no dangling cords.

Health and safety procedures

3.1c Kitchen, Food Hygiene, food and Drink

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 screen anti-bacterial agent.
- Inside of cupboards are cleaned monthly.
- Cupboard doors and handles are cleaned regularly.
- Fridge and freezer doors are wiped down regularly.
- Ovens/cooker tops are wiped down daily after use; ovens are fully cleaned monthly.
- Where possible all crockery and cutlery are air dried.
- Plates and cups are only put away when fully dry.
- Tea towels, if used, are used once. They are laundered daily.
- Any cleaning cloths used for surfaces are replaced daily.
- There is a mop, bucket, broom, dustpan, and brush set aside for kitchen use only.
- Any repairs needed are recorded and reported to the manager.
- Chip pans are not used.
- Cleaning materials and other dangerous materials are stored out of children's reach.
- Children do not have unsupervised access to the kitchen.

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

Health and safety procedures

3.1d Children's bathrooms/changing areas

- Children are to be sent with spare clothing, pants/nappies & wipes in most instances these will be kept in the child's bag on their peg. However, in some instances we can arrange a named blue box for keeping belongings on site.
- Older babies/toddlers have a changing unit they can climb up the steps and lay down with support. Staff should not have to lift heavy toddlers on to waist high units, if they refuse to climb the changing mat can be moved to the floor where the child can be changed safely.
- Disposable nappies are placed in nappy disposal units.
- Staff use single use gloves and aprons to change children and wash hands 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.
- Changing mats are disinfected after each change.
- Anti-bacterial spray is not used where residue may have direct contact with skin.
- Anti-bacterial sprays used in nappy changing areas are not left within the reach of children.
- Natural or mechanical ventilation is used; chemical air fresheners are not used in the children's areas.
- All other surfaces are disinfected daily.

Children's toilets and wash basins

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

Health and safety procedures

3.1 e Animals in the setting

Policy statement

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

Procedures

Animals in the setting as pets

- We take account of the views of parents and children when selecting an animal or creature to keep as a pet in the setting, as well as any allergies or issues that individual children may have any animals or creatures.
- We carry out a risk assessment with a knowledgeable person accounting for any hygiene or safety risks posed by the animal or creature.
- We provide suitable housing for any animal or creature and ensure this is cleaned out regularly and is kept safely.
- Our staff are knowledgeable of the pet's welfare and dietary needs and ensure that the correct food is offered, at the right times.
- We make arrangements for weekend and holiday care for any animal or creature.
- There is appropriate pet health care insurance or other contingencies agreed and put in place to pay for veterinary care and the animal is registered with a local vet
- All vaccinations and health measures such as de-worming are up to date.
- We teach children the correct handling and care of the animal or creature and supervise them at all times.
- We ensure that children wash their hands after handling the animal or creature and do not have contact with animal soil or soiled bedding.
- We wear disposable gloves when cleaning housing or handling soiled bedding.
- Snakes and some other reptiles are not suitable pets for the setting due to infection risks.
- The manager will check with the directors before introducing a new pet into the setting.
- If animals or creatures are brought in by visitors to show the children, they are the responsibility of their owner.

Visits to farms

- Before a visit to a farm, we carry out a risk assessment - this may take account of safety factors listed in the farm's own risk assessment, which should be viewed.
- We contact the venue in advance of the visit to ensure that there has been no recent outbreak of E.coli or other infections. If there has been an outbreak, we will review the visit and may decide to postpone it.
- We follow our outings procedure.
- Children wash and dry their hands thoroughly after contact with animals.
- Outdoor footwear worn to visit farms is cleaned of mud and debris as soon as possible on departure and should not be worn indoors.
- We advise staff and volunteers who are, or may be, pregnant to avoid contact with ewes and to consult their GP before the visit.

Animals brought in by visitors

- The owner of the animal/creature maintains responsibility for it in the setting.
- The owner carries out a risk assessment detailing how the animal/creature is to be handled and how any safety or hygiene issues will be addressed.
- No dogs on the Government's Banned Dogs list are to be brought on site at any time. All other dogs brought on site by parents/carers during arrival and departure times must be on a lead and under control. The manager reserves the right to request that a dog is not brought on site, if the animal is out of control, or likely to pose a risk.

Further guidance

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

Legal framework

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

Further guidance

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

Health and safety procedures

3.1f Maintenance and repairs

Any faulty equipment or building fault is recorded, including:

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

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

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

Health and safety procedures

3.1g Outdoor Safety

- All gates and fences are childproof, safe, and secure.
- Areas are checked daily to make sure animal droppings, litter, glass etc. is removed. Staff wear disposable vinyl gloves to do this.
- Bushes, plants or overhanging trees are checked to ensure they do not bear poisonous berries.
- Stinging nettles and brambles are removed if they pose a risk to younger children.
- Wooden equipment is maintained safely and not used if broken.
- 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 (see our sun safe policy). Outdoor play is avoided in extreme heat between noon and 3pm.
- Children who have no adequate means of sun protection, such as hat, long sleeves and trousers or sun cream, will not be able to play outdoors in un-shaded areas.
- Children are supervised on climbing equipment, especially younger children.
- Water play is not left out but is cleared, cleaned and stored after each use.
- Receptacles are left upturned to prevent collection of rainwater, this is important in areas where there are vermin to prevent urine/faeces contaminating the water.
- Sightings of vermin are recorded and reported to the manager who reports to the Environmental Health's Pest Control Department.
- Outdoor areas that have flooded are not used until cleaned down and restored. Grassed areas are not played on for at least one week after the floodwater has gone.
- If paddling pools are used, a risk assessment is conducted, and consideration given to the needs of disabled children or those less ambulant.

Drones

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

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

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

Further guidance

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

Outdoor access and play

Outdoor Play

We believe that there is no such thing as bad weather only inappropriate clothing, we intend to go out in all- weathers to improve the children's learning outcomes and to develop their knowledge of the seasons and the weather that comes with it.

Children at Joeys will have as much access to the outdoors as is possible, the only exception to this would be:-

- A health and safety hazard (short term) which was deemed extremely unsafe for the children and staff,
- Severe weather e.g. extreme heat, lightning, blizzards and gales.

Children need to have free flow access to the outdoors to:-

- Engage in stimulating experiences,
- Exercise and take in fresh air,
- Have opportunities for large gross movement,
- Explore the environment,
- Experience different learning situations and activities,
- Allow children to experiment, explore and achieve,
- Experience a different learning environment to indoors.

The adults outdoors will:-

- Promote safety,
- Interact with the children, giving support and praise,
- Extend and promote children's ideas, interests and learning through questioning, modelling and assisting,
- Allow for mistakes (safely) and allow children to learn by these mistakes,
- Provide interesting and varying activities for all children,
- Promote inclusion for all.

To promote use of the outdoors, Joeys will:-

- Always ensure the outdoors is properly staffed and set up an interesting environment to promote inquisitiveness, excitement and interest,
- Allow children to be physically challenged and excited by the outdoor curriculum, whatever the child's learning and development stage,
- Allow free flow access where possible between the indoor and outdoor environments
- Record any accident or incident on Family and share this with parents via the class dojo asking them to confirm they have seen the accident information, a record will be kept on Family.

Parents are asked to ensure children have suitable clothing and accessories (all named) such as:- Waterproof coat with a hood, Wellies, Sun hat and sun cream, Suitable safe footwear.

"Outdoors is a natural learning and teaching environment for young children and is one in which most children feel settled and capable." Bilton (2002)

Health and safety procedures

3.1h Festival (and other) decorations & Face painting

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.
- Lit candles are never used.

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.
- All plugs are unplugged at the end of the day before leaving site.

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 and motion sensors.

Children's areas

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

Face painting

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

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

Health and safety procedures

3.1i Camera Doorbells for security

We do not use CCTV within Milnthorpe Family Centre building.

We do use two camera doorbells one is located on the out of school club door and the other is put out of an evening after close and is positioned to view our playground. The images from the doorbells are thumbnail stills, no video footage is held while we can connect, and watch live no recordings are taking or stored.

Doorbell one out of school club:

The device takes in a view of the carpark and anyone standing on the steps of out of school club it allows us to speak to any individual, who rings the bell, without opening the door. Ensuring we maintain the safety of the children in out of school club. Identity and passwords can be established through the device.

Doorbell two:

The purpose of these devices is to alert a nominated individual, outside of working hours, of movement within the grounds. If there is anyone in our playground, they will capture a screenshot and then they call then police, they may share the screenshot with the police if they request it. They will ask for a police presence to attend the setting and move on anyone trespassing. They will not respond themselves.

We hope this will deter any unwanted visitors who damage to our equipment and leave the grounds unsafe. Daily morning checks of the grounds ensure the children don't go out before risk assessed.

Images are deleted once a week by the manager.

Should anyone wish to discuss the use of these doorbells the Manager would be happy to oblige. Complaints regarding the cameras should be in line with our complaints procedure.

We are aware that Milnthorpe Primary school have CCTV in operation at the entrance to the school. (Their policy is available upon request)

The purpose of these devices is to provide additional security for children, staff, parents/carers, visitors and other agencies concerned with the setting.

Their use is informed by the guiding principles of the Surveillance Camera Code of Practice (Home Office 2013)

Legal basis

Human Rights Act 1989

Data Protection Act 1998

Protection of Freedoms Act 2012

GDPR 2018

Guidance

Surveillance Camera Code of Practice (Home Office 2013 updated 2021)

www.gov.uk/government/publications/surveillance-camera-code-of-practice

Health and safety procedures

3.1j ADVERSE WEATHER

At Joeys Nursery & out of school club we have an adverse weather policy in place to ensure our nursery is prepared for all adverse weather such as floods, snow and heat waves (for heatwaves please see our sun protection policy).

Flood

There is always a danger of flooding from adverse weather conditions or through the water/central heating systems. We cannot anticipate adverse weather; however we can ensure that we take care of all our water and heating systems through regular maintenance and checks to reduce the option of flooding in this way.

If flooding occurs during the nursery day, the nursery Manager will make a decision based on the severity and location of this flooding, and it may be deemed necessary to follow the fire evacuation procedure. In this instance children will be kept safe and parents will be notified in the same way as the fire procedure.

Should the nursery be assessed as unsafe through flooding, fire or any other incident we will follow our operational plan.

If there is a risk of road closures due to flooding we will endeavour to keep you updated through the Family app, however we do advise that you monitor roads in your home & working areas.

Snow

If high snow fall is threatened during a nursery day then the nursery Manager will take the decision as to whether to close the nursery. This decision will take into account the safety of the children, their parents and the staff team. If the snowfall occurs during the night our staff will make every effort, giving themselves plenty of time, to arrive safely and on time however we ask that you are patient as despite their efforts they may come across unexpected difficulties.

Closures

In the event of staff shortages due to snow or flooding we will contact all available off duty staff and/or agency staff and group the children differently until they are able to arrive. If we are unable to maintain statutory ratio requirements after all avenues are explored, we will contact Ofsted to inform them of this issue, recording all details in our incident file. If we feel the safety, health or welfare of the children is compromised then we will take the decision to close the nursery.

In the event of an unplanned closure during the nursery day we will contact all parents to arrange for collection of their child. We will aim to give 2 hours notification, where possible, that children need to be collected. Children cannot be accommodated overnight at the nursery, so parents must make every effort to collect their child, despite any challenging conditions.

We will always make every effort to remain open during adverse weather the manager will only take the decision to close the nursery if the conditions pose a risk to the staff and/or children. If we do have to close, the running costs for the charity remain the same therefore we cannot waiver fees in full for any hours/days of closure. However the directors of Milnthorpe Family centre have agreed that a discount of 30% on all chargeable hours will be given for the period of the closure

Health and safety procedures

3.2 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 or another named person:

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

Emergency evacuation

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

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

Emergency procedures inc. route are located within each room, the designated assembly point is within the primary school play ground on the tennis court.

Emergency Closure

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

- The directors make the decision to close – thereby withdrawing the service.
- A third party makes the decision to close for example:
 - Milnthorpe Primary School
 - the emergency services
- A parent/carer makes the decision for their child not to attend.
 - If a parent/carer makes the decision for their child not to attend due to a critical incident, the child's fees are due as normal.
 - Further consideration of individual incidences must be done in consultation with the directors.

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 are informed and they in turn ensure that the directors are informed.

- The setting manager completes and sends an incident record to directors, who, according to the severity of the incident notifies Ofsted and/or RIDDOR.
- If the incident indicates that a crime may have been committed, all staff witness to the incident should make a written statement.
- Staff do not discuss the incident with the press.

RIDDOR reportable events include:

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

This may include:

- a member of staff injures back at work through lifting and is off for two weeks
- a parent/carer 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 directors and completes an accident and/or incident record; witness statements are taken as previously detailed.

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

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

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

If an insurance claim is likely:

- incidents such as fire, theft or flood are notified to the insurance provider immediately
- the setting does not admit liability
- if broken or faulty equipment is involved, it must not be repaired, destroyed, or disposed of, in case it is needed during the investigation
- if communication from a solicitor is received on behalf of the injured party, this is sent directly to the insurance provider; the setting manager will then write to the solicitor to confirm that the letter has been passed on
- the incident is not discussed with any outside persons, or other parents/carers, 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.

Health and safety procedures

3.3 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 or move items.
- Risk assessment is carried out of the environment in which the lifting is done. Features such as uneven floor surfaces, stairs, etc. add to the general risk and need to be taken into consideration.
- The setting manager ensures that they and their staff are trained to lift and move heavy objects and unstable loads correctly. Babies and young children are also heavy and need to be lifted and carried carefully and correctly.

Guidelines:

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

Please note this is not an exhaustive list.

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

Milnthorpe Family centre would never expect a member of staff, student or volunteer to complete a task they are not comfortable with. Please always ask for help, the task may need further assessment, more than one person to complete or may require a professional. Therefore please always report to a senior if something needs doing that is beyond your ability/capability, no judgements will be made.

Standard Health and Safety Procedures

3.4 Control of Substances Hazardous to Health (COSHH)

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

3.5 Fire safety policy

Alongside associated procedures in 3.5-3.6 Fire safety, this policy was adopted by *Milnthorpe Family Centre* on 1.9.25.

Designated Fire Marshalls are: Katie Smyth & Kimberley Marshall

Aim

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

Objectives

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

Legal references

Regulatory Reform (Fire Safety) Order 2005)

Electricity at Work Regulations (1989)

Further guidance

Fire Safety Record (Alliance Publication)

Fire Safety Risk Assessment: Educational Premises

www.communities.gov.uk/publications/fire/firesafetyrisk6

Fire safety procedures

Fire safety

- The setting manager and another named fire marshal has 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

As we are on the site of a school building Westmorland and Furness council complete an annual Fire risk assessment regulatory reform (fire safety) order. The setting manager updates risk assessments prior to this visit and any finding from the visit are then reflected in this procedure and our risk assessments.

When completing the risk assessments the manager considers the five steps to fire safety risk assessment as follows:

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

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

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

Fire safety precautions include:

- All electrical equipment is checked by a qualified electrician annually.
- Any faulty electrical equipment is taken out of use and recorded as such or condemned (whichever is necessary).
- Sockets are covered. 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.
- Oxygen tanks.

Fire Drills

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

Fire precautions

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

Further guidance

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

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

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

www.gov.uk/government/publications/fire-safety-risk-assessment-educational-premises

Health and Safety Procedures

3.6 Emergency evacuation and lock-down

Lockdown

The safety of our children is of paramount importance. We make every effort to keep our setting secure. It is our aim to ensure that each of our children are cared for and are always safe.

The purpose of this policy is to inform staff and parents/carers of the procedures to take in the event of an intruder being identified on the premises.

All staff are aware that it is their priority to maintain the safety of any children in their care as well as their own safety.

An intruder is an individual in the Nursery who has not followed our established visitor procedures and may or may not be a safety hazard to the nursery. This policy provides a means of dealing with either situation.

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, emergency services can handle the situation more effectively.

- The setting manager assesses the likelihood of an incident happening based on their location.
- The setting manager ensures that the emergency evacuation and lockdown procedures are included in staff training and induction.
- The setting manager will check their 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. Lock-down should be rehearsed and recorded termly.
- The setting manager is aware of the terrorist alert level, as available at www.mi5.gov.uk/threat-levels.
- The setting manager follows any additional advice issued by the local authority.
- Emergency procedures are reviewed and added to if needed.
- Information is shared with parents/carers and all staff are aware of their role during 'lockdown.'
- A message is issued to parents/carers on the Family app when lockdown is confirmed.

wording for parent/carer message

Due to an incident, we have been advised by 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 assesses the likelihood of immediate danger. In most cases the assumption will be that it is safer to stay put and go into 'lockdown' until the emergency services arrive. As soon as the emergency services arrive at the scene staff comply with their instructions.

During 'lock-down'

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

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

During lockdown staff do NOT:

- 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 the directors 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.

Health and safety procedures

3.7 Staff personal safety

Policy statement

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

Procedures

General

- All staff in the building early in the morning, or late in the evening, ensure doors and windows are locked.
- Where possible, at least the first two members of staff to arrive in the building arrive together, and the last two members of staff in the building leave together.
- Visitors are generally only allowed access with prior appointments and only admitted once their identity has been verified.
- Minimal petty cash is kept on the premises.
- When taking cash to the bank two staff attend one of which is the manager and a risk assessment is carried out.
- Members of staff make a note in the diary of meetings they are attending, who they are meeting and when they are expected back.
- Managers have good liaison with local police and ask for advice on safe practice where there are issues or concerns.

Dealing with agitated parents in the setting

- If a parent appears to be angry, mentally agitated or possibly hostile, two members of staff will lead the parent away from the children to a less open area, but will not shut the door behind them.
- If the person is standing, staff will remain standing.
- Members of staff will try to empathise and ensure that the language they use can be easily understood.
- Staff will speak in low, even tones, below the voice level of the parent.
- Members of staff will make it clear that they want to listen and seek solutions.
- After the event, details are recorded in the child's personal file together with any decisions made with the parents to rectify the situation and any correspondence regarding the incident.
- 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 3.7a Threats and abuse towards staff and volunteers.

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

Health and safety procedures

3.7a 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, 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 – including sexual harassment

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/carer 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 s/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 difficult to resolve. If the actions of a parent/carer are

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 owners/directors/trustees.

Banning parents/carers and other visitors from the premises

- Parents/carers 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/carer or other person continues to behave unreasonably on the premises a letter will be sent to them from the owners/directors/trustees, withdrawing the implied permission for them to be there.
- Further breaches may lead to prosecution of the person concerned by the police, and they are treated as a trespasser.
- Full records are kept of each incident, in the Reportable Incident Record, including details of any person(s) who witnessed the behaviour of the trespasser(s), since evidence will need to be provided to the Court.

Dealing with an incident

- We would normally expect all cases of harassment, 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, directors and/or a staff colleague
 - 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 and directors 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 should contact their line manager for advice and support.
- Where the parent/carers behaviour merits it, the setting manager, with another member of staff present, should inform the parent/carer 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/carer 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 directors might wish to consider advising the parent/carer to make a formal complaint. Information about how to complain is clearly displayed for parents/carers and service users.
- If the investigation concludes that the parents/carers 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/carer 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 8.5 Complaints procedure for parents/carers and service users.

Further guidance

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

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

3.8 Health policy

Alongside associated procedures in **3.8-3.8j** Health, this policy was adopted by *Milnthorpe Family Centre* on 1.9.25

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
- recognising the benefits of baby and child massage, by parents/carers or staff carrying out massage under conditions that maintain the personal safety of children
- 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](#) (Alliance Publication)

Health policy

3.8a Administering Medication

Policy statement

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

We promote the good health of children attending nursery and take necessary steps to prevent the spread of infection. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting.

If a child has not had a medication before, especially a baby/child under two, it is our policy that a nursery age child starting a new medication must be kept at home for at least the first 24 hours preferably 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Our senior team leaders, senior practitioners and/or management are responsible for the correct administration of medication. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

Procedures

- Children taking medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so. We may administer children's paracetamol (un-prescribed) for children especially under the age of one year with the verbal consent of the parents in the case of a very high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication.
- Prescription medicine will only be given to the person named on the label for the dosage stated and medicines must be in their original containers with label clearly visible.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - the full name of child and date of birth
 - the name of medication and strength
 - who prescribed it
 - the dosage and times to be given in the setting
 - the method of administration
 - how the medication should be stored and its expiry date
 - any possible side effects that may be expected
 - the signature of the parent, their printed name and the date
- The administration of medicine is recorded accurately on a medication form and this is kept in the child's personal file. Each time it is given a member of staff will sign to say they have administered it [and a witness will also sign]. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:
 - name of the child
 - name and strength of the medication

- name of the doctor that prescribed it
 - date and time of the dose
 - dose given and method
 - signature of the person administering the medication and a witness who verifies that the medication has been given correctly
 - Parent's signature (at the end of the day).
- Parents should notify us IMMEDIATELY if the child's circumstances change, e.g. a dose has been given at home, or a change in strength/dose needs to be given. The nursery will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by a doctor's letter. The parent must be asked when the child had last been given the medication before coming to nursery; this information will be recorded on the medication form.
 - When the child is picked up, the parent or guardian must be given precise details of the times and dosage given throughout the day. The parent's signature must be obtained
 - At the time of administering the medicine, a senior member of staff will ask the child to take the medicine, or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form.
 - If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional.
 - If rectal diazepam is given, another member of staff must be present and co-signs the record book.
 - No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell an adult what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication. If a child in out of school club is more comfortable administering asthma medication a member of staff will observe and record.
 - We monitor the medication records to look at the frequency of medication given in the setting. 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.

Storage of medicines

- All medication for children must have the child's name clearly written on the original container and kept in a lockable box in the office, which is out of reach of all children and under supervision at all times or in the baby room fridge if they so require.
- Epipens will be kept in the same room as the child to allow quick administration should it be needed. These types of medication will be kept in the snack cupboard out of reach of children and stored with a copy of the child's health plan.
- Medication MUST NOT be stored in children's bags.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. The manager or deputy will check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.
- All medications must be in their original containers, legible and not tampered with or they will not be given. All prescription medications should have the pharmacist's details and notes attached to show the dosage needed and the date the prescription was issued. This will all be checked, along with expiry dates, before staff agree to administer medication.
- Medicine will only be administered to children by a first aid trained senior member of staff. Another member of staff must witness this taking place. Both staff are required to check the details on the medication form and sign the form stating the medication was administered.
- All medication records are stored within the classroom whilst the medication is running and then filed confidentially in the child's personal record.
- If at any point during the course of medication staff administer the treatment incorrectly the parents will be telephoned immediately and the management will take appropriate measures, this could be either calling a local GP, NHS direct or calling 999 in an emergency.
- Staff medication on the premises must be securely stored, if the medication needs to be refrigerated then it must be stored in the baby room fridge. Staff must inform the manager if they are bringing any medicine on to the premises and ensure that it doesn't impair their ability to work.

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

Sometimes children have long term or complex medical needs and are therefore in need of a more regular and set care routine.

Joeys will therefore meet with the parents/carers before the child starts Joeys to consider what staff training is needed and put together a written health care plan and risk assessment in conjunction with any care workers involved in the child's life.

- Any relevant training will be given to the staff that will be primary carers within Joeys.
 - All staff will be made aware of the child's condition and who to go to if help is needed.
 - All medications or medical equipment will be stored out of reach of children.
 - The child's parent/carer will be asked what risks they can see within the environment.
 - The child's contact details will be made easily accessible for staff in emergencies.
 - The parents/carers of the child will be required to provide all essential medical equipment and medication (prescribed), during the child's time with Joeys. Any medication or equipment requiring disposal will be returned to the parents/carers.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
 - The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.
 - The individual health plan should include the measures to be taken in an emergency.

We will review the individual health plan every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc. Parents receive a copy of the individual health plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, a senior practitioner will accompany the children with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken, with the child's name, the original pharmacist's label and the name of the medication, a copy of the consent form and a medication form. This will be carried by a senior practitioner.
- On returning to the setting the medicine form is signed by the parent if it has been administered.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure should be read alongside the outings procedure.

Emergency procedures

When any child becomes unwell and is found to have a temperature, we will contact the child's parents/carers to collect the child, or if they are unavailable the other named people on the emergency contact list. We will attempt to cool the child down by removing clothing. If we can contact a parent we will offer to give the child a dose of our 'emergency calpol' to reduce temperature until the parent can collect, the parent will then have to sign the medicine form.

If we cannot contact anyone and we feel the child needs medical treatment we will contact the local doctors for advice. If we feel the case becomes serious we will call both parents and emergency services. A member of staff will accompany the child to hospital with their personal details and arrange to meet the parents/carers at the emergency department.

Health policy

3.8b Managing children who are sick, infectious, or with allergies

Policy statement

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

Children should only attend nursery when they are well enough to do so, if a child is not well enough to engage in the activities provided or are requiring prolonged 1:1 comfort then we may have to take the decision to send them home.

Illness

- Parents are asked to keep their children at home if they are unwell or have an infection, and to inform Joeys as to the nature of the illness or infection so that Joeys can alert other parents, and make careful observations of any child who seems unwell.
- Parents are asked not to bring to Joeys any child who has been vomiting or had diarrhoea until at least 48 hours has elapsed since the last episode. This is in accordance with the Health Protection Agency Guidance on Infection Control in Schools and other Childcare settings Dec 2006.
- If the children of Joeys' staff are unwell, the children will not accompany their parents/carer to work at Joeys.
- Cuts or open sores, whether on adults or children, will be covered with a sterile dressing.
- For children with long term medication needs such as Asthma, a long term medication form will be filled in. (please see our medication policy)
- Joeys will ensure that the first aid equipment is kept clean and replenished as necessary. Sterile items will be kept sealed in their packages until needed.

There may be occasions when exclusion times are extended due to regional outbreaks of contagious illnesses. Where this occurs we will follow public health England guidelines and advice. If we are instructed to close we will notify parents and keep them updated of any development via the class dojo app. During the period of any closure, due to notifiable diseases, fees will remain payable by all parents.

We also require parents to inform us if any child attending Joeys is admitted to hospital following an accident at Joeys, the nursery must then Inform Ofsted.

If your child is sent home by the nursery staff or if a child is off sick for any reason fees are still payable.

Procedures for children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – our manager or a senior member of staff will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing but kept away from draughts.
- The child's temperature is taken using an under arm thermometer, kept in the first aid box.
- If the child's temperature does not go down and/or is worryingly high, then we may give them Calpol, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; we can and will refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, we ask parents keep children home for 48 hours following the last episode.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.
- When we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and contacts Public Health England, and acts on any advice given.

HIV/AIDS/Hepatitis procedure

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

- Wear single-use vinyl gloves and aprons when children's nappies, pants and clothing that are soiled with blood, urine, faeces, or vomit.
- Bag soiled clothing for parents to take home for cleaning.
- Clear spills of blood, urine, faeces or vomit using disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces, or vomit using a disinfectant.

Nits/head lice

- Head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we inform all parents ask them to treat their child and all the family if they are found to have head lice.

Procedures for children with allergies

- When children start at the setting we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form and a health care plan is completed.
- If a child has an allergy, We consider the risks and detail the following:
 - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.).
 - The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.).
 - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen).
 - Control measures - such as how the child can be prevented from contact with the allergen.
 - If we believe it necessary, we may complete a written risk assessment and display this with the child's health care plan
- This written risk assessment form is then kept in the child's personal file and a copy is displayed where our staff can see it.
- Generally, no nuts or nut products are used within the setting.
- If a child has a severe food allergy we may notify parents that we are unable to accept certain product in lunch boxes. So that the allergen products are not accidentally brought in.

Insurance requirements for children with allergies and disabilities

- If necessary, our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance.
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.
- Oral medication:
 - Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to our insurance provider. Oral medications must be prescribed by a GP and have manufacturer's instructions clearly written on them.
 - We must be provided with clear written instructions on how to administer such medication.
 - We adhere to all risk assessment procedures for the correct storage and administration of the medication.
 - We must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.
- Life-saving medication and invasive treatments:

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

 - We must have:

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
 - written consent from the parent or guardian allowing our staff to administer medication; and
 - Proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.
- Copies of all three documents relating to these children must first be sent to the Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- Senior staff are responsible for supporting children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:
 - Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
 - The staff must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
 - Copies of all letters relating to these children may be required by our insurer. Written confirmation that the insurance has been extended will be issued by return.

Health policy
3.8c Communicable Diseases

<u>Illness/Disease</u>	<u>Minimal period of exclusion</u>	<u>Notifiable to Health Authority</u>
Conjunctivitis	Whilst red and discharging	No
Cryptosporidiosis	48 hrs after last bout	No
Chickenpox / shingles / hand, foot and mouth	5 days minimum from onset of rash or until spots have all crusted over	No
Diphtheria	Exclusion is essential until advised by HPT	Yes
Diarrhoea & Vomiting	Whilst symptomatic and 48hours after the last symptoms	No
Flu (influenza)	Until recovered	Report outbreaks
Glandular fever	Until well	No
Giardia	Whilst symptoms persist and while treatment is ongoing	No
Herpes Simplex (Cold sores)	At managers discretion please phone for advice	No
Head Lice	Until treated	No
Hepatitis A	7 days from onset	Yes
Impetigo	Until lesions are crusted/ healed or 48 hours after starting antibiotic treatment	
Measles German measles (Rubella)	5 days minimum from onset of rash and recovered	Yes
Meningococcal Meningitis, Meningitis due to other bacteria or septicaemia	Until recovered	Yes
Mumps	5 days from onset	Yes
Ringworm	Until treated	No
Slapped cheek	Until well	No
Scarlet Fever	48hrs after antibiotics start	Yes (where 2 or more children are diagnosed)
Scabies	Can return 24 hours after first treatment (all persons in the home should also be treated therefore siblings will also be subject to the same exclusion)	No
Threadworms	Can return 24 hours after first treatment	No
Tonsillitis	Until well	no
Tuberculosis (TB)	Until advised by health Authority	Yes
Typhoid	Until advised by health Authority	Yes
Viral Gastroenteritis	Until symptom free for 48 hrs	Only in out break

Whooping cough	After 5 days of antibiotics	Yes
Impetigo	Until skin is clear no blisters or 48hrs after starting antibiotics	No
Ecoli	Until advised by health Authority	Yes
Molluscum contagiosum None A self-limiting condition	Molluscum contagiosum None A self-limiting condition	None A self-limiting condition
Covid-19	5 days from the onset of symptoms/positive test or until well	no

The above list is not exhaustible and Joeys retains the right to change any information or exclude any child who is deemed infectious

The following illnesses require a child to be declared free from infection by a GP before they can return:

Gastroenteritis	Poliomyelitis	Dysentery	
Food poisoning	Tuberculosis	Salmonellosis	
Typhoid Fever	Diphtheria	Meningitis	Hepatitis B

Children **must** remain at home after receiving any prescribed medicines for 24 hours, in case of an adverse reaction. The same applies for any injections/vaccinations the child must remain at home for 24 hours afterward in case of any reaction.

This exclusion is in place as a precaution because children can have an allergic reaction to any medication and historically children have often presented a little out of sorts, clingy and suffer high temperatures after injections although these are minor side effects they often result in the child requiring 1:1 attention which we are unable to provide. This is the case for all injections and medications even if they have had them before because an allergy can develop at any stage.

Our 24 hour rule is compulsory however in the case of antibiotics being administered. Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting. This is to allow the antibiotics to take effect and to allow the child to rest while recuperating before returning to a busy nursery environment.

Please remember Joeys cannot offer your child 1:1 attention if they are unwell.

If we believe your child is not well enough to join in with the daily activities or if they are requiring constant comfort, we will phone and request you collect them.

We understand that time off with a sick child can be inconvenient however in our experience a few days off at the onset of an illness can help prevent further time off due to a child contracting other viruses and bugs due to low immunity.

Health procedures

3.8d 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)

Health procedures

3.8e Poorly children

- If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea* and/or pains, particularly in the head or stomach then the setting manager calls the parents/carers and asks them to collect the child or send a known carer to collect on their behalf.
- If a child has a raised temperature, top clothing may be removed to make them more comfortable, but children are not undressed or sponged down to cool their temperature. A high temperature should never be ignored, but it is a natural response to infection.
- A child's temperature is taken and checked regularly, using Fever Scans or other means i.e. ear thermometer.
- If a baby's temperature does not go down, and is worryingly high, then Calpol may be given after gaining verbal consent from the parent/carer where possible. This is to reduce the risk of febrile convulsions, particularly for babies under 2 years old. Parents/carers sign the medication record when they collect their child.**
- In an emergency an ambulance is called, and the parents/carers are informed.
- Parents/carers 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/carers are asked to keep them at home for 48 hours.
- After diarrhoea or vomiting, parents/carers 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 the owner/trustees/directors 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 the UK Health Security Agency (UKHSA), Ofsted, or the childminder agency 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.

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

www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis)

**Paracetamol based medicines (e.g. Calpol)

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

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

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

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

[High temperature \(fever\) in children - NHS \(www.nhs.uk\)](#)

Health procedures

3.8f Allergies and food intolerance

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

- If a child has an allergy or food intolerance, 01.1a 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
- 04.2a 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 Dietary Requirements list.
- A copy of the risk assessment and health care plan is kept in the child's personal file and is shared with all staff and is also kept in the cook's Food Allergy and Dietary Needs file.
- Parents/carers show staff how to administer medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within the setting.
- Parents/carers 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/carers' prior written consent. Consent is kept on file.

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

Health procedures

3.8g Life-saving medication and invasive treatments

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

- The key person responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.
- The child's welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.
- The key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- Children with complex and/or long-term health conditions have a health care plan (04.2a) in place which considers the principles and best practice guidance given here.
- Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- Key persons speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- Children's right to privacy and modesty is respected. Another educator is usually present during the process.

Record keeping

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

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered
- written consent from parents/carers 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 (04.2a)

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

Physiotherapy

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

Safeguarding/child protection

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

Treatments such as inhalers or Epi-pens must be immediately accessible in an emergency.

Health procedures

3.8h Accidents and emergency treatment

Person responsible for checking and stocking first aid box: *Zoe Scrogham*

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 5.0 Food safety and nutrition.

- Parents/carers' consent to emergency medical treatment consent on registration.
- We strive to ensure all staff working with the children hold a current first aid certificate.
- All staff are paediatric first aiders, who regularly update their training. We take into account the number of children, staff, staff breaks and the layout of our setting to ensure that a paediatric first aider is always available and can respond to emergencies.
- Students and trainees have PFA training to be included in ratios at the level below their level of study.
- First Aid certificates are renewed at least every three years. In line with the EYFS, all staff who obtained a level 2 and/or level 3 qualification since 30 June 2016 must obtain a PFA qualification within three months of starting work to be counted in ratios.
- All members of staff know the location of First Aid boxes, the contents of which are in line with St John's Ambulance recommendations as follows:
 - 20 individually wrapped sterile plasters (assorted sizes)
 - 2 sterile eye pads
 - 4 individually wrapped triangular bandages (preferably sterile)
 - 6 safety pins
 - 2 large, individually wrapped, sterile, un-medicated wound dressings
 - 6 medium, individually wrapped, sterile, un-medicated wound dressings
 - a pair of disposable gloves
 - adhesive tape
 - a plastic face shield (optional)
- Vinyl single use gloves are also kept near to (not in) the box, as well as a thermometer.
- There is a named person in the setting who is responsible for checking and replenishing the First Aid Box contents.
- Ice packs are kept in the freezers
- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded on the child's log o Family. Parents/carers will have to acknowledge the accident and will be given more info at collection.
- In the event of minor injuries or accidents, parents/carers 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, 4.9 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/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 setting manager notifies the owner/trustees/committee using 6.1c Confidential Safeguarding Incident report form, or other agreed reporting format, as soon as possible.
- If required, a RIDDOR form is completed; one copy is sent to the parent/carer, one for the child's file and one for the local authority Health and Safety Officer.

- The owners//trustees/committee are 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 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](#) (Alliance Publication)

Choosing a first aid training provider <http://www.hse.gov.uk/pubns/geis3.htm>

Health procedures

Oral health

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

- Fresh drinking water is always available and easily accessible.
- Sugary drinks are not served.
- In partnership with parents/carers, babies are introduced to free flow cup at 6 months, from 12 months they are discouraged from using a bottle and from 17 months they are encouraged to use an open cup no lid.
- Only water and milk are served with morning and afternoon snacks.
- Children are offered healthy nutritious snacks with no added sugar.
- Parents/carers are discouraged from sending in confectionary as a snack or treat.
- Staff follow the Infant & Toddler Forum's Ten Steps for Healthy Toddlers.

Where children clean their teeth when at the setting

- Children are best cleaning their teeth at home, this is most hygienic and they can be given more personal care and attention
- If a parent is having difficulties with this they should speak to their child's key worker who may be able to offer support or signpost
- Oral hygiene activities are included in planning regularly
- The setting co-ordinates with local oral health and has visits from dental hygienist

Pacifiers/dummies

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

Further guidance

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

Sun Protection Policy

Joeys Nursery has consulted Cancer Research UK's Sun Smart Guidelines for Nurseries and Pre-schools and Early Years publications prior to writing the policy below.

Very young children have sensitive skin that can be easily damaged by the sun's dangerous UV rays. At this young age they are unable to take responsibility for their own sun protection. We have a responsibility to ensure that children are protected from the harmful effects of the sun.

Education: learning about sun safety to increase knowledge and influence behaviour. Staff will interactively discuss sun protection with children.

We will do everything we can, working in partnership with you, to ensure that your child is protected.

We will need you to provide us with:

- ❖ Sun cream suitable for your child (high factor) **THAT THEY HAVE ALREADY TRIED WITH YOU.**
- ❖ Sun hat (preferably a legionnaire hat to protect the neck.)
- ❖ A thin top/cardigan/t-shirt with long sleeves.
- ❖ An all in one suit for wet weather
- ❖ A hat, scarf and gloves for the cold weather.

We will ensure that your child uses the appropriate clothing and sun cream that you have provided. We will also avoid spending prolonged periods of time outdoors during the hottest part of the day, and when out we will try and protect your child by finding covered and shady areas, we will encourage your child to drink water regularly as the drinks are always accessible both indoors and outdoors.

Protection: providing an environment that enables children and staff to stay safe in the sun

- Shade is provided by the roof canopy and the trees at the top of the garden.
- Older children will be encouraged to spend time in the shaded areas.
- Children who are immobile will be placed with activities in a shaded area.
- Young children will not play in the garden between 11.30am and 2.00pm on extremely hot days.
- Fresh drinking water is available at all times however during hotter weather children will be reminded and offered water to drink at more frequent intervals.
- Children will wear suitable hats when playing in the garden. We request that these are brought in from home; however there will be a supply of spare hats for use.
- Staff will wear hats when accompanying children in the garden and on walks to provide good role models.
- Children are allowed to wear UV protective sunglasses, whilst engaged in outdoor activities, please check the protection levels which are advised to be UV 400/100% UV protection. (However we cannot be held responsible if these are damaged whilst your child is playing)
 - We advise parents to dress their children in clothing that covers the shoulders or provide cardigans and t-shirts to put on when playing outside.
 - Staff will not allow children to remove clothing whilst playing out in the sun. If playing in water children will change into dry clothes after play
 - Parents/guardians will supply sunscreen that is no less than Sunscreen SPF 30
 - New sunscreen will need to be supplied on request from staff

Sunscreen will only be deemed usable if it is within the recommended expiry time. This is shown by an open pot symbol with a number above it specifying the number of months it should be open for (usually 12 or 18 depending on the brand) for their child's use, preferably water resistant. This will be clearly labelled with the child's name and the date which it was opened.

- We recommend the use of once a day variety sunscreen. If you have chosen this type of sunscreen staff will still apply before each garden session due to water play and hand washing etc.
- There will be a spare sunscreen for communal use however we will only apply this if the parent has signed to give permission on the child's record form, due to the risk of allergies. We do not as standard use the spare cream as it is preferred that parents supply their own. If we are regularly using our spare cream this may incur an additional charge.
- Children who do not have sunscreen to wear will only be able to play under the roof canopy on the decking.

- Sunscreen will be applied at least twenty minutes before each session of outdoor activity.
- Parents are advised to apply sunscreen to their children as part of their daily morning routine before dressing them. This will help to protect from the sun whilst travelling to nursery.

Free Flow access to the Garden

- As recommended above the once a day variety of sunscreen aids the children's free flow access to the garden, although this will still be reapplied regularly.
- Water resistant sunscreen is better suited to water activities in the garden.
- Sunscreen application will be recorded on the daily register with times to ensure children are always protected.
- During hot weather free flow may be restricted to a shorter length of time to protect children from over exposure to the sun/heat. Alternatively, children will be brought inside as and when it is necessary, for each individual's wellbeing and safety.

Fresh drinking water will be available at all times both indoors and outdoors.

Safeguarding children, young people and vulnerable adults procedures

4.0 Children's rights and entitlements

Policy statement

In line with the United Nations convention of the rights of the child (UNCRC), Milnthorpe Family Centre believe that all children have basic needs and it is their universal right to have these met to ensure they can develop to their full potential. Milnthorpe Family Centre is committed to empowering children, young people, and vulnerable adults, promoting their right to be **'strong, resilient, actively listened to, and heard'**.

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

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

To be strong means to be:

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

To be resilient means to:

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

To be listened to means:

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

4.1 Safeguarding children, young people and vulnerable adults policy

Alongside associated procedures in 4.0-4.11 Safeguarding children, young people and vulnerable adults, this policy was adopted by Milnthorpe Family Centre on 01.09.25

'It is not our responsibility to decide whether or not child abuse is occurring, but it is the responsibility of all of us to act on any concerns and do something about it.'

Milnthorpe Family Centre will work with children, parents and the community to ensure the rights and safety of children and to give them the very best start in life.

**Joeys designated person, 'Designated Safeguarding Lead', who co-ordinates child, young person and vulnerable adult protection issues is:
Katie Smyth (Joeys Manager)**

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 following 'four commitments' are broad statements against which our policies and procedures are devised to provide a consistent and coherent strategy for safeguarding children young people and vulnerable adults. The four key commitments are:

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

NB: A 'young person' is defined as 16–19-year-old. In our setting, they may be a volunteer, student, worker, or parent/carer.

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/carer of a service user, or a volunteer.

Key Commitment 1

- All staff receive adequate training in child protection matters and have access to the setting's policy and procedures for reporting concerns of possible abuse and the safeguarding procedures of the Local Safeguarding Partners Westmorland and Furness Safeguarding Children partnership (WFSCP).
- All staff are confident to ask questions in relation to any safeguarding concerns and understand professional curiosity means not to take things at face value but can be respectfully sceptical asking further questions or challenging explanations where needed.
- All staff have adequate information on issues affecting vulnerability in families such as social exclusion, domestic violence, mental illness, substance misuse and parental learning disability, together with training that takes account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.
- We use available curriculum materials for young children, taking account of information in the Early Years Foundation Stage, that enable children to be *strong, resilient, and listened to and heard*.

- All services seek to build the emotional and social skills of children and young people who are service users in an age-appropriate way, including increasing their understanding of how to stay safe.
- We adhere to the EYFS Safeguarding and Welfare requirements.

Key Commitment 2

- All staff are trained in line with the Criteria set out in Annex C of the EYFS (November 2025). Our training provider is Noodle Now, the early years alliance and Westmorland and Furness. First aid is provided by Key First Aid training. Safeguarding training is renewed every two years. The designated safeguarding lead ensures support, advice and guidance for all staff to meet their safeguarding responsibilities by: Sharing updates and newsletters through our staff dojo account, providing updates at each staff meeting along with group supervision, carrying out Safeguarding quiz at staff meeting to assess gaps in knowledge and address through further training, signposting towards useful resources such as Local authority social media pages. Providing opportunities for staff to discuss concerns or queries with an open-door policy & Regular supervision. Reviewing safeguarding policies and procedures together.
- Supervisions are available to the Safeguarding lead through both Milnthorpe Family Centre safeguarding officer and the local authority safeguarding officer.
- 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 abuse of children or a young person in the setting.
- There are procedures in place for reporting safeguarding concerns where a child may meet the s17 definition of a child in need (Children Act 1989) and/or where a child may be at risk of significant harm, and to enable staff to make decisions about appropriate referrals using local published threshold documents.
- There are procedures in place for reporting abuse of a vulnerable adult in the setting.
- There are procedures in place in relation to escalating concerns and professional challenge.
- There are procedures in place for working in partnership with agencies involving a child, or young person or vulnerable adult, for whom there is a protection plan in place. These procedures also take account of working with families with a 'child in need' and with families in need of early help, who are affected by issues of vulnerability such as social exclusion, radicalisation, domestic violence, mental illness, substance misuse and parental learning disability.
- These procedures take account of diversity and inclusion issues to promote equal treatment of children and their families and that take account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.
- There are procedures in place for record keeping, confidentiality and information sharing, which are in line with data protection requirements.
- We follow government and Local Safeguarding Partners guidance in relation to extremism.
- The procedures of the Local Safeguarding Partners must be followed.

Key Commitment 3

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

- The 'designated safeguarding lead ensures that staff are aware and receive training in social factors affecting children's vulnerability including
 - social exclusion
 - domestic violence and controlling or coercive behaviour
 - mental illness
 - drug and alcohol abuse (substance misuse)
 - parental learning disability
 - radicalisation
- The 'designated safeguarding lead' and the 'designated officer' ensure that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters:
 - abuse of disabled children
 - fabricated or induced illness
 - child abuse linked to spirit possession
 - sexually exploited children
 - children who are trafficked and/or exploited
 - female genital mutilation
 - extra-familial abuse and threats
 - children involved in violent offending, with gangs and county lines.

The 'designated safeguarding lead' ensures they are adequately informed in vulnerable adult protection matters.

Key commitment 4

- All staff and students joining Joeys are given our "Joeys keeping children safe" pack as part of their induction. This includes a copy of our policies, HM Government documents 'what to do if you're worried a child is being abused' advice for practitioners & 'information sharing', definitions and signs of abuse from NSPCC, as well as information and guidance on FGM, radicalisation and other such useful publications.
- There are procedures in place to ensure staff recognise children and families who may benefit from early help and can respond using local early help processes. Designated safeguarding leads should ensure all staff understand how to identify and respond to families who may need early help.
- Staff are supported to make the right decisions that enable timely and appropriate action to be taken.
- Designated safeguarding leads contribute towards local safeguarding arrangements to ensure that the views of the sector are heard at the highest level by where possible attending Local Authority events, managers meetings, conferences and completing questionnaires distributed to gather information and liaising with our Early years advisor. Sharing their knowledge of the experiences of children in their cohort with WFSCP local leaders

Legal references

Primary legislation

Children Act 1989 – s 47
 Protection of Children Act 1999
 Care Act 2014
 Children Act 2004 s11
 Children and Social Work Act 2017
 Safeguarding Vulnerable Groups Act 2006
 Counter-Terrorism and Security Act 2015
 General Data Protection Regulation 2018
 Data Protection Act 2018
 Modern Slavery Act 2015
 Sexual Offences Act 2003
 Serious Crime Act 2015
 Criminal Justice and Court Services Act (2000)
 Human Rights Act (1998)
 Equalities Act (2006)
 Equalities Act (2010)
 Disability Discrimination Act (1995)
 Data Protection Act (2018)
 Freedom of Information Act (2000)

Legal references

Working Together to Safeguard Children (HMG 2023)

Statutory Framework for the Early Years Foundation Stage 2024

What to Do if You are 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 Counterterrorism 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 2025

Education Inspection Framework (Ofsted 2025)

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 2024)

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

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

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

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

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

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

Safeguarding Disabled Children: Practice Guidance (DfE 2009)

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

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

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

Safeguarding children, young people and vulnerable adults procedures

4.2 Key person supervision

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

Structure

- Group Supervision meetings are held as part of our staff meetings every 6-8 weeks
- 1-1 Supervision meetings are held in a confidential space suitable for the task termly
- Key persons should prepare for supervision by having the relevant information to hand.
- Staff are welcome to request additional meetings at any time and the manager will make arrangements to meet usually the same day.

Content

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

- the development and well-being of the supervisee's key children and offer staff opportunity to raise concerns in relation to any child attending. *Safeguarding concerns must always be reported to the designated safeguarding lead immediately and not delayed until a scheduled supervision meeting*
- reflection on the journey a child is making and potential well-being or safeguarding concerns for the children they have key responsibility for
- promoting the interests of children.
- coaching to improve professional effectiveness based on a review of observed practice/teaching
- reviewing plans and agreements from previous supervisions including any identified learning needs for the member of staff
- During supervision staff can discuss any concerns they have about inappropriate behaviour displayed by colleagues but must never delay until a scheduled supervision to raise concerns.
- Staff are reminded of the need to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children that have occurred during their employment. New information is referred immediately to the designated officer.

Recording

- Key person supervision discussions are recorded and retained by the supervisor and a copy provided to the key person.
- The key person and supervisor must sign and date the minutes of supervision within 2 weeks of it happening and disagreements over recorded content must be minuted.
- Each member of staff has a supervision file that is always stored securely.
- Concerns raised during supervision about an individual child's welfare may result in safeguarding concerns not previously recognised as such, these are recorded on a Safeguarding incident reporting form and placed on the child's file. The reasons why the concerns have not previously been considered are explored.
- Additional safeguarding or welfare decisions made in relation to a child during supervision are recorded on the individual case file. The supervisor is usually the designated safeguarding lead however if someone is deputising then they should ensure the recording is made and the designated safeguarding lead 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 zero hours contracts or are employed as and when needed, their line manager completes the staff suitability self-declaration form quarterly, and/or at the beginning of every new period of work.
- Regarding the use of agency staff/support workers/self-employed persons there is an expectation that as part of the agreement with agencies they have sought information regarding their employee's suitability to work with children. Line managers must review this regularly.
- The position for students on placement is the same as that for agency staff

Exceptional Circumstances

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

Further guidance

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

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

Safeguarding children, young people and vulnerable adults procedures

4.3 Responding to safeguarding or child protection concerns

Responding promptly and appropriately

We are committed to responding promptly and appropriately to all incidents that may occur, allegations or concerns of abuse, neglect, radicalisation/extremism, allegations against staff, as well as for responding to concerns and complaints raised about quality or practice issues, through whistleblowing and escalation. All staff are confident to ask questions in relation to any safeguarding concerns and understand professional curiosity means not to take things at face value but can be respectfully sceptical asking further questions or challenging explanations where needed.

We are committed to working with statutory agencies in accordance with the procedures that are set down in 'What to do if you're worried a child is being abused' (HMG, 2015) and the Care Act 2014.

Westmorland and Furness safeguarding children partnership (WFSCP) provide procedures to follow in the event of suspected child protection incidents. These procedures can be accessed at: www.wfscp.org.uk By clicking on the tab 'resources & Guidance'

Supporting families

Milnthorpe Family centre is here to support families, Joeys will take every step in its power to build up trusting and supportive relationships between families and staff. As a charity we are here to help and we can signpost and refer to support services to prevent situations escalating. We can even just be there to lend a friendly ear and listen when you need us. If you're struggling, whether it be financial struggles, loss of a loved one, challenging behaviours, domestic abuse or anything at all you are finding difficult please ask for help. We would never judge, and all information is kept confidential. Only in circumstances where we believe a child is in immediate danger or a crime has been committed would we have a duty to share information without consent. In that situation unless it was going to put a child in danger we would always explain that we would like your consent to share.

If we feel sharing information is not compulsory but would be beneficial in getting you support, we will always ask for your consent. We will often try to establish an early help meeting where we can assemble a team to support the family of professionals who can help.

Responding to suspicions of abuse

Milnthorpe Family Centre has a duty to report any suspicions of abuse to the Local Authority. The Children Act 1989 (Section 47 (1)) places a duty on the Local Authority to investigate such matters.

- We acknowledge that abuse of children can take different forms - physical, emotional, sexual, neglect, online, domestic and exploitation.
- We ensure that all staff understand 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 are aware of the 'hidden harm' agenda concerning parents with drug and alcohol problems and consider other factors affecting parental capacity and risk, such as social exclusion, domestic violence, radicalisation, mental or physical illness and parent's learning disability.
- We are aware that children's vulnerability is potentially increased when they are privately fostered and when we know that a child is being cared for under a private fostering arrangement, we inform our local authority children's social care team.
- We are aware of other factors that affect children's vulnerability that may affect, or may have affected, children and young people using our provision, such as abuse of children who have special educational needs and/or disabilities; fabricated or induced illness; child abuse linked to beliefs in spirit possession;

sexual exploitation of children, including through internet abuse; Female Genital Mutilation, breast ironing and radicalisation or extremism.

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 on Family, which is acknowledged by the parent/carer.
- The member of staff advises the designated safeguarding lead as soon as possible if there are safeguarding concerns about the circumstance of the injury.
- If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the designated safeguarding lead decides the course of action to be taken after reviewing 'Child welfare and protection summary' completed by the staff and completing a Safeguarding incident reporting form.
- If the mark or injury is noticed later in the day and the parent is not present, a message may be sent to enquire about it or it will be discussed at collection. And the above steps will be followed.
- If there are concerns about the nature of the injury, the staff will notify the designated safeguarding lead who will decide the course of action required. A 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 safeguarding lead.
- If there is no cause for further concern, a record is made in the Accident Record, with a note that the circumstances of the injury are not known.
- The parent/carer is advised at the earliest opportunity.
- If the parent/carer believes that the injury was caused at the setting this is still recorded in the Accident Record and an accurate record made of the discussion is made on the child's personal file.

Responding to the signs and symptoms of abuse

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

Responding to a disclosure by a child

- When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.
- The member of staff listens carefully and calmly, allowing the child time to express what they want to say.
- Staff do not attempt to question the child but if they are not sure what the child said, or what they meant, they may prompt the child further by saying '*tell me more about that*' or '*show me again*'.
- After the initial disclosure, staff speak immediately to the designated safeguarding lead. They do not further question or attempt to interview a child.
- If a child shows visible signs of abuse such as bruising or injury to any part of the body and it is age appropriate to do so, the key person will ask the child how it happened.
- When recording a child's disclosure on a 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 safeguarding lead makes a professional judgement about referring to other agencies, including Social Care using the Westmorland and Furness Safeguarding Children's Partnership threshold document:
 - Level 1: Child's needs are being met. Universal support.
 - Level 2: Universal Plus. Additional professional support is needed to meet child's needs.
 - Level 3: Universal Partnership Plus. Targeted Early Help. Coordinated response needed to address multiple or complex problems.

- Level 4: Specialist/Statutory intervention required. Children in acute need, likely to be experiencing, or at risk of experiencing significant harm.
- Staff are alert to indicators that a family may benefit from early help services and should discuss this with the designated safeguarding lead, also completing a Safeguarding incident reporting form if they have not already done so.

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

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

- If consent is sought and withheld and there are concerns that a child may become at risk of significant harm without early intervention, there may be sufficient grounds to over-ride a parental decision to withhold consent.
- If a parent/carer 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/carers 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 however sharing confidential information and making a referral without consent is done only where not sharing it could be worse than the outcome of having shared it. When a child protection referral has been made, the designated safeguarding lead contacts the parents/carers (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/carer should not be contacted until such time as their investigation, or the police investigation, is concluded. Parents/carers 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/carer puts another person at risk; situations where one parent may be at risk of harm, e.g. abuse; situations where it has not been possible to contact parents/carers to seek their consent may cause delay to the referral being made

The designated safeguarding lead makes a professional judgment regarding whether consent (from a parent/carer) 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.

Referring

- The designated safeguarding lead or back-up follows Westmorland and Furness Safeguarding Children Partnership (WFSCP) procedures for making a referral. Visit www.wfscp.org.uk and select how to report a concern and follow the directions.
- If the designated safeguarding lead or their back-up is not on site, the most senior member of staff present takes responsibility for making the referral.
- 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, they should call Westmorland and Furness Safeguarding Hub immediately on 0300 373 2724 or if they believe the child is in immediate danger then a call to the police on 999 will be made.
- 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.
- When the setting is open and the named DSL is not on site, a suitably trained deputy is always available for staff to discuss safeguarding concerns.

In the first instance this would be Zoe Scrogam (Joeys Deputy Manager). In the unlikely event that neither the Manager nor Deputy is available the senior team leaders Nicky Casey or Gemma Gott are trained to step up. Senior practitioners Julie Knowles & Lauren Boow are also level 3 trained and can step in to act as Designated safeguarding lead if necessary. The setting will not operate without a designated safeguarding lead available. The line manager of the designated safeguarding lead is our designated safeguarding officer (DSO), director Rebecca Lamb. The DSL is further supported by our Local Authority Safeguarding Officer.

Further recording

- Information is recorded using a Safeguarding incident reporting form, and a brief summary entered on a Child welfare and protection summary. Discussion with parents and any further discussion with social care is recorded. If recording a conversation with parents/carers that is significant, regarding the incident or a related issue, parents/carers are asked to sign and date 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 a Safeguarding incident reporting form, as above.
- The referral is recorded on a 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 Confidential safeguarding incident report form

- The designated safeguarding lead is responsible for reporting to the designated officer and seeking advice if required prior to making a referral as described above.
- For child protection concerns at Tier 3 and 4** it will be necessary for the designated safeguarding lead to complete 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 a member of staff disagrees with a decision made by the designated safeguarding lead not to make a referral to social care they must initially discuss and try to resolve it with them.
- If the disagreement cannot be resolved with the designated safeguarding lead and the member of staff 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
- an injustice 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 safeguarding lead.
2. Staff who are unable to raise the issue with their manager/designated safeguarding lead should raise the issue with the designated officer Rebecca Lamb contact details are available in the main office and in the staff cupboard.
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 the chair of directors Simon Anstey contact details are available in the staff cupboard.

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

Staff also have the right to report to the Ofsted helpline:

Whistle blowing at Ofsted Hotline: To contact the hotline call 0300 123 3155

(Monday to Friday from 08.00 to 18.00), email: whistleblowing@ofsted.gov.uk

Or write to WBHL, Ofsted, Piccadilly Gate, Store Street, Manchester M1 2WD.

Non-Mobile Baby Policy

Accidental bruising on non-independently mobile infants is rare and should therefore always warrant further investigation.

Staff are aware of the risks around safeguarding non-moving babies and older children who are unable to move for a variety of reason, for example a disability.

Mobile– a baby who can crawl, pull to stand, “cruise” around furniture, is toddling/ beginning to walk

Non- Mobile– babies who are not able to do any of the above. Babies who can roll are classed as non-mobile.

At Joey's, we recognise that accidents happen which can result in bruises etc. especially in mobile babies/ young children. However, it is highly unlikely that innocent bruising or other injuries will be observed in non-mobile babies. Non-mobile babies are vulnerable and at the risk of physical abuse. The younger the child, the higher risk that bruising or a mark on a baby is non-accidental. It is a requirement of our Local Safeguarding Children Board (WFSCP) that we record and refer all cases of suspicious bruising/ marks in non-mobile babies and older children to them for investigation.

- Bruising on a baby who has no independent mobility is very uncommon- less than 1% of non-mobile babies will have bruises. It may be an indicator of a serious medical condition or physical abuse.
- Accidental bruising occurs approximately 17% of babies who are cruising
- Severe child abuse is 6 times more common in babies aged under 1 year than that in older children.
- Infant deaths from non-accidental injuries often have a history of minor injuries prior to hospital admission
- Oronasal bleeding (bleeding from nose and/or mouth) in infants has been proposed as a marker of child abuse and requires investigation by a paediatrician
- Abusive Head Trauma (AHT)- previously described as “Shaken Baby Syndrome” is a relatively common cause of childhood neuro-trauma with an estimated incidence of 14-40 cases per 100,000 children under the age of 1 year; 15-23% of these babies die within hours or days after the incident. Of those who survive AHT, one third are severely disabled; one third are moderately disabled; one third have mild or no lasting symptoms.
- Infants under the age of one year are more at risk of being killed at the hands of another person (usually a carer) than any other age group of child in England and Wales. **Non-mobile babies cannot cause injuries to themselves and therefore must be considered at significant risk of abuse.** Multi- agency information sharing allows for sensible, informed judgements regarding the child's safety to be made.

It is very important that all bumps, bruises and marks on a baby/young child are noted as soon as possible after they have been observed and placed in the child's file. If there is an ongoing concern; for example, if a baby has been hurt by an older child in your care who may be a bit “heavy handed” with the baby, a

thorough review of risk assessments will be carried out to show what mistakes were made and how they can be prevented.

Female genital mutilation (FGM)

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

It is illegal to undertake FGM or to assist anyone to enable them to practice FGM under the Female Genital Mutilation Act 2003, it is an offence for a UK national or permanent UK resident to perform FGM in the UK or overseas. The practice is medically unnecessary and poses serious health risks to girls. FGM is mostly carried out on girls between the ages of 0-15, statistics indicate that in half of countries who practise FGM girls were cut before the age of 5. WFSCP 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. WFSCP have procedures which cover how professionals should respond to concerns that children or young people may be at risk of being influenced by or being made vulnerable by the risks of extremism.

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

- The designated safeguarding lead is required to familiarise themselves with WFSCP 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 safeguarding lead should follow WFSCP guidance in relation to how to respond to concerns regarding extremism and ensure that staff know how to identify and raise any concerns in relation to this with them.
- The designated safeguarding lead must know how to refer concerns about risks of extremism/radicalisation to WFSCP or the Channel panel, as appropriate.
- The designated safeguarding lead should also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of violent extremism.
- The designated safeguarding lead also ensures that all staff are aware of their responsibilities with regard to equality and inclusion and children's rights. Training is available from our training providers

Noodle Now and the [Early Years Alliance](#). The designated safeguarding lead completes prevent training delivered by WFSCP and supports staff to access the training offered by local authorities. Prevent training covers local arrangements for dealing with concerns that a child may be at risk of extremism and/or radicalisation.

- The designated safeguarding lead should understand the perceived terrorism risks in relation to the area that they deliver services in.

Parental consent for radicalisation referrals

WFSCP 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 consent should be sought on a case-by-case basis. Designated safeguarding leads should be mindful that discussion regarding potential referral due to concerns may be upsetting for the subject of the referral and their family. Initial advice regarding whether an incident meets a threshold for referral can be sought from WFSCP 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 WFSCP procedures should be followed regarding this.

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

Concerns about children affected by gang activity/serious youth violence

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

Forced marriage/Honour based violence

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

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

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

In an emergency police should be contacted on 999.

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

- Telephone: +44 (0) 20 7008 0151

- Email: fmufco.gov.uk
- Email for outreach work: fmuoutreach@fco.gov.uk

Further guidance

[Accident Record](#) (Alliance Publication)

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

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf

[Creating a culture of safeguarding](#) (Alliance Publication)

Safeguarding children, young people and vulnerable adults procedures

4.4 Concerns and allegations of serious harm or abuse against staff, volunteers or agency staff

Any individual who has reasonable suspicion of malpractice or concerns about a child's welfare should inform the designated safeguarding lead, Katie Smyth, without delay even if the person making the allegation later withdraws it.

All reports, concerns and allegations will be investigated and dealt with in confidence, involving only those staff who need to be involved on a 'need to know' basis. Concerns may come from a parent/carer, child, colleague, or the public.

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 concerns about the conduct of staff, students or volunteers must be shared with the designated safeguarding lead and recorded. The designated safeguarding lead should be informed of all concerns, including those that may initially be considered 'low level' and make the final decision on how to respond. Where appropriate this can be done in consultation with the designated officer.

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

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

Contact Details For Westmorland & Furness LADO

Telephone: 0300 303 3897

Email: lado@westmorlandandfurness.gov.uk

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

Identifying

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

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

Informing

- All staff report allegations to the designated safeguarding lead.

- The designated safeguarding lead alerts the designated officer for their setting. If the designated officer is unavailable the safeguarding lead contacts the chair of directors, this should be within 3-4 hours of the event. Together they should form a view about what immediate actions are taken to ensure the safety of the children and staff in the setting, and what is acceptable in terms of fact-finding.
- It is essential that no investigation occurs until and unless the LADO has expressly given consent for this to occur, however, the person responding to the allegation does need to understand what explicitly is being alleged.
- The designated safeguarding lead must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.
- The LADO is contacted as soon as possible and within one working day.
- A child protection referral is made if required. The LADO can advise on whether a child protection referral is required.
- The designated safeguarding lead asks for clarification from the LADO on the following areas:
 - what actions the designated safeguarding lead must take next and when and how the parents/carers 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 provider 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 safeguarding lead records details of discussions and liaison with the LADO including dates, type of contact, advice given, actions agreed and updates on the child's case file.
- Parents/carers are not normally informed until discussion with the LADO has taken place, however in some circumstances the designated safeguarding lead may need to advise parents/carers of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.
- Staff do not investigate the matter unless the LADO has specifically advised them to investigate internally. Guidance should also be sought from the LADO regarding whether suspension should be considered. The person dealing with the allegation must take steps to ensure that the immediate safety of children, parents/carers and staff is assured. It may be that in the short-term measures other than suspension, such as requiring a staff member to be office based for a day, or ensuring they do not work unsupervised, can be employed until contact is made with the LADO and advice given.
- The designated safeguarding lead ensures staff fill in Safeguarding incident reporting form.
- If after discussion with the designated safeguarding lead, the LADO decides that the allegation is not obviously false, and there is cause to suspect that the child/ren is suffering or likely to suffer significant harm, then the LADO will normally refer the allegation to children's social care.
- If notification to Ofsted is required the designated safeguarding lead will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The designated safeguarding lead will liaise with the designated officer about notifying Ofsted.
- The designated safeguarding lead ensures that the a Confidential safeguarding incident report form is completed and sent to the designated officer. If the designated officer is unavailable the chair of directors 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 safeguarding lead must consider revising or writing a new risk assessment where appropriate, for example if the incident related to an instance where a member of staff has physically intervened to ensure a child's safety, or if an incident relates to a difficulty with the environment such as where parents/carers 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 safeguarding lead.

- 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 Rebecca Lamb who will investigate further.
- During the investigation, the designated officer will identify another suitably experienced person to take on the role of designated safeguarding lead.
- If an allegation is made against the designated officer, then the team of directors are informed.

Recording

- A record is made of an allegation/concern, along with supporting information. This is then entered on the file of the child, and the 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 and whistleblowing 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 safeguarding lead.
- If after discussions with the designated safeguarding lead, they still believe that appropriate action to protect children has not been taken they must speak to the designated officer.
- If there are still concerns then the whistle blowing procedure must be followed, as set out in 4.2 Responding to safeguarding or child protection concerns.

Safeguarding children, young people and vulnerable adults procedures

4.5 Visitor or intruder on the premises

The safety and security of the premises is paramount importance and as such we ensure it is always maintained. Staff are vigilant in areas that pose a risk, such as all entry points. A risk assessment is completed to ensure that unauthorised visitors cannot gain access.

Visitors with legitimate business –

Milnthorpe Family Centre welcomes visitors. However, for the safety of the children and the staff we request that all visits are booked in advance to ensure a suitable member of staff is available to show you round. The Manager, Katie Smyth (or in her absence, the deputy manager Zoe Scrogam) has the authority to determine which visits are suitable

Access to the building is restricted with all doors and gates having coded locks and only staff have the access codes and these are changed regularly. Anyone looking to gain access would need to speak to staff through the intercom at the front door to establish their identity and reason for visit.

- On arrival, visitors 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 or other camera devices and our emergency evacuation.
- Visitors are never left alone with the children at any time.
- Professionals and regular visitors must have submitted their DBS number and the date validity must be checked or they will always remain accompanied by a staff member.
- Milnthorpe Family Centre will under no circumstance tolerate any form of harassment from third parties, including visitors, towards others, including children, staff members and parents.
- 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. All staff are aware that it is their priority to maintain the safety of any children in their care as well as their own safety.

- An individual who appears to have no business in the setting will be asked for their name and purpose for being there.
- The staff member identifies any risk posed by the intruder.
- The staff member ensures the individual follows the procedure for visitors.
- The setting manager is immediately informed of the incident and takes necessary action to safeguard children.
- If there are concerns for the safety of children, staff evacuate them to a safe place in the building and contact police. In some circumstances this could lead to 'lock-down' of the setting and will be managed by the responding emergency service (see procedure emergency evacuation and lock-down).
- The designated safeguarding lead informs their designated officer of the situation at the first opportunity.
- In the case of a serious breach where there was a perceived or actual threat to the safety of the children, the manager/designated person completes a Confidential safeguarding incident report form and copies in the team of directors on the day of the incident. The directors ensure a robust organisational response and ensure that learning is shared.

Safeguarding children, young people and vulnerable adults procedures

4.6 Uncollected child

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

- The designated safeguarding lead is informed of the uncollected child as soon as possible and attempts to contact the parents/carers by phone. Calls will be made at 5, 10, 15 & 20 minutes past collection time. A message will be sent on Family to the parent/carer.
- If after this the parents/carers cannot be contacted, the designated safeguarding lead will then use the emergency contacts to inform a known carer of the situation and arrange collection of the child.
- If after one hour the child remains uncollected and contact has not been made, the designated safeguarding lead contacts Multi Agency Children's Hub directly on [0300 373 2724](tel:03003732724) and explains the parents/carers or other known carer cannot be contacted and there are concerns about the child's welfare and/or the welfare of the parents/carers.
- The designated safeguarding lead should arrange for the collection of the child by social care.
- Where appropriate the designated safeguarding lead should also notify police.
- The safeguarding lead and one other staff member will remain on site until the child is collected either by the parent/carer or children's social care. The child will always continue to receive a high standard of care throughout and remain within their usual room with familiar staff to ensure they do not become distressed.
- Depending on the circumstances, Milnthorpe family Centre reserves the right to charge our late collections fee (see fees policy)

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/carer is made
- a record of conversations with parents/carers should be made and recorded on the child's file with parents/carers being asked to sign and date the recording.
- a record of conversations with parents/carers should be made and recorded on the child's file with parents/carers being asked to sign and date the recording.
- This is logged on the child's personal file along with the actions taken. A 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/carers to agree a plan to improve time-keeping and identify any further support that may be required.

Safeguarding children, young people and vulnerable adults' procedures

4.6 Missing child

Staff will ensure that all children are signed in and out promptly. It is the responsibility of all staff to be aware of the number of children present in their room and to carry out regular head counts when both inside and outside.

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

In the 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, the grounds of the setting including Milnthorpe Primary school grounds.
- Doors and gates are checked to see if there has been a breach of security whereby a child could wander out. We work with Milnthorpe Primary school who have cctv on their main entrance to see if they can see the child leaving the premises via their gates.
- 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 continues to search the immediate vicinity, if there is no sign of the child, the police are called immediately. The parents/carers are then called and informed.
- The designated safeguarding lead contacts their designated officer.
- A recent photo and a note of what the child is wearing is given to the police.
- Our manager talks to our staff to find out when and where the child was last seen and records this.
- During this period, staff will be continually searching for the missing child, whilst other staff maintain as near to normal routine as possible for the rest of the children in the nursery.
- The manager will meet the police and parents/carers.
- The manager will then await instructions from the police.
- Any incidents must be recorded in writing.

Off-site (outing or walk)

During all visits or outings, regular head counts will be carried out on children throughout by the designated trip leader. Ratios are higher on outings to reduce the risk of missing children outings ratios are usually one adult to three children maximum. In the unlikely event of a child going missing whilst on an outing the following procedure will be implemented immediately:

- As soon as it is noticed that a child is missing, the senior staff present carries out a headcount.
- Once a missing child is confirmed the senior staff member will share out their designated children between the other staff freeing them to do a sweep of the grounds they are on.
- Meanwhile a remaining staff member will contact the Joeys office and ask for any staff not in numbers to come and help including the safeguarding lead/manager if she is not already with the group.
- The remaining children will be kept distracted so as not to cause them distress or concern.
- If the senior staff's initial sweep does not locate the child the senior calls the police.
- The designated safeguarding lead informs the parents/carers.
- At least one member of staff will remain at the scene whilst others return to nursery with the children if it is safe to do so.
- All available staff will continue searching for the missing child.
- The manager will meet the police and parents/carers when they arrive at a designated point and await further instruction from the police.
- Any incidents must be recorded in writing.

Recording and reporting

- A record is made on a Child welfare and protection summary and a Safeguarding incident reporting form. The designated safeguarding lead completes and circulates the Confidential safeguarding incident report form to the directors 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 & chair of directors carries out a full investigation.
- The designated safeguarding lead and the designated officer speak with the parents/carers together and explain the process of the investigation.
- Staff present during the incident writes a full report using the Safeguarding incident reporting form, which is filed in the child's file. Staff do not discuss any missing child incident with the press.
- A conclusion is drawn as to how the breach of security happened.
- If the incident warrants a police investigation, all our staff co-operate fully. In this case, the police will handle all aspects of the investigation, including interviewing staff and parents. Children's social care may be involved if it seems likely that there is a child protection issue to address.
- In the event of disciplinary action needing to be taken, Ofsted are advised.
- The insurance provider is informed.

Managing people

- Missing child incidents are very worrying for all concerned. Part of managing the incident is to try to keep everyone as calm as possible.
- Our staff will feel worried about the child, especially the key person or the designated carer responsible for the safety of that child for the outing. They may blame themselves and their feelings of anxiety and distress will rise as the length of time the child is missing increases.
- They may be the understandable target of parental anger and they may be afraid. Our manager ensures that any staff under investigation are not only fairly treated, but receive support while feeling vulnerable.
- The parents will feel angry, and fraught. They may want to blame our staff and may single out one staff member over others; they may direct their anger at our manager. When dealing with a distraught and angry parent, there should always be two members of staff one of whom is our manager and the other should be our chair or another director. No matter how understandable the parent's anger may be, aggression or threats against our staff are not tolerated, and the police should be informed.
- The other children are also sensitive to what is going on around them. They too may be worried. Our remaining staff caring for them need to be focused on their needs and must not discuss the incident in front of them. They should answer children's questions honestly, but also reassure them.
- In accordance with the severity of the final outcome, our staff may need counselling and support. If a child is not found, or is injured, or worse, this will be a very difficult time. Our chair will use their discretion to decide what action to take.

Safeguarding children, young people and vulnerable adults procedures

4.8 Incapacitated parent/carer

Incapacitated refers to a condition which renders a parent/carer 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/carer 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 a Safeguarding incident reporting form.
- If intervention is required, the designated safeguarding lead speaks to the parent/carer in an appropriate, confidential manner.
- The designated safeguarding lead will, in agreement with the parent/carer, use emergency contacts listed for the child to ask an alternative adult to collect the child.
- The emergency contact is informed of the situation by the designated safeguarding lead and of the setting's requirement to inform social care of their contact details.
- The designated officer is informed of the situation as soon as possible and provide advice and assistance as appropriate.
- If there is no one suitable to collect the child social care are informed.
- If violence is threatened towards anybody, the police are called immediately.
- If the parent/carer takes the child from the setting while incapacitated the police are called immediately and a referral is made to social care.

Recording

- The designated safeguarding lead completes a Safeguarding incident reporting form and if social care were contacted a Confidential safeguarding incident report form is completed. If police were contacted a Confidential safeguarding incident report form should also be copied to the directors.
- Further updates/notes/conversations/ telephone calls are recorded.

Safeguarding children, young people and vulnerable adults procedures

4.7 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.
- The parents/carers are contacted and asked to come to the setting immediately, informing them that there has been an incident involving their child and that an ambulance has been called, asking them to come straight to the setting or hospital as appropriate.
- The designated safeguarding lead calls the designated officer and informs them of what has happened.
- The directors are contacted and a Confidential safeguarding incident report form prepared by the designated safeguarding lead.
- A member of staff is delegated to phone all parents/carers 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/carer.
- The decision on how long the setting will remain closed will be based on police advice.
- Ofsted are informed of the incident by the nominated person and a RIDDOR report is made.
- Staff will not discuss the death of a child with the press.

Responding

- The directors will decide how the death is investigated within the organisation after taking advice from relevant agencies.
- The directors will coordinate support for staff and children to ensure their mental health and well-being.

Further guidance

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

Safeguarding children, young people and vulnerable adults procedures

4.10 Looked after children

Milnthorpe Family Centre 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.

Identification.

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

Services provided to Looked After Children

Under two-year-olds

While 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 usually 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.

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

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

Additional Support

- The designated safeguarding lead and key person liaise with agencies and professionals involved with the child, and his or her family, and ensure appropriate information is gained and shared.
- 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.
- A meeting of professionals involved with the child is called by the setting at the start of any placement. This is to determine the objectives of the placement and consider the child's emotional and developmental needs.
- Following this meeting, a Care plan for looked after children form is completed. The plan is reviewed after two weeks, six weeks, three months, and thereafter at three to six monthly intervals.
- A Personal Education Plan (PEP) for children over 3 years old is put in place within 10 days of the child becoming looked after.

- In the first two weeks after settling-in, the child's well-being is the focus of observation, their sociability and their ability to manage their feelings with or without support.
- Further observations about communication, interests and abilities will be noted to form a picture of the whole child in relation to the Early Years Foundation Stage prime and specific areas of learning and development.
- Regular contact will be maintained with the social worker through planned meetings, which will include updating the care plan and/or contribution to the PEP which is reviewed annually.

The Care plan

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

Safeguarding children, young people and vulnerable adults procedures

4.11 E-safety (including all electronic devices with imaging and sharing capabilities)

Policy statement

The internet is now regarded as an essential resource to support teaching and learning. Our practitioners aim to support children in using a range of technology which may include cameras, tablets, photocopiers, CD players, laminators and programmable toys.

Use of the internet and other technology within Milnthorpe Family Centre is always supervised and guided by an adult and forms part of the planned curriculum for children's learning and development.

Online Safety

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

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

Content – being exposed to illegal, inappropriate or harmful material

Contact – being subjected to harmful online interaction with other users

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

I.C.T Equipment

- Only ICT equipment belonging to the setting is used by staff and children.
- Children are not permitted to bring tablets, games consoles, smart watches or any other form of technology as this has not been checked by our online safety person, also anything which can take a photograph poses a safeguarding risk to our children.
- The designated person is responsible for ensuring all ICT equipment is safe and fit for purpose.
 - The setting manager ensures that all computers & Ipads have up-to-date virus protection installed.
- Tablets are only used by educators for the purposes of observation, assessment, and planning and to take photographs for individual children's learning journeys.
- Tablets remain on the premises and are always stored securely when not in use.

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 & Twinkl).
- 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.

Strategies to minimise risk include:

- Check apps, websites and search results before using them with children.
- Ensure safety modes and filters are applied - default settings tend not to ensure a high level of privacy or security.
- Role model safe behaviour and privacy awareness. Talk to children about safe use, for example ask permission before taking a child's picture even if parental consent has been given.

- Make use of settling in visits to inform your understanding of how technology is used within the home and the context of the child with regards to technology.
- Check privacy settings to make sure personal data is not being shared inadvertently or inappropriately. (source: <https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety>)

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.
- Staff send personal information by encrypted email using egress and share information securely at all times

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

- Personal mobile phones and internet enabled devices are not used by staff during working hours. This does not include breaks where personal mobiles may be used off the premises or in a safe place e.g, office or meeting room.
- Personal mobile phones are switched off and stored in the locked staff cupboard in main foyer.
- In an emergency, personal mobile phones may be used in an area where there are no children present, with permission from the manager.
- Staff should ensure that contact details of the setting are known to family and people who may need to contact them in an emergency.
- Under no circumstance should staff take photographs of any children using their personal mobiles. Any staff doing so will face disciplinary proceedings. (As stated in our Safeguarding Policy and Employee Contract.)
- All photographs and videos at nursery should be taken using the nursery tablets and then printed or downloaded onto the nursery computer.
- Wherever possible the Out of school club mobile is used for outings. If there is an issue with taking the out of school club phone. The manager may agree a senior can take their personal phone however, it will be recorded on our outings log and they must not under any circumstance make or receive personal calls, or take photographs of children.
- Parents and visitors are requested not to use their mobile phones whilst on the premises. We make an exception if a visitor's company or organisation operates a lone working policy that requires contact with their office periodically throughout the day. Visitors will be advised of a quiet space where they can use their mobile phone, where no children are present.
- If staff are attending meetings with other professionals, then a personal mobile may be taken to maintain contact.
- Staff are advised to manage their personal security settings to ensure that their information is only available to people they choose to share information with.

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. Children are given the opportunity to consent to their photograph being taken, even if parent/carer permissions are in place.
- Camera and video use is monitored by the setting manager.
- Where parents/carers request permission to photograph or record their own children at special events, general permission is first gained from all parents/carers 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.
- Company tablets and cameras will not be taken home by staff and will remain on site unless being used for an outing where it is recorded on the outs log and signed out and back in again.

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

Staff, student & volunteers use of social media

They are expected to:

- understand how to manage their security settings to ensure that their information is only available to people they choose to share information with
- ensure the organisation is not negatively affected by their actions and do not name the setting
- are aware that comments or photographs online may be accessible to anyone and should use their judgement before posting
- are aware that images, such as those on Snapshot may still be accessed by others and a permanent record of them made, for example, by taking a screen shot of the image with a mobile phone
- observe confidentiality and refrain from discussing any issues relating to work
- not share information they would not want children, parents or colleagues to view
- set privacy settings to personal social networking and restrict those who are able to access
- not accept service users/children/parents as friends, as it is a breach of professional conduct
- report any concerns or breaches to the designated 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

Parents/carers/employees who wish to make a complaint if they have witnessed inappropriate comments or photos are advised to speak to the manager in the first instance; if they are not satisfied with the outcome, to follow the complaints procedure displayed in nursery.

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 4.2 Allegations against staff, volunteers or agency staff.

Family - learning journals for recording children's progress and communications with parents

- We use a childcare software called Family – parents/carers are made aware of this at the time of signing up. Some aspects are essential such as recording bookings/ invoicing/ learning journeys
- Some aspects which involve images being shared on our class story require parent/carer consent this is given within the app. We make every effort to ensure that children do not appear on the class story without consent.
- If an image is reported to us that should not be on there we will act accordingly to remove as quickly as possible.
- Training is given to ensure staff understand the reasons why a child may not be shared on the app
- The Family software is a safe and secure system and one that enables parents and carers to contribute to their child's learning journey at any time. They can share photos with their child, family and friends at home and also post any comments and photographs of their own, helping to create a fully holistic view of the child and strengthen the parent partnership.
- Senior practitioners will oversee any uploads to the app and they must check that consent has been given.
- We ask parents to agree within the permissions that they will not copy and share images from our Family app and respect the rights of the other children and parents.
- We seek permissions from parents/carers to share media in this way and they have consented to us doing so they have not consented to it being shared further and certainly not through social media sites. Parents found to be sharing images will be removed from the app and as such will be unable to access childcare with ourselves.
- Parents are removed within two weeks once their child has left the setting.
- Family is a cloud based childcare software that securely stores child record information and billing information, this software requires individual log ins which are password protected.

- Staff cannot access family off site the software uses GPS location to establish they are on site. The only exception is the manager who can and will access remotely if she needs to notify parents of closures or important messages.

Milnthorpe Family Centre - Social media

Milnthorpe Family Centre recognises that Facebook is a fast and effective way to communicate as well as a marketing tool. We have established a page in order to utilise this opportunity. We are mindful that this has attendant risks and we have taken the following steps to minimise these.

* Only core staff will be added to the site with an administrator's role.

* We do not use children's names on any post on the site.

* We do not upload any picture of a child where that child may be recognised without first seeking parental permission

* We seek staff consent before posting photos of staff

5.0 Food safety and nutrition policy

Alongside associated procedures in **5.0-5.6** Food safety and nutrition, this policy was adopted by Milnthorpe Family Centre on 1.9.25

Aim

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

Objectives

- We recognise that we have a corporate responsibility and duty of care for those who work in and receive a service from our provision, but individual employees and service users also have responsibility for ensuring their own safety as well as that of others. Risk assessment is the key means through which this is achieved.
- Procedure **01.3** 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 ensure that children are supervised at mealtimes and that children are within sight and hearing of a member of staff at all times and staff are sat facing children when eating to ensure they are eating in a way that prevents choking and so they can prevent food sharing and be aware of any unexpected allergic reactions.
- We ensure that there is a qualified Paediatric First Aider present in all rooms when children are eating.
- We follow the main advice on dietary guidelines and the legal requirements for identifying food allergens when planning menus based on the four food groups:
 - meat, fish, and protein alternatives
 - milk and dairy products
 - cereals and grains
 - fresh fruit and vegetables.
- Following dietary guidelines to promote health also means taking account of guidelines to reduce risk of disease caused by unhealthy eating.
- Parents/carers share information about their children's particular dietary needs and known allergies 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.
- We take into account every child's individual development needs and work in partnership with parents/carers to help children to move on to the next stage with regard to weaning as per the guidance listed below.
- Milnthorpe Family Centre ensures that all staff are aware of the symptoms and treatments for allergies and anaphylaxis and the differences between allergies and intolerances which may develop at any time.
- 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.
- We notify Ofsted of any food poisoning affecting two or more children in our care as soon as possible and at least within 14 days.
- Risk assessments are conducted for each individual child who has a food allergy or specific dietary requirement.
- If a child chokes at mealtime and intervention is given. We record details of the incident and ensure that parents/carers are informed.

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)

5.1 Joeys Food and drink

Policy statement

Procedures

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

- Before a child starts to attend the setting, we ask their parents about their dietary needs and preferences, including any allergies. (See the Managing Children who are Sick, Infectious or with Allergies Policy.)
- We record information about each child's dietary needs in the Registration Form and complete a health care plan, parents sign the form to signify that it is correct.
- We regularly consult with parents to ensure that our records of their children's dietary needs – including any allergies - are up-to-date. Parents sign the updated record to signify that it is correct.
- We display current information about individual children's dietary needs so that all our staff and volunteers are fully informed about them.
- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences, as well as their parents' wishes
- We update parents of snack on the dojo
- We provide nutritious food for all snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives and colourings.
- At Joeys, we provide children with drinks, either milk or water at snack times and water with lunch & tea. Fresh fruit juice is offered in our Out of School Club during breakfast.
- Fresh drinking water is available for all children at all times, we inform the children how to obtain the water and let them know that they can ask for water at any time during the day. We ask parents if they are bringing drinks from home that they respect Joeys' policy and only send water in their drinking cup.
- During activities throughout the year we will encourage the children to try new and varied foods, such as breads from around the world, multicultural foods and unusual fruits and vegetables. We include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- We also have visits to local shops and sometimes the market to give the children opportunities to purchase their own fruit and vegetables.
- The children will be given the opportunity to join in with cooking activities, which Joeys tries to keep healthy such as, fruit kebabs, vegetable soup, vegetable pizzas, fruity curries and wholemeal bread.
- We take care not to provide food containing nuts or nut products and we are especially vigilant where we have a child who has a known allergy.
- Through discussion with parents and research, we obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, as well as about food allergies. We take account of this information in the provision of food and drinks.
- We show sensitivity in providing for children's diets and allergies. We do not use a child's diet or allergy as a label for the child, or make a child feel singled out because of her/his diet or allergy.
- We organise meal and snack times so that they are social occasions in which children and adults participate.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.
- We inform parents who provide food for their children about the storage facilities available in our setting.
- We give parents who provide food for their children information about suitable containers for food.
- In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.
- For young children who drink milk, we provide whole pasteurised milk, however we will always try to accommodate milk substitutes if we can for children with allergies.
- For each child under two, we provide parents with daily written information about feeding routines, intake and preferences.

Packed lunches

- We ensure perishable contents of packed lunches are refrigerated and ask parents to label such items, we will then transfer them to a fridge;

- inform parents of our policy on healthy eating;
- we can reheat meals in the Koala room for both lunch and tea;
- we can reheat evening meals in the Little Jumpers & big jumpers room but not lunches due to the session being so busy, exceptions will only be made for medical purposes
- we cannot reheat meals for after school club
- we cannot reheat high risk foods such as rice
- we will only reheat a meal once
- we encourage parents to provide healthy lunches with fruit, and milk based deserts, such as yoghurt or crème fraiche.
- Discourage packed lunch contents that consist largely of crisps, processed foods, sweet drinks and sweet products such as cakes or biscuits. We reserve the right to return this food to the parent as a last resort;
- We provide children with plates, cups and cutlery; and ensure that adults sit with children while they eat their lunch so that the mealtime is a social occasion.

Food safety and nutrition procedures

5.2 Food preparation, storage and purchase

Milnthorpe Family Centre do not offer cooked meals, we offer breakfast including cereals, toast/crumpet or alternative, morning and afternoon snacks and evening lite bite if not having a home provided meal. We ask that parents/carers provide lunch and tea. While in Koalas children can have both lunch and tea heated. Once in the Little Jumpers room we ask you provide a cold pack lunch and tea can be heated. Once in Out of school club as children can access a hot lunch in school we ask you provide a cold tea box. If you prefer to have tea together as a family when you get home we offer a lite bite to keep them going till they get home.

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

General

- All staff have up to date certificated training on food safety.
- Senior staff plan the snack menu and take into account dietary needs and allergies. As well as Eat Better, Start Better (Action for Children 2017) and Example menus for early years settings in England (PHE 2017) which contains guidance on menu planning, food safety, managing food allergies and reading food labels.
- The setting manager is responsible for ensuring that the requirements in Safer Food Better Business are implemented.
- All staff responsible for preparing food have undertaken a Food Allergy awareness Online Training either on Noodle now or 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.
- Staff carry out and record daily opening/closing checks, four weekly reviews and dated records of deep cleaning.
- The setting manager maintains a Food Allergy and Dietary Needs list:
 - 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 displayed for all staff within the rooms and the risk assessment shared.
 - a record of snack menus along with any allergens
 - 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 each member of staff that has undertaken the training

Reporting of food poisoning

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

- Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within our setting, the manager will contact the Environmental Health Department to report the outbreak and will comply with any investigation.
- The setting manager is responsible for informing the directors who then reports to Ofsted of 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.
- All items purchased are checked for ingredients changes on arrival. If something is no longer suitable parents are notified.

- If food that is not pre-packed (described as 'loose food'), such as sandwiches bought from a bakery is served, then allergen information will have been provided by the retailer, this information must then be shared in the same way with parents.
- We do not restrict allergens brought in lunch boxes but have strict procedures in place for seating children at risk separately.
- Bulk buy is avoided where food may go out of date before use.
- All opened dried food stuffs are stored in airtight containers.
- Dried packaged food is not decanted from packaging into large bins or containers as this prevents monitoring of sell by/use by dates and allergen information.
- Food is regularly checked for sell by/use by dates and any expired items are discarded.
- Bottles and jars are cleaned before returning to the cupboards.
- Soft fruit and easily perishable vegetables are kept in the fridge at 1- 5 Celsius.
- Packaged frozen food should be used by use by dates.
- Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.
- Fridge and freezer thermometers should be in place. Recommended temperatures for fridge 37 degrees Fahrenheit (3 degrees Celsius), and freezers 0 degrees Fahrenheit (-18 degrees Celsius). Temperatures must be recorded daily to ensure correct temperatures are being maintained.
- Freezers are defrosted every 3 months or according to the manufacturer's instructions.
- While it is unlikely we would have raw meat on site if the need were to occur we would store on lower shelves and in drip-free dishes.
- Fruit and vegetables stored in the fridge are washed thoroughly before refrigeration to reduce risk of pests and E. coli contamination.
- Items in fridges must be regularly checked to ensure they are not past use by dates.
- Packed lunches are stored in a cool place; un-refrigerated food is served to children within 4 hours of the child arriving at nursery.

Preparation of food

- Food preparation areas are cleaned before and after use.
- There are separate facilities for hand-washing and for washing-up.
- All surfaces are clean and non-porous.
- All utensils, crockery etc. are clean and stored appropriately.
-
- Food handlers must check the content of food/packets to ensure they do not contain allergens.
- Food allergens must be identified on the menus and displayed for parents.
- Food handlers wash hands and cover any cuts or abrasions before handling food.
- Separate boards and knives are used for chopping food, usually colour coded.
- Raw and cooked foods are prepared separately.
- Meat and fish should be washed and patted dry with paper towels. This does not include chicken which must not be washed because of the risk of campylobacter.
- All vegetables and fruit are washed before preparing.
- Food left out is covered, for example when cooling down.
- Frozen meat, fish and prepared foods are thawed properly before cooking.
- Meat and fish are cooked thoroughly; a food probe is to be used to check temperature of roasted meat or baked meat products.
- Microwaved food is left to stand for a few minutes before serving.
- A food probe is used to check temperature of food, including where heated in a microwave; it is checked in several places to avoid hot spots.
- Food temperatures are recorded and must reach over 75 degrees
- Potatoes and vegetables are peeled when needed, not in advance and left in water.
- Food prepared and cooked for different religious dietary needs and preferences, such as Halal or Kosher meat is cooked in separate pans and served separately.
- Food cooked for vegetarians does not come into contact with meat or fish or products.
- Food cooked and prepared for children with specific dietary needs is cooked in separate pans and served separately.
- For children with a wheat or gluten allergy foods needing to be toasted will be done under the grill on a separate tray.
- 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

The sharing of meals and snacks at Joeys plays a very important part in a child's social and emotional development, as well as reinforcing children's understanding of the importance of healthy eating. We promote healthy eating at snack and mealtimes. We aim to provide nutritious food, which meets the children's individual dietary needs.

- 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 snack cupboard
 - Children with severe allergies have their own plates
- Children with allergies/food preferences are not made to feel 'singled out' by the methods used to manage their allergy/food preference.
- Food served to children with identified allergies is checked by the person responsible for that table 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 trolley, not carried across rooms.
- Tables are cleaned before and after, with soapy water or a suitable non-bleach product.
- Members of staff serving food wash their hands and cover any cuts with a blue plaster, disposable blue gloves are worn
- Left over foods are collected in the food caddy and disposed of daily in the food waste bin at the bottom of the car park

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/quidancenotes/hygguid/ecoliguide#.U7FCVGIOWdI

Further guidance

[Eat Better, Start Better \(Action for Children 2017\) www.foundationyears.org.uk/eat-better-start-better/](http://www.foundationyears.org.uk/eat-better-start-better/)

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

www.gov.uk/government/publications/example-menus-for-early-years-settings-in-england

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

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

www.food.gov.uk/sites/default/files/media/document/loosefoodsleaflet.pdf

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

[Food allergy/anaphylaxis guidance](https://www.bsaci.org/wp-content/uploads/2020/02/BSACIAllergyActionPlan2018NoAAI2981-2.pdf)

<https://www.bsaci.org/wp-content/uploads/2020/02/BSACIAllergyActionPlan2018NoAAI2981-2.pdf>

<https://www.nhs.uk/conditions/anaphylaxis/>

<https://www.nhs.uk/conditions/food-allergy/>

Food safety and nutrition procedures

5.3 Meeting dietary requirements

The sharing of meals and snacks at Joeys plays a very important part in a child's social and emotional development, as well as reinforcing children's understanding of the importance of healthy eating. We promote healthy eating at snack and mealtimes. 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/carers. A child's special dietary requirements are recorded on registration to the setting and information is shared with all staff.
- If a child has a known food allergy, procedure 3.8f Allergies and food intolerance is followed.
- Staff record information about each child's dietary needs in the individual child's registration form; parents/carers sign the form to signify that it is correct.
- Up-to-date information about individual children's dietary needs is displayed so that all staff and volunteers are fully informed.
- Staff ensure that children receive only food and drink that is consistent with their dietary needs and cultural or ethnic preferences, as well as their parent/carer's wishes. At each mealtime, a member of staff is responsible for checking that the food provided meets the dietary requirements for each child.
- The menus of meal and snacks are displayed on the notice board for parents/carers 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/carers and research by staff, staff obtain information about the dietary rules of religious groups to which children and their parents belong, and of vegetarians and vegans, as well as 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 at any time during the day.
- Meal and snack times are organised as social occasions.

Fussy/faddy eating

- Children who are showing signs of 'strong food preferences, or aversions to food' are not forced to eat anything they do not want to.
- Staff recognise the signs that a child has had enough and remove uneaten food without comment.
- Children are not made to stay at the table after others have left if they refuse to eat certain items of food.
- Staff work in partnership with parents/carers to support them with children who are showing signs of 'food preference or aversion' 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/>

Food safety and nutrition procedures

5.4 Food for play and cooking activities

Some parents/carers 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 vegetarian, should not be given any food to play with that contains animal products (Gelatine). Parents/carers' views should be sought on this. In some cases, it is not appropriate to use food for play, particularly in times of austerity.

- Food for play may include dough, corn flour, pasta, rice, cereals, raw vegetables, mashed potato, food colourings/flavourings, jelly (never raw),
- Food for play is risk assessed against the 14 allergens referred and is included in the written risk assessment undertaken for children with specific allergies.
- Staff are constantly alert to the potential hazards of food play, in particular choking hazards and signs of previously undetected allergies.
- Pulses are not recommended as they can be poisonous when raw or may choke.
- The use of raw vegetables solely for printing is discouraged but if they have been in our role play for exploration and investigation we may then go on to use them to print with.
- Dried food that is used for play should be kept away from food used for cooking.
- Foods that are cooked and used for play, such as dough, have a limited shelf life.
- Cornflour is always mixed with water before given for play.
- Cornflower and cooked pasta are discarded after an activity; high risk of bacteria forming.
- Utensils used for play food are washed thoroughly after use.

Children's cooking activities

- Before undertaking any cooking activity with children, members of staff should check for allergies and intolerances by checking children's records.
- Children are taught basic hygiene skills such as the need to wash hands thoroughly before handling food, and again after going to the toilet, blowing their nose or coughing.
- The area to be used for cooking is cleaned; a plastic tablecloth is advised.
- Children should wear aprons that are used just for cooking.
- Utensils provided are for children to use only when cooking, including chopping/rolling boards, bowls, wooden spoons, jugs, and are stored in the kitchen.
- Members of staff encourage children to handle food in a hygienic manner.
- Food ready for cooking or cooling is not left uncovered.
- Cooked food to go home is put in a paper food bag and refrigerated until home time.
- Food play activities are suspended during outbreaks of illness.

Playdough and raw (uncooked flour)

All flour including cornflour is raw until the point it is heated or cooked. Raw flour poses a risk of E. coli to young children and current advice is that it should not be used for play, or for uncooked playdough recipes.

- Only playdough that has been cooked or made with precooked flour should be used.
- Only cornflour that has been cooked or made with precooked flour should be used.

If a child or member of staff is allergic to any of the ingredients they must be replaced, and a safe alternative used.

Staff have up to date information about children's allergies or concerns about a potential allergy and these are clearly displayed.

If a younger child is likely to put the playdough/ cornflour in their mouth, a safe alternative is provided.

If a child is likely to eat the playdough due to persistent sensory seeking behaviours the activity will be replaced with a safe alternative.

Children are always supervised when playing with playdough or cornflour.

Children and staff wash their hands before and after the activity.

Other activities with flour?

Uncooked flour should not be used for activities where children are exploring through touch or taste, or there is a likelihood they will put their fingers in their mouths.

Baking: We do baking activities where flour is used and then the food is cooked. We ensure that the activity is risk assessed, and children do not eat the uncooked flour or the mixture.

Food safety and nutrition procedures

5.5 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. Staff will fully support parent/carer's choices.

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

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

General

- Support is offered to promote and maximise the benefits of breastfeeding to new and expectant mothers attending the setting. Information is provided in the form of leaflets and 'signposting' to support groups and other sources of information.
- Publicity materials for bottle feeding and formula milk are not displayed within the setting.
- Mothers are enabled and supported to feed their babies within the setting. Every effort will be made for mothers who wish to feed their babies in private to do so.
- Toilet and baby changing areas are not offered as areas for breastfeeding as these cannot offer a hygienic environment.
- If a visitor to the setting objects to a mother breastfeeding, the 'complainant' will be moved to an area where they 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/

Food safety and nutrition procedures

5.6 Milk and baby food preparation and storage

Purchasing and storing food

- Where parents/carers 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/carers 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/carers are providing formula milk already made up at home, or breast milk, it should already be made up into sterilised bottles and clearly labelled with the child's name.
- Parents/carers 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/carers should speak to their child's health visitor for further guidance if their child has a milk intolerance and needs an alternative.
- If parents/carers 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.
- Staff check packets to check for allergens.
- Packaged baby cereal is kept in plastic airtight containers to prevent contamination and to ensure freshness.

Food safety and nutrition procedures

5.7 Infant Bottle Making Procedure

Staff will speak with parents/carers and find out how the child prefers to take each bottle and routines will be followed as much as possible.

Before preparing any bottles staff wash their hands and clean the work surface in the kitchen.

Feeds should be given at around body temperature, 98.6 degrees Fahrenheit (37 degrees Celsius) a food probe should be used to test this.

Before preparing any feed: Clean the surface where the bottle/feed will be made & ensure Only ONE bottle to be made at a time (no batch making)

- Each baby has a feeding schedule on the white board. This highlights any allergies or foods not to be given.
- Milk or weaning feeds provided by parents are labelled and refrigerated immediately
- Baby milk formula and weaning food is kept in named containers for each baby
- All bottles/dummies, feeding spoons and bowls for babies less than one year old are washed using detergent and hot water and are steam sterilised after use.
- The manufacturer's instructions are followed when using steam sterilisers.

Formula Bottles being made at nursery:

Ideally, formula milk should be made up freshly for each feed.

*Fill the kettle with fresh water and boil.

*Measure the required amount of boiled water into the bottle. Always put the boiled water in the bottle first, before the powder. Don't let the boiled water cool for longer than 30 minutes.

*Using the scoop provided in the tin/tub of milk, add the correct number of scoops of powdered milk to the boiled water in the bottle, levelling each scoop off with the back of a clean dry knife. Alternatively use the measured out powder from the child's labelled container.

*Place the cap on the bottle and shake well, test the temperature of the milk with a food probe. If the milk is too hot then put cold water into a jug and leave in the jug to cool.

*Repeat the testing of the temperature until you are happy.

*Once a bottle has been made please don't reheat the milk, it must be used within 1 hour of making the milk.

Formula Milk in a carton:

*If the milk is in an unopened carton then that milk can be heated up by filling the bottle with the required amount of milk and placing the bottle in the bottle warmer.

*Testing the temperature with a food probe.

*If the milk has not been used within 1 hour of heating it up then it must be thrown away.

Breast Milk:

Breast milk should be stored in the fridge and heated when needed using the bottle warmer, it should be heated in the container/bag it arrives in and should only be transferred to the bottle once warmed and ready to consume. If the container doesn't fit in the bottle warmer, stand container in very warm but not boiling water until warmed enough to serve. Once heated breastmilk should be disposed of within one hour of heating.

Warming Cows milk:

The same procedure should be followed for heating of cows milk, use the bottle warmer and test with food probe, throw away one hour after heating.

Weaning foods

- We maintain good communication with parents/carers as to the stage of weaning each child is at
- All weaning foods provided by the setting i.e. fruit, bread, muffins and any foods in the 14 allergens list are identified and listed on children's menus.
- Vinyl gloves are used to prepare milk feeds or weaning food for babies.
- Raw fruit or vegetables given to babies are washed, peeled, cut or blended.
- Finger foods, such as rusks, are served in a dish.
- Babies are slowly introduced to food in the setting so that by approximately one year of age they are fully weaned according to need.

Further guidance on making up bottles in advance for use at the setting can be found at:

www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/bottle-feeding/formula-milk-questions/
Guidance for the storage of breast milk is available from: www.nhs.uk/start4life/baby/feeding-your-baby/breastfeeding/expressing-your-breast-milk/storing-breast-milk/

Staff, volunteers, assistants and students' policy

6.0 Staff, volunteers, assistants and students' policy

Alongside associated procedures in 6.0-6.7 Staff, volunteers and students, this policy was adopted by *Milnthorpe Family Centre* on 1.9.25

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

Legal references

Protection of Children Act 1999

Safeguarding Vulnerable Groups Act 2006

Childcare Act 2006

Further guidance

Recruiting Early Years Staff (Alliance Publication)

People Management in the Early Years (Alliance Publication)

Staff, volunteers, assistants and students' policy

6.1 Recruitment Checks

Obtaining references

Our nursery takes its commitment to Safeguard and Promote the Welfare of Children and Young People very seriously and expects all staff, students and volunteers to do the same.

We aim to ensure that all people working with children are suitable to do so and we are therefore extremely vigilant when recruiting new staff to join our team. Robust recruitment checks are essential to ensuring that unsuitable persons cannot have contact with children through employment with us. As part of our commitment to safer recruitment we:

- We advertise our posts through the Local Authority as well as through our own social media pages and recruitment sites.
- We work towards offering equality of opportunity by using non-discriminatory procedures for staff recruitment and selection.
- All staff roles have job descriptions, which set out their duties and responsibilities.
- We welcome applications from all sections of the community. Applicants will be considered on the basis of their suitability for the post, regardless of disability, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, sex, age, marriage or civil partnership. Applicants will not be placed at a disadvantage by imposing conditions or requirements that are not justifiable.
- All adverts clearly state *'Milnthorpe Family Centre are committed to safeguarding and promoting the welfare of children and expect all staff to share this commitment. The successful applicant will be appointed on completion of relevant enhanced Disclosure and Barring Service (DBS) checks and satisfactory references.'*
- Further to this our application form, which every applicant must fill in to be considered for interview, clearly states *'this employment is exempt from the provision of Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986. All applicants must disclose details of any criminal convictions, cautions reprimands or warnings which for other purposes may be considered as 'spent'. An Enhanced Disclosure and Barring Scheme (DBS) check will be carried out for applicants selected for appointment. Information received will be kept confidential and only used in relation to the position.'*
- We obtain references from applicants for roles in our setting
- 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 working on the premises.
- 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 (this is relevant to students on Duke of Edinburgh award or other placements for under 16.)
 - the date the disclosure was obtained; and
 - Details of who obtained it.
- All staff and volunteers are informed that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).
- All staff and volunteers are required to notify us if anyone in their household (including family members, lodgers, partners etc.) has any relevant convictions, cautions, court orders, reprimands or warnings or has been barred from, or had registration refused or cancelled in relation to any childcare provision or have had orders made in relation to care of their children.
- 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.

Further information and guidance

A120 New Employee Handbook (Alliance Publication)

A128 Recruiting Early Years Staff (Alliance Publication)

A129 People Management in the Early Years (Alliance Publication)

Staff, volunteers and students procedures

6.2 Induction of employees and volunteers

Starting work

New members of staff will undergo an induction period (minimum of 12 weeks) during which time they will read and discuss the nursery's policies and procedures and receive a mentor who will introduce them to the way in which the nursery operates. Their work ethic and performance will also be monitored very closely during this time and if satisfactory levels are not being reached their employment may be reconsidered.

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

Procedures

- We have a written induction plan for all new staff, which includes the following:
 - Introductions to all employees and volunteers including Milnthorpe Family Centre Structure this includes our team of directors.
 - Familiarisation with the building, health and safety, and fire and evacuation procedures.
 - Ensuring our policies and procedures are read and adhered to.
 - Introduction to the parents, especially parents of allocated key children where appropriate.
 - Familiarisation with confidential information in relation to any key children where applicable.
 - Details of the tasks and daily routines to be completed.
- The initial induction period lasts at least two weeks. The manager inducts new employees and volunteers.
- During the induction period, the individual must demonstrate understanding of and compliance with policies, procedures, tasks and routines.
- Successful completion of the induction forms part of the probationary period.
- Following induction, we continue to support our staff to deliver high quality performance through regular supervision and appraisal of their work.

Staff, volunteers and students procedures

6.3 Staff Ratios and deployment

We provide a staffing ratio in line with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage to ensure that children have sufficient individual attention and to guarantee care and education of a high quality.

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

- Children under two years of age: 1 adult : 3 children:
 - at least one member of staff holds a full and relevant level 3 qualification and is suitably experienced in working with children under two;
 - at least half of all other staff hold a full and relevant level 2 qualification or higher;
 - at least half of all staff have received training that specifically addresses the care of babies; and
- Children aged two years: 1 adult : 4 children: (in September 2023 the government changed this ratio requirement to 1 adult : 5 children aged 2-3years, Milnthorpe Family centre believe it optimal to maintain the 1:4 ratio and will only use the 1:5 ratio when deemed necessary by management an example of this maybe due to staff absence)
 - at least one member of staff holds a full and relevant level 3 qualification; and
 - At least half of all other staff hold a full and relevant level 2 qualification or higher.
- Children aged three years and over: 1 adult : 8 children:
 - at least one member of staff holds a full and relevant level 3 qualification; and
 - At least half of all other staff hold a full and relevant level 2 qualification or higher.
- The number of children for each key person takes into account the individual needs of the children and the capacity of the individual key person to manage their cohort.
- We may also include students on long term placement and volunteers (aged 17 or over) and apprentices (aged 16 years or over), where we deem them suitably qualified and experienced.

Deployment

Members of staff, including assistants, bank staff and students (where eligible to be counted in ratios) are deployed to meet the care and learning needs of children and to always ensure their safety and well-being.

- Two members of staff are on the premises before children are admitted in the morning and at the end of the day; one of which should be the manager/deputy or named senior.
- 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. Except in the cases of apprentices, only those aged 17 and over may be included in the ratios and only if the setting manager is satisfied, they are suitable, (staff under 17 should be supervised at all times).
- We aim to have all staff Paediatric First Aid trained therefore there are always multiple first aiders on hand at any time during the day including mealtimes.
- Senior staff deploy staff to give adequate supervision of indoor and outdoor areas, ensuring that children are always within sight or hearing of staff. Whilst eating, there is an assigned member of staff to each table to ensure children are always within sight and hearing.
- 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 activities.
- Staff inform colleagues if they must leave the room for any reason.
- Staff always focus their attention on the children whilst having a wider awareness of what is happening around them.
- Staff do not spend working time in social conversation with colleagues.
- Staff allow time for colleagues to engage in 'sustained shared interaction' with children and do not interrupt activities led by colleagues.
- Sufficient staff are available at story times to engage children.
- Key persons aim to spend time with key children daily; these times are not for focussed activities but for promoting shared times and friendship.

- Our manager organises our staff annual leave so that ratios are not compromised.
- Where our staff are unwell and take sick leave in accordance with their contract of employment, we organise cover to ensure ratios are maintained.
- Where staff absence occurs expectantly, we have a number of qualified and vetted bank staff who will be contacted alternatively we will call Key stage Teacher supply who will help cover to ensure staff ratios are maintained.
- In the unlikely event we cannot meet ratios we will contact parents to explain the situation and either request parents, who can, keep their children at home and/or request a parent volunteer helps us cover the absence, such volunteers would not be left unattended with the children at any time.
- If in the unlikely event we still cannot meet the required ratios the manger would make the decision to close all or part of the setting.

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/carers 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/carer can fulfil their role as a member of staff
- If it is the setting manager's child, then their line manager ensures the criteria above is met.

Staff, volunteers and students procedures

6.4 Staff Performance Management Procedure

This procedure will be implemented in order to support all permanent staff members in their continual professional development whilst in employment at Joeys.

Performance Review – Annual (during Summer term)
- Long & Short term target setting

Performance Management - Each term (Autumn & Spring)
- Short term target review
- Short term target setting

Additional Meetings - Upon request of Manager or staff member
- Supervision meeting – advice/support
- Career Development
- Tea & Twine

All staff members will be supported in their development by the management team. The Manager will carry out Performance Reviews and Performance Management meetings, and will observe and assess the implementation of short term targets that staff set themselves during these meetings.

Our staff have a duty to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children – whether received before, or at any time during, their employment with us.

We obtain consent from our staff and volunteers to carry out on-going status checks of the Update Service to establish that their DBS certificate is up-to-date for the duration of their employment with us. Milnthorpe Family Centre ensure staff remain on the update service and check regularly for changes. Where we become aware of any relevant information which may lead to the disqualification of an employee, we will take appropriate action to ensure the safety of children. In the event of disqualification, that person's employment with us will be terminated.

Staff are responsible for notifying the manager, in person, if any circumstances arise that may affect their suitability to work with children. This includes any health concerns or incidents that have occurred outside of the nursery. Staff will face disciplinary action if they fail to notify the manager within in a reasonable time scale.

Staff must verbally request if they require a Supervision/Career/Twine meeting with the manager at any time, and a suitable time will be booked during which a discussion can take place usually within the same day. Discussions/minutes will be recorded when appropriate.

Staff, volunteers and students procedures

6.5 Deployment of volunteers and parent helpers

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

Senior staff ensure that volunteers and parent/carer 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/carer helpers give additional support for busy areas or to track or observe children.
- Volunteers and parent/carer helpers inform colleagues where they are going if they leave the room at any time.
- Volunteers and parent/carer 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/carer helpers are deployed in addition to permanent staff in the garden/outdoor area when in use.
- Senior staff can direct volunteers and parent/carer helpers to join those outside if the numbers of children warrant additional numbers of staff available.
- Volunteers and parent/carer helpers always focus their attention to children.
- Volunteers and parent/carer helpers do not spend time in social conversation with colleagues while they are with children.
- Volunteers and parent/carer 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/carer helpers are available to support staff at story and other circle times.

Staff, volunteers and students' procedures

6.6 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 also offer placements for school pupils on work experience.

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.

Procedures:

- 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.
- We require students in our setting to have a sufficient understanding and use of English to contribute to the well-being of children in our care.
- Students and apprentices who are undertaking L3 or above may be counted in 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 made aware of confidentiality and expected to adhere to our confidentiality policy.
- 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.

Staff, volunteers and students' procedures

6.7 Student placement

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- 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.

Staff absence from work

Joey's encourages all its employees to maximise their attendance at work while recognising that employees will, from time to time, be unable to come to work due to sickness.

By implementing this policy, we aim to strike a reasonable balance between the pursuit of its business needs and the genuine needs of employees to take occasional periods of time off work because of sickness. This policy and procedure establishes a framework to support individuals and the organisation in times of sickness absence. It ensures that appropriate and consistent advice is provided and that assistance and support is offered to employees and, where necessary, action is taken.

Principles

We aim to provide a healthy working environment and demonstrate commitment to health, safety and the welfare of staff in order to maximise attendance.

Management, and ultimately the company Directors, are responsible for regularly monitoring and taking appropriate action in connection with sickness and other unplanned absence.

Parental leave and time off for dependants

Employees that have been employed by Milnthorpe Family Centre for more than one year are entitled to up to 18 weeks (4 weeks per year) unpaid leave to look after their child's welfare (**Parental Leave**) up to the child's 18th birthday. 21 days' notice must be given to the Manager and time off can only be taken in blocks of a week or multiples of a week.

All employees have the right to unpaid **time off during working hours for dependants**, this time off is to deal with unforeseen matters and emergencies. Employees must inform the Manager as soon as possible the reason

for the absence and how long they expect to be absent. This is a right to reasonable time off – normally a day or two but this depends on personal circumstances and includes the following examples, although this list is not exhaustive

- To deal with a breakdown in childcare
- To put longer term care in place for children or elderly relative
- If a dependant falls ill or is taken to hospital
- To arrange or attend a funeral

Exclusion periods for contagious illnesses

Working with children will mean that you are in contact with illnesses which are highly contagious. We take the health of children and staff very seriously therefore if you have any contagious illness you must adhere to the same exclusion periods as children. This will ensure that you are able to recover appropriately and that this illness is not passed onto other staff, children or parents. The manager will advise you of any exclusion times required (see the 'Communicable Disease' procedure).

Covid19 exclusions

We will always follow the latest government guidance regarding covid19 and the exclusion period.

Sickness absence reporting procedure

Reporting of sickness absence should be done using the following guidelines.

On the first day of each absence you should:

- Text the nursery manager (this number is given on induction) between 6.30am and 7.00am if this is not practical you must phone the office no later than 7.45am
- Telephone and speak to someone yourself unless you are hospitalised or incapacitated. Only under necessary circumstances do you get anyone else to call on your behalf.
- Any text/voicemail message will be followed by a phone call from the manager or deputy as soon as possible.
- During this contact you should give details of the nature of your illness or medical condition, anticipated length of absence, treatment sought and whether the absence relates to an accident at work.
- For short-term absence the individual must keep the manager updated of their progress on a daily basis, unless there are exceptional circumstances.
- Employees should contact their manager to notify them as soon as they are

Considered fit for work even if, in the case of part-time employee, this is a day on which they would not normally work.

- In the case of long-term absence, it is the responsibility of both the individual and the manager to maintain regular contact, as agreed and appropriate. Weekly contact is recommended in most cases, however the charity accepts that in certain circumstances this may not be appropriate.
- Should the employee fail to make contact or leave a message for the manager, they may expect to be contacted by the manager.

If the employee is in hospital, they should provide their manager with a hospital admittance and discharge certificate as soon as reasonably possible.

- Failure to notify Milnthorpe Family Centre within these arrangements may result in the absence being regarded as unauthorised. Breaches of the notification rules may result in disciplinary action being taken.

Recording Sickness Absence

When recording sickness absence, managers must record this on connect both in terms of days lost, including those on which an employee would not normally work and weekends, and also in terms of the employee's working hours lost due to sickness.

Example:

A part-time staff member works 2 days per week, Monday and Tuesday.

On Monday they work 4 hours. On Tuesday they work 5 hours.

The staff member calls in sick on the first Monday and does not attend work for 2 weeks due to an episode of sickness.

The sickness should be recorded as 14 days (from the first Monday until the Sunday before their return) and as 18 hours.

Returning to Work

After returning to work from any sickness absence leave, a 'Return to Work' interview may be undertaken by the Nursery Manager. This will not happen in all circumstances, but it would be expected in the following:

- Where the absence has exceeded 14 days

- Where the nature of the illness means that duties on return to work may need to be altered, and clarification and/or consultation is required
- Where a member of staff has had two or more absences in 12 weeks.

This discussion is to ascertain whether the member of staff is fully fit to return to work, whether any adjustments need to be made and whether there are any reasons for the absence which may require addressing. The Manager may, on occasions, delegate this task to a Deputy. In exceptional circumstances, a telephone discussion may be used if this is the only way to carry out a prompt interview. These meetings/phone calls will be recorded on the return to work form. One copy should be given to the employee and another kept on the employee's personnel file.

Absence Trigger Points

It is very important that managers regularly review absence levels and invoke the formal sickness absence management procedure when an absence trigger point is reached. Special factors may need to be taken into account by the manager when moving through the various stages. Where any of the following trigger points have been met the relevant procedure should be invoked and consequent actions applied in managing short and long-term absence.

Short-Term Absence

- 3 periods of absence in 12 months (a period can be one day or more)
- 10 working days absence in 12 months (pro-rata)
- If an employee leaves work due to illness, or is sent home, this will be recorded as a sickness absence and treated as such.

Long-Term Absence

4 weeks continuous absence.

If the manager has concern about invoking the procedure, for any reason, they will contract a director for advice.

Where an employee's attendance record gives cause for concern because of the duration or frequency of absence, this should be brought to the attention of the employee through a discussion with the Nursery Manager which will be recorded and kept on the employees file.

Frequent and/or persistent short-term sickness absence

Absence of this nature can be identified by one of the following indicators and should be classed as a trigger:

- Four self-certified spells of absence in one calendar year
- A total of 10 working days or more of self-certified absence in one calendar year
- Patterns of absence over a period, e.g. an individual regularly taking Mondays or Fridays off
- Where an employee's attendance record is significantly worse than those of comparable employees, or absence problems have gone on for a considerable length of time.

Procedure for Managing Short-Term Absence

The following stages should be used for managing short-term absence if a trigger is reached.

The employee will normally be given at least 5 working days' notice of any meeting and may be accompanied by a trade union representative or work colleague. A director may accompany the manager. In the event that an employee fails to attend a scheduled meeting without prior notification, the meeting may proceed in their absence after reasonable attempts have been made to contact them.

At the discretion of the line manager, a meeting may also proceed in circumstances where an employee reports being unfit to attend providing that the employee has been offered the right to be accompanied in their absence and/or provide a written submission for consideration by the manager holding the meeting.

The manager will normally write to the employee within 5 working days of a meeting, confirming the points discussed, actions agreed and detailing the possible consequences of failing to meet the agreed targets. The letter must state what stage of the policy the individual has reached and offer a right of appeal against the decision to place them on any stage within the procedure. A copy of this letter should be placed on the employee's personnel file.

Stage One

The purpose of a Stage One meeting is to:

- Discuss the employee's absence record.
- Discuss, if appropriate, any Health report(s) received.
- Explore the reasons for continued absences.
- Identify areas for support/reasonable adjustments.

- Set targets for improvements, including timescales.
- Clarify what further action may be taken if the improvement targets are not met.

The following outcomes may result from the Stage One Meeting (this list is not intended to be exhaustive but to act as a guide):

- Further Health advice may be sought.
- Other support mechanisms may be identified and implemented.
- Reasonable adjustments, such as changes to the workload, working practices or working patterns, additional training or the possibility of redeployment may be identified (Health advice may be sought to aid such discussions).
- The opportunity to self-certificate for future periods of absence may be withdrawn, meaning that the employee may be required to submit medical certification from a doctor for every instance of absence.

At the conclusion of the meeting the Manager will, where appropriate and unless evidence is presented otherwise, confirm that the employee is now on Stage One of the procedure and that the employee has a right of appeal against this decision.

The employee will stay on Stage One for a period of 12 months. Should absence levels fail to meet the required standard at any time during this 12 month period then the individual will progress to Stage Two of this Policy.

Should the employee meet the required target for improvement and the manager has no further concerns over their attendance, the employee will automatically be taken off Stage One after 12 months. There is no requirement for any further meetings in this case.

This will be confirmed to the employee in writing following the meeting.

Stage Two

If a further absence trigger is reached, the manager will invite the employee to a Stage Two absence review meeting. This may be conducted by the manager or by a director if deemed more appropriate. The purpose of a Stage Two meeting is to:

- Reaffirm the issues discussed at previous reviews.
- Discuss the latest Health advice.
- Identify and reflect on support provided to the employee and identify what further support may be appropriate.
- Set targets for improvement, including timescales.
- Explain the possible consequences of not meeting the targets.

At the conclusion of the meeting the Manager will, where appropriate and unless evidence is presented otherwise, confirm that the employee is now on Stage Two of the procedure and that the employee has a right of appeal against this decision.

The employee will stay on Stage Two for a period of 12 months. Should absence levels fail to meet the required standard at any time during this 12 month period then the individual will progress to Stage Three of this Policy.

Should the employee meet the required target for improvement and the manager has no further concerns over their attendance, the employee will automatically be taken off Stage Two after 12 months. There is no requirement for any further meetings in this case.

This will be confirmed to the employee in writing following the meeting.

Stage Three

If a further absence trigger is reached, the manager should seek advice from their directors before inviting an employee to a Stage Three absence review meeting. This meeting may be conducted by the manager or by a director if deemed more appropriate. The purpose of this meeting is the same as in Stage Two.

Health advice must be sought prior to this meeting, if not already done so at an earlier stage.

The employee will be informed at the meeting, to be confirmed in writing, that failure to improve sufficiently at this stage may lead to termination on the grounds of ill health capability.

At the conclusion of the meeting the Manager will, where appropriate and unless evidence is presented otherwise, confirm that the employee is now on Stage Three of the procedure and that the employee has a right of appeal against this decision.

The employee will stay on Stage Three for a period of 12 months. Should absence levels fail to meet the required standard at any time during this 12 month period then the individual will progress to Stage Four of this Policy.

Should the employee meet the required target for improvement and the manager has no further concerns over their attendance, the employee will automatically be taken off Stage Three after 12 months. There is no requirement for any further meetings in this case.

This will be confirmed to the employee in writing following the meeting.

Stage Four

If a further absence trigger is reached, the manager will seek advice from all directors before inviting an employee to a Stage Four meeting.

This meeting should normally be held by a director (who has not been previously involved), however, where an employee would prefer the manager who has dealt with the absence to date to hold the Stage Four meeting this will be considered and, where appropriate, they will be delegated authority to hold the meeting. Director support will be in attendance. Up to date Health advice will be sought if appropriate.

The outcome of this meeting may be an extension of the period of monitoring at Stage Three, termination on the grounds of ill health capability or alternative action as deemed appropriate. An employee may appeal against a decision, including dismissal, to their line manager, within one calendar week of the decision. Appeals should be in writing and state the grounds for the appeal.

Long-term sickness absence

Procedure for Managing Long-Term Absence

For the purposes of the policy, long-term sickness absence is defined by the nursery as absences lasting over one month.

Where absences have lasted over 14 calendar days or more the Nursery Manager should contact the member of staff concerned to obtain an initial assessment of the problem and to offer any further help or assistance. This informal contact may be maintained with the employee's agreement until one month's continuous absence.

Milnthorpe Family Centre request a health referral be made for all staff on sick leave for 4 weeks or more with their written consent. Referral should be made prior to the 4 week point and as soon as possible if it is expected that absence will last at least 4 weeks. Referral where the absence is due to musculoskeletal conditions or stress/anxiety/depression should be made immediately.

The following procedure will be used for managing long-term absence (any absence of four weeks or more).

Stage One

If an employee has been absent for four weeks, or has indicated that they may be absent for four weeks or more, the manager should contact them and arrange a Stage One meeting.

In most cases, prior to the Stage One meeting taking place, the manager will have advised the employee that they wish to request a Health referral from their GP. So that this advice is available for discussion at the meeting. Where this has not been possible, this should not prevent the Stage One meeting going ahead as planned.

The Stage One meeting **must** go ahead for any employee who is absent for four weeks regardless of whether they have returned to work prior to the meeting date.

The purpose of a Stage One meeting is to:

- Discuss the employee's absence and reasons.
- Discuss, if appropriate, any Health reports and advice received.
- Explore the reasons for continued absences if appropriate.
- Identify areas for support and reasonable adjustments.
- If there is a known return to work date, the manager will discuss and agree with the employee a plan for their return to work and any support required to assist the employee.
- Outline the right of appeal against the decision to place the employee on Stage One.

The following outcomes may result from the Stage One Meeting (this list is not intended to be exhaustive but to act as a guide):

- Further Health advice may be sought.
- Other support mechanisms may be identified and implemented.
- Reasonable adjustments, such as changes to the workload, working practices or working patterns, additional training or the possibility of redeployment may be identified.
- A review date at which point the manager will assess the employee's progress and absence record must be set, although this may be brought forward if appropriate (see indicative timescales above).

Should the employee return to work by, or before, the review date they will stay on Stage One for a period of 12 months. If absence levels fail to meet the required standard at any time during this 12 month period, then the individual will progress to Stage Two of this Policy.

Should the employee return to work at Stage One and the manager has no further concerns over their attendance, the employee will automatically be taken off Stage One after 12 months. There is no requirement for any further meetings in this case.

This will be confirmed to the employee in writing following the meeting.

Stage Two

If an employee has not returned to work by the review date, the manager will invite the employee to a Stage Two absence review meeting. This may be conducted by the manager or by a director if deemed more appropriate.

The purpose of an absence review meeting is to:

- Reaffirm the issues discussed at previous reviews.
- Discuss the latest Health advice.
- Identify and reflect on support offered to the employee and amend if appropriate.
- Identify what further support may be appropriate.
- Set a review date at which point the manager will assess the employee's progress and absence record, although this may be brought forward if appropriate (see indicative timescales above).
- Outline the right of appeal against the decision to place the employee on Stage Two.

Should the employee return to work by, or before, the review date they will stay on Stage Two for a period of 12 months. If absence levels fail to meet the required standard at any time during this 12 month period, then the individual will progress to Stage Three of this Policy.

Should the employee return to work at Stage Two and the manager has no further concerns over their attendance, the employee will automatically be taken off Stage Two after 12 months. There is no requirement for any further meetings in this case. This will be confirmed to the employee in writing following the meeting.

Stage Three

If an employee has not returned to work by the review date, Managers should seek advice from directors before inviting an employee to a Stage Three absence review meeting. This meeting may be conducted by the manager or by a director if deemed more appropriate. The purpose of this meeting is the same as in Stage Two. Up to date Health advice will be sought prior to this meeting. The manager undertaking the Stage Three meeting has a duty to inform the employee that failure to improve sufficiently at this stage may lead to termination on the grounds of ill health capability. The employee should also be informed of the right of appeal against being placed on Stage Three of the procedure.

Should the employee return to work by, or before, the review date they will stay on Stage Three for a period of 12 months. If absence levels fail to meet the required standard at any time during this 12 month period, then the individual will progress to Stage Four of this Policy.

Should the employee return to work at Stage Three and the manager has no further concerns over their attendance, the employee will automatically be taken off Stage Three after 12 months. There is no requirement for any further meetings in this case.

This will be confirmed to the employee in writing following the meeting.

Stage Four

If an employee has not returned to work by the review date, the Manager will seek advice from the directors before inviting an employee to a Stage Four meeting. This meeting should normally be held by an appropriate Director (who has not been previously involved), however, where an employee would prefer the manager who has dealt with the absence to date to hold the Stage Four meeting this will be considered and, where appropriate, they will be delegated authority to hold the meeting. Director support will be in attendance. Up to date Health advice will be sought, if appropriate.

The outcome of this meeting may be an extension of the period of monitoring at Stage Three, termination on the grounds of ill health capability or alternative action as deemed appropriate. Should an individual's employment be terminated, the employee will be informed of their right of appeal.

Appeals against staging and dismissal

Any appeal must be in writing to the manager, setting out the grounds of appeal which must fall within one or more of the following categories otherwise the appeal will be rejected:

1. New evidence;

2. Undue severity or inconsistency of the penalty;
3. Failure to follow procedure.

Appeals against staging will be heard by a Director. Appeals against dismissal due to ill health capability will be heard by a director who has not had previous involvement with the case. Appeals will be heard as soon as reasonably practical. The appellant will be invited to attend the appeal and if they do not attend without providing a good reason for non-attendance the appeal may go ahead in their absence after reasonable attempts have been made to contact them. The decision of the director hearing the appeal will normally be notified to the applicant within 7 calendar days. The decision of the director hearing the appeal will be final.

Phased Return to Work

We are committed to ensuring staff who have suffered from long-term sickness absence are able to return to work by means of a phased return, where required, in line with Health guidance. Where agreed, a phased return allows an individual to return at reduced hours/altered shifts. A phased return can be for a period from one week but should last no longer than 4 weeks. If, in exceptional cases, a longer period is required then this will be discussed with the directors.

Moving between the long-term and short-term procedure

Although there are separate procedures detailed for the management of short and long-term sickness, where an employee has reached a certain stage of either the short-term or long-term procedure, should they then hit a trigger under the other they will move across to the appropriate process and progress to the next stage.

Example:

An employee returns to work following a Stage One meeting under the long term process. The employee then has a further 10 days or 3 spells of short term absence within the following 12 months. This employee would be invited to a Stage Two meeting under the short-term process.

Any long-term period of absence (i.e. four weeks or more) will not count towards a short-term trigger. In these cases, the manager will take advice from directors before taking any action.

Access to medical records (Health Referrals)

Health Referrals should be made for all staff on sick leave for 4 weeks or more with their written consent. Referral should be made prior to the 4 week point and as soon as possible if it is expected that absence will last at least 4 weeks. Referral where the absence is due to musculoskeletal conditions or stress/anxiety/depression should be made immediately.

The Access to Medical Records Act 1988 gives individuals the right of access to medical records relating to themselves which have been prepared by a medical practitioner for employment purposes.

The Act provides that:

- Employers must gain the consent of employees before requesting reports from medical practitioners
- Employers must inform employees of their rights in respect of medical reports
- The employee has the right of access to the report before the employer sees it, provided appropriate notification is given
- The employer is responsible for notifying the medical practitioner that the employee wishes to have access
- The employee may ask for a report to be amended or may attach a statement to the report
- Having seen the report, the employee may wish to withhold consent to it being supplied.
- Where the nursery requests further medical information about the health of staff from an individual's General Practitioner or Specialist the provisions of the Act will be followed.

Throughout any interviews regarding sick absence, staff are entitled to the support of and/or representation by a colleague or union representative.

The nursery reserves the right to request employees to attend a medical advisor (e.g. consultant, GP or Occupational Health Advisor) during their employment, if it is reasonably deemed necessary due to sickness absence, changes in health or the role, where it is necessary to seek expert medical opinion as to whether or not the employee can fulfil their job role.

Medical Certificates

If an employee is sick for between 1 and 7 calendar days, they must fill in a self-certificate form as soon as they return to work. This can be completed as part of the return to work meeting. If an employee is sick for 8 calendar days or more, inclusive of non-working days, they must send their manager a medical certificate from their doctor and this must cover their absence from the 8th day. The medical certificate (Statement of Fitness for

Work or "Fit Note") will state the reason for the sickness absence and that the employee is either "unfit for work" or "may be fit for work".

In certain circumstances the manager may require an individual employee to produce a doctor's medical certificate from the first day of absence. In this case, the medical certificate will be supplied at the employer's expense.

If the medical certificate indicates that the employee is "not fit for work", it will indicate the length of time the absence is likely to last and whether the Doctor requires to see the employee again at the conclusion of the certificate. This must be sent to the manager as soon as it is obtained.

If the medical certificate indicates that the employee "may be fit for work", it will indicate the length of time and recommended adjustments to enable an earlier return to work. This must be sent to the manager as soon as it is obtained so that the employee and manager can discuss the adjustments recommended by the doctor and agree whether these can be facilitated. If, following discussion with the employee, the recommended changes or adjustments cannot be made by the manager, the medical certificate should be treated as if the doctor had advised "not fit for work". The employee does not need to go back to the doctor for a new statement confirming this. If a phased return, restricted hours/duties or work place adaptations are agreed, this should be confirmed in writing and a review date should be set. If an employee remains ill beyond the date given by the doctor, they must send in further medical certificates to cover their absence. Employees should ensure that they arrange any doctor's appointments in good time before the medical certificate expires, as we will not normally accept back-dated certificates. Failure to provide an up-to-date medical certificate may result in disciplinary action.

Sick Pay

Milnthorpe Family Centre does not offer company sick pay. Statutory Sick Pay (SSP) will be paid in accordance with Department for Work and Pensions requirements, and no payment will be made for the first three working days in a period of incapacity for work.

Annual leave and sick pay

Where an employee falls sick or is injured while on holiday, the nursery will allow the employee to transfer to sick leave and take replacement holiday at a later time. This policy is subject to the following strict conditions:

- The total period of incapacity must be fully certificated by a qualified medical practitioner
- The employee must contact the duty manager as soon as he/she knows that there will be a period of incapacity during a holiday
- The employee must submit a written request no later than five days after returning to work setting out how much of the holiday period was affected by sickness and the amount of leave that the employee wishes to take at another time
- Where the employee is overseas when he/she falls ill or is injured, evidence must be produced that the employee was ill by way of either a medical certificate or proof of a claim on an insurance policy for medical treatment received at the overseas location.

Where the employee fulfils all of the above conditions, we will allow the employee the same number of days' replacement holiday leave as the number of holiday days lost due to sickness or injury.

Sickness or injury shortly before a period of planned holiday

If an employee is ill or is injured before the start of a period of planned holiday, we will agree to the employee postponing the holiday dates to another mutually agreed time. Any period of sickness absence will then be treated in accordance with the Employer's normal policy on sickness absence.

The employee must produce a letter from his/her doctor confirming that he/she is unfit to take the holiday.

The employee must submit a written request to postpone the planned holiday and this must be accompanied by a letter from his/her doctor confirming that he/she is unfit, or is still likely to be unfit, to take the holiday.

Replacement holiday dates

Where it is agreed that an employee can take replacement holiday leave at a later time, the employee should nominate replacement holiday dates as soon as possible, with the dates being subject to the agreement of the employee's manager in the usual way.

Employees should endeavour to take any replacement holiday within the same holiday year as the days lost as a result of sickness or injury. In the event that part or all of the holiday is lost due to incapacity towards the end of the nursery's holiday year and there is insufficient time left during that year for the replacement holiday leave to be taken, the employee will be permitted to carry over the replacement holiday to the next holiday year.

However, this leave must be taken as early in the new holiday year as possible.

7.0 Settling Policy

Statement of intent

To feel securely settled and ready to learn, children need to form attachments with the adults who care for them, primarily a key person, but others too. In this way they feel part of a community; they can contribute to that community and receive from it. Very young children, especially two- to three-year-olds, approach separation from their parent with anxieties, older children have a more secure understanding of 'people permanence' and can approach new experiences with confidence; but also need time to adjust and feel secure. It is the entitlement of all children to be settled comfortably into a new environment.

Children develop in individual ways and at varying rates and that is why at Milnthorpe Family Centre we offer a settling in procedure that is flexible to meet those needs.

Friendships and relationships are an important part of children's development. At Milnthorpe Family Centre every interaction is based on caring professional relationships and respectful acknowledgement of the feelings of children and their families.

We are aware that many factors will influence children's and family's sociability. They may feel tired, stressed, or trying to communicate in more than one language.

Children need to feel safe, stimulated and happy to develop and grow socially, emotionally and physically. They need to feel secure and comfortable with the practitioners at Milnthorpe Family Centre. We also want parents to have confidence in both their children's well-being and their role as active partners within the setting. Children feel a sense of belonging in the setting when their parents are also involved in it.

Aim

We aim to make Milnthorpe Family Centre a warm welcoming environment where children settle quickly and easily because consideration has been given to the individual needs and circumstances of Children and their families.

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.

Methods

- Before a child starts to attend, we use a variety of ways to provide the child's parents/carers with information. These include written information (including our prospectus and policies), an invitation to visit for a tour of the premises. And signpost to staff photos on our website.
- Parents are provided with an 'All about me' form to write down information regarding their child's needs and special instruction to comfort the child should they become distressed. When a child starts to attend, we work with the child's parents/carers to decide on the best way to help the child to settle in.
- Your child is allocated a Key Person before your child begins. A Key Person has special responsibilities for working with a small number of children, giving them the reassurance to feel safe and cared for and building relationships with their parents. A Key Person helps the child to become familiar with the setting and to feel confident and safe within it. (see also our role of the key person policy)
- Introductory visits are arranged with the family to enable the child to become more familiar with the setting and practitioners while having the support of their parent /carer who stays with them for at least one visit.

Visits:

We request a minimum of 3 settling sessions:

1st - a 30-60 minute session where initially the parent/carer stays if this session is going well we may advise the parent/carer steps out for a short period but stays close by.

2nd – a 1 to 1.5 hour session where the parent stays only briefly and only if needed. The key person will settle the child and engage them in activities.

3rd – depending on the child's regular booking this visit could be a 3 hour session if the child will regularly be attending half days or a 5 to 6 hour visit if they are likely to be attending full days.

If at any point the staff feel the child would benefit from additional visits they will discuss this with the parents and agree on the best way forward.

- Settling sessions are staggered to allow sufficient time and attention to be given to each child and parent/carer.
- Children should at least be at stage 2 of settling before the key person begins settling another child.
- Where several babies need to start – key persons can start settling one child in the morning and another in the afternoon. In their first week, children who are settling in will not stay all day.
- If a child has been identified as having SEND then the key person/SENCO and parents/carers 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.

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 uncomfortable experience for them. Therefore we will cease the visit and call parent/carer.
- The three stages of settling-in are reviewed and the plan is pitched back at the appropriate stage, this may mean shorter visits or a couple more visits with parents.
- Particular triggers of distress are discussed between keyperson and manager to see what can be done to alleviate it.
- In very rare cases it may be appropriate to withdraw the place and help the parent/carer consider alternatives. For a child 'in need' this may need to be discussed with the social care person, 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/carer 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/carer has a choice not to attend with their child. A parent/carer 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/carers are made aware of the need to 're-settle' their children and a plan is agreed.

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 parent/carers' input to make sense of what is going on.
- If the parent/carer 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/carer, 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/carer to converse in the child's home language is important.
- The key person makes the parent/carer feel welcome using smiles and gestures.
- With the parent/carer, 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/carers 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/carer 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.

A child who is tense or unhappy will not be able to play or learn properly, so it is important for parents/carers and staff to work together to help the child feel confident and secure in the group. This takes longer for some children and parents/carers should not feel worried if their child takes a while to settle. You must be prepared to accept that it may take some time for your child to adjust to the setting but very few children fail to settle eventually. Please remember, the more your child comes and experiences the activities on offer and sees you interacting with the staff, the more settled s/he will feel.

For children attending our Wrap around provision

We will offer settling in visits appropriate to your child's age, this can be discussed with staff at the time of placing your booking. But would usually consist of a look around with parent followed by a 1-2 hours visit before starting but as with any child additional visits can be considered if needed.

7.1 Managing separation anxiety in children

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 parents/carers.

- 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/carer 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/carers
 - 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/carer to stay or find a close relative or friend whom the child feels safe with if the parent/carer 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.

Early years practice procedures

Attendance and absence

Wherever possible, please inform the nursery if your child is due to be absent for a holiday, if your child will not be attending their session.

Absences can be reported on the Family app either through a message or by marking them as absent. We will seek to establish a reason for their absence. Joeys reserves the right for full payment during any absences.

We take steps to ensure that children are kept safe, that their wellbeing is promoted, and they do not miss 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/carers are advised that they should contact the setting within one hour of the time the child would have been expected to advise of their absence. Designated safeguarding leads must also adhere to both Westmorland and Furness Safeguarding childrens partnership (WFSCP) and the Westmorland and Furness Early years funding requirements, procedures and contact protocols for children who are absent or missing from the provision.

- If a child who normally attends fails to arrive and no contact has been received from their parents/carers, a member of the team will message on the Family app to establish if the child is running late or not coming in. If we have no response after 30 minutes the designated safeguarding lead will try to make contact to seek an explanation for the absence and be assured that the child is safe and well.
- Attempts to contact the child's parents/carers or other named carers continue throughout the day on the first day of absence.
- If no contact is made with the parents/carers 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 may be contacted as per WFSCP procedures.
- All absences are recorded on the child's personal file with the reason given for the absence, the expected duration and any follow up action taken or required with timescales.
- Absence records are retained for at least three years, or until the next Ofsted inspection following a cohort of children moving on to school.

If at any time further information becomes known that gives cause for concern, procedure 4.3 Responding to safeguarding or child protection concerns is immediately followed.

Safeguarding vulnerable children

- The designated safeguarding lead or key person attempts to contact the parents/carers 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 safeguarding lead 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 becomes known that gives cause for concern, 4.1 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 a 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/carers to ascertain any potential barriers i.e. transport, working patterns etc and should work with the parents/carers 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.

Where a child is accessing funded entitlement we have a duty to report, to our local authority, frequent unexplained absences or an absence that exceeds 10 consecutive day (this does not include planned and booked holidays) which could result in these funded hours being withdrawn.

In the case of Out of School club we will liaise with Milnthorpe Primary School to check if the child has been in school. If a child has not arrived at after school club but has been in school a member of staff will phone the parent/carer immediately to see if they have collected their child whilst another member of staff begins searching school grounds. A message on Family or marking them off yourself is the best way to let us know. Alternatively a call to Joeys office (015395 64090). If we cannot get hold of a parent we will begin to follow our lost child policy.

Early years practice procedures

7.3 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. While we take every effort to reduce risks parents/carers do remain responsible for their child's safety until they are handed over to a member of our team. We ask parents to be cautious, as we are located at the top of the school carpark, parents should be vigilant when arriving and departing.

The safety of young children is of paramount importance and, in order to ensure the children's safety whilst they arrive at Joeys and depart from us, the following will apply:

All staff are aware of the potential risks and take measures to minimise them.

Arrivals

- Joeys front door is open to parents, the interior door is coded
- This keypad code is changed regularly, and the code will only be given to staff and students on long term placement. The door can be opened from inside by a switch high up on the wall out of reach of children.
- Parents and visitors will need to press the buzzer in the foyer and a member of staff speak to them through the intercom to identify who they are. They will then go out the door to collect children from parents or to ask expected visitors to sign in.
- Parent/carers should remain with their children until a regular member of staff has greeted them. We can't accept children any earlier or keep children any later than their bookings due to staff/children ratio levels.
- We politely ask you remember that our rooms can be very busy and a member of staff will get to you when they can but **please be patient as caring for the children takes priority**.
- A familiar staff member will always greet you and your child with a smile. This ensures that young children are received into the setting by a familiar and trusted adult.
- The staff who greets the child marks their presence and time of arrival in the register.
- If you are to be late either in delivering or collecting your child you should inform Joeys' staff as soon as possible by sending a message on Family app or phone call to let us know.
- If a child who is expected fails to arrive, this is recorded on the child's personal file and the setting manager is immediately notified so that they can contact the child's parents/carers to find out why the child is absent following procedure 7.2 attendance and absence.
- During arrival please let us know if there are any changes to expected pick up i.e grandma is collecting early she'll be with you around 3pm. If you forget you can update us on the Family app.
- The key person greets the parents/carers and takes time to hear information the parents/carers needs to share. They inform the parents/carers 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/carers collect their child, any planned outings, or special planned event. Any consent forms are signed.
- For the privacy of each family we operate a one family at a time in the entrance. This allows for any private messages to be shared.
- The key person receives the child physically and tunes in to how he or she is feeling and prepares to meet his/her needs.
- Many parents/carers will be in a hurry, but this can have an unsettling effect, please always allow enough time for a settled hand over.
- Always ensure that the parents/carers 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/carers 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 we ask parents to complete an accident at home form explaining how the mark has occurred.

Departures

- Children are prepared for home, with clean faces, hands and clothes if required.
- Staff hand over the child personally and enter the time of departure in the register.
- Children will only be allowed to leave with their parent/carer or another adult named by the parent/carer. Parents will inform Joeys' staff if a different adult is to collect their child. We operate a password system so any adult unfamiliar to Joeys staff must identify themselves and give the individual password.
- An adult is usually defined as someone over the age of 18. We will not allow children to be collected by other children. In some circumstances parents can request that someone 16 or over may collect however this is only following discussions with the manager and putting their request in writing. Exceptions will be made where the parent is under 18
- Educators verbally exchange information with parents/carers about their child's day and inform them of any forms sent on Family.
- Confidential information shared should be shared with the setting manager to pass on.
- **We ask parents/carers arrive promptly to collect their child. If a child believes it is their home time and they are left waiting it can be quite distressing. Any child who is not collected within five minutes of their scheduled collection time will be sent to play so they are not waiting expectantly, they will be comforted if needed. And we will begin to follow our Uncollected child policy. If your child is collected late you will incur a charge (see fee's policy)**

Out of School Club Arrivals and Departures

- For the safety of your children please hand over your child to the out of school club staff.
- We strongly advise against children walking themselves to school and this may be a safeguarding concern dependant on the child's age. Concerns will be discussed with the relevant class teacher.
- At the end of the breakfast session reception & Nursery children will be taken to meet their class teacher by a member of Out of School Club staff. Key stage 1 children will be taken to their classes in school and key stage 2 will be taken out to the playground where a school teacher will be waiting and they will stay with the teacher until the whistle is blown and they line up with their class teacher.
- Staff will endeavour to ensure all messages are passed on to relevant teachers but we advise parents phone the school if messages are important or they could also use the class dojo app to contact their child's class teacher.
- Reception & Nursery children will be collected from class at the end of the school day and escorted to the Out of School Club through the school, so as to avoid crossing the car park, the other children will be greeted at the interior hall doors and signed in on the register.
- During school holidays the parent/carer should drop their child off at the main door to the Out of School Club and staff will sign them in on the register.
- If a child appears to be absent, the staff will check with school staff to either confirm absence or locate the child.
- If you know your child is booked into Out of School Club but will not be attending or if you are to be late either in delivering or collecting your child please let us know through the Family app. You can also contact out of school club directly on 07856294879 alternatively you can call Joeys main office on 015395 64090
- Children will only be allowed to leave with their parent/carer or another adult named by the parent/carer. Parents will inform Out of School Club staff if a different adult is to collect their child. It is important that if someone unfamiliar to the Out of School Club is to collect the child a password is given so we can identify them.
- An adult is usually defined as someone over the age of 18. We will not allow children to be collected by other children. In some circumstances parents can request that someone 16 or over may collect however this is only following discussions with the manager and putting their request in writing. Exceptions will be made where the parent is under 18

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/carers or doors left ajar. The risk assessment is shared with all staff and is updated as and when required.

Early years practice procedures

7.4 The role of the key person

Policy statement

We believe that children settle best when they have a key person to relate to, who knows them and their parents well, and who can meet their individual needs. We are committed to the key person approach which encourages secure relationships, supports children to thrive, give parents confidence and makes the setting a happy place to attend or work in.

We want children to feel safe, secure and comfortable with our staff. We also want parents to have confidence in both their children's well-being and their role as active partners with our setting. We aim to make our setting a welcoming place where children settle quickly and easily because consideration has been given to the individual needs and circumstances of children and their families.

The keyperson's aim is to ensure the child is happy and feels secure at Milnthorpe Family Centre and to observe, encourage and extend the child's learning experiences.

Ideally the keyperson should stay with the child throughout his/her time at Milnthorpe Family Centre. However because of the type of sessional care offered at Milnthorpe Family Centre it is not always possible to retain the same keyperson. The child is allocated to a member of staff who attends most of the child's sessions however this may be changed if the child forms a particular bond with a member of staff. We will strive to notify parents of any change to key person both in person and via the dojo app.

Procedures

- Every child within Joeys Nursery will have a key person
- We aim to allocate this key person prior to the child starting settling in sessions.
- MPS Nursery children have their key person in school but our manager and senior staff will ensure that key information is shared between the wrap around provision and the child's key person.

The key person role

- A key person builds an on-going relationship with the child and their parents/carers and is committed to that child's well-being while in the setting.
- Every child that attends the nursery is allocated a key person before they begin settling in - it is not the responsibility of the child to choose their own key person. However, if they naturally gravitate to another person and settle then a change of keyworker will be considered. We will not force attachments.
- 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. This is usually the senior team leader or senior practitioner that works with the child.
- The key person ensures we have all the information we need completed on family and asks questions, if there are gaps, during settling visits.
- The key person conducts the progress check at age two for their key children.
- The role is fully explained to parents/carers on induction and the name of the child's 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 considers 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.
- Our key persons list and their key groups are displayed clearly.
- The key person spends time daily with his or her key children/group to ensure their well-being.

Parents/carers

- Key persons are the first point of contact for parents regarding matters concerning their child and any concerns parents/carers may have been addressed with the key person in the first instance.
- Key persons support parents/carers 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/carers.

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/carers.

Back-up key person

- The role of the back-up 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. This is usually the Senior practitioner in the room.
- Once a relationship is established with the key person the back-up key person gradually forms a relationship with the child too until the child is happy to be cared for by this person.
- The back-up key person shares information with parents/carers in the key person's absence and makes notes in the child's records where appropriate.
- The back-up 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)

The key person is always aware of being a member of the Milnthorpe Family Centre team and will work with, care for, look after and be responsible for other children attending sessions in addition to his/her key children.

Establishing children's starting points

When children start at the setting they arrive at different levels of learning and development. To help them to settle and make rapid progress it is important that they are provided with care and learning opportunities that are suited to their needs, interests and abilities. This means establishing and understanding their starting points and whether there are any obstacles to their learning, so that teaching can be tailored to the 'unique child'.

- The aim of establishing a child's starting points is to ensure that the most appropriate care and learning is provided from the outset.
- Starting points are established by gathering information from the first contact with the child's parents/carers 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/carers
 - building on information that has been gathered during registration by referring to the all about me form

The information gathered is recorded within two weeks of the child's official start date and sooner where possible.

- The key person must make a 'best fit' judgment about the age band 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/carer comment and observation during settling in.

If the initial assessment raises any concerns that extra support may be required procedure for Identification, assessment and support for children with SEND is followed.

The progress check at age two

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

Transitions

The key person will support the child through any periods of transition: See transition policy for more details

Early years practice procedures Transitions policy

At Milnthorpe Family Centre we aim to make the transition from home to setting, Koala room to Little Jumpers & to school nursery/reception & Out of School Club as smooth as possible, with the child's needs and well-being our primary concern.

Children starting at Milnthorpe Family Centre (see also our settling policy)

- We will discuss your child's needs and visits with you,
- We will offer visits which fit in with the family,
- Each child's transition will vary depending on the child and circumstances,
- There will not be any pressure for you to leave your child until you feel happy to do so,
- Children who have attended a setting previously often settle quicker but will still be offered the 3 settling in sessions
- We do suggest that children attend a minimum of two 3hr sessions per week, as children settle better. It is a long time in a child's life from one week to the next and they can become unsettled all over again; this also helps staff develop relationships with their key children.

Transition between Koala room and Little Jumpers room

- Children are normally in the koala room up to the age of twenty months however in some instances the manager may feel it is in the best interests of the child to move up early or hold back a couple of months. If this is the case the manager will discuss with the child's key person and the parent/s. If it is agreed that this would be in the best interests of the child the transition, like any will be handled sensitively. The ratio for children under 24 months is 1:3 and this is maintained both in our Koala room and in Little jumpers while the child is still under 24 months.
- We usually issue transition letters to parents (around 6 weeks before a transition) unless the child is moving up early/late and a meeting would be held to discuss this. We also encourage parents to book an accompanied visit to the Little Jumpers' Room.
- All transitions will be done supportively and sensitively; we allow children to visit little jumpers room with a familiar staff who will help the hand-over to a new key person.
- These visits are done at quieter times of the day at first to allow the child to become familiar with the space, we build this up over the 4 weeks prior to the child's transition.
- We aim for all transitions to take place at a half term or end of term this way we tend to have a couple of children moving up together which helps children's confidence and it's also usually a little quieter in the holidays so is a good time to begin a new environment.
- Koala Room key person will complete 'key person transition form' and formally 'hand over' to new key person at first visit.
- Little Jumpers' staff are responsible for ensuring that the child spends time inside during their visits to allow them to get used to the room properly.
- A member of staff should be 'assigned' to any child visiting from the Koala Room, not necessarily to provide 1-1 care but to ensure that the child feels safe and secure in their environment. Ideally this would be the child's next key person.
- Little Jumper's staff should complete the child's feedback on Family, to ensure that appropriate feedback can be given to parents when they collect. This should include information relating to sleeps, nappies, snacks and/or meals, and any activities that the child has enjoyed taking part in.
- Little Jumpers' staff should ensure that both child and parent are welcomed on their first official day.

Transition between Little Jumpers room and reception/Out of School Club

- We offer the opportunity for our older children to attend Milnthorpe Primary school stay and play sessions to support transitions to school environment. This is only done with consultation with parents and if the child is happy to attend.
- Children will normally attend our out of school holiday club the term after their third birthday, thereby becoming familiar with the holiday environment. This is only done with consultation with parents and if the child is happy to attend.
- Children using our Out of school club and holiday will know and be familiar with the staff as our staff work across the setting.
- We aim to establish early which school setting you are planning on sending your child to as this affects how we support.

- 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/carers and children.
- Teachers are welcomed into the setting and sufficient time is made for them to spend time with the child, their parents/carers and with the key person, to discuss and share information that will support the child's transition to school
- Where this is not possible the key person will always reach out to offer a handover call. Where the following is discussed:
 - child's likes/dislikes
 - developmental progress in all areas
 - challenges and what we are working on 'next steps'
 - strategies we have found helpful in settling the child, engaging the child etc.
 - Any SEND or Safeguarding in place (If possible we will arrange a face to face meeting with parents/carers and both settings in these circumstances)
- A child's learning journey record is forwarded to the school along with other information that will aid transition and settling in. Parents/carers 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 Transfer of records.
- Once we know which school your child will be attending we try to gather photos of their new school and possibly their new teacher so we can chat to them about this new chapter.

Partnership with parents

- Key persons discuss transition to school with parents and set aside time to discuss learning and development summaries. Parents/carers are encouraged to contribute to summaries.
- Key persons will discuss with parents/carers 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.

Preparing children for leaving

- Children and parents/carers 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 will be prepared for in advance and marked with a special celebration that acknowledges that the child is moving on.
- Parents/carers are encouraged to visit from time to time for brief visits, 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.

It is of the utmost importance that both the child **and the parent** are confident when they move rooms.

Early years practice procedures

7.7 Intimate care and nappy changing

Prime times of the day make the best of routine opportunities to promote 'tuning-in' to the child emotionally and to create opportunities for learning. Children's privacy is maintained during nappy changing and toileting, whilst balanced with safeguarding considerations. Nappy changing times are key times in the day for being close and promoting security as well as for communication, exploration, and learning.

Nappy changing

- Parents provide nappies, wipes and any creams that their child will need. Should a child run out of supplies of nappies, wipes or cream we will notify through Family.
- Babies/young children are always changed within sight or hearing of other staff whilst always maintaining their dignity and privacy. The positioning of the Baby room changing unit allows a staff member to position themselves to protect the child's dignity. The Little Jumpers room allows for the cubical door to be closed while the staff can still be seen the child is protected.
- We have a list of personalised changing times for the children in our care who are in nappies or 'pull-ups'; and change nappies according to this schedule, or more frequently where necessary.
- 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;
- Members of staff put on aprons before changing starts and the area is prepared, gloves are always worn for soiled nappies.
- All members of staff are familiar with the hygiene procedures and carry these out when changing nappies.
- The changing mat is sprayed with antibacterial spray and wiped down before and after each change.
- Staff never turn their back on a child or leave them unattended on a changing mat.
- Staff are gentle when changing; they allow time for communicating with the baby, talking, and responding to the baby's sounds. They allow time for play and 'rituals' that the baby enjoys, such as gently tickling tummies or toes.
- Staff avoid pulling faces and making negative comment about the nappy contents.
- Staff do not make inappropriate comments about babies' genitals, nor attempt to pull back a baby boy's foreskin to clean unless there is a genuine need to do so for hygiene purposes.
- we ensure that nappy changing is relaxed and a time to promote independence in young children.
- We encourage children to take an interest in using the toilet; they may just want to sit on it and talk
- We encourage children 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.
- We do not use anti-bacterial hand wash liquid or soap for young children; young skin is quite delicate and anti-bacterial products kill off certain good bacteria that children need to develop their own natural resistance to infection.
- We dispose of nappies and pull ups hygienically. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are bagged for parents to take home.
- Older children access the toilet when they have the need to and are encouraged to be independent, with an adult nearby for support if needed.
- 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.
- Older children use the toilet when needed and are encouraged to be independent.
- Members of staffs do not wipe older children's bottoms unless there is a need, or unless the child has asked.
- Parents/carers are encouraged to provide enough changes of clothes for 'accidents when children are potty training.
- Visitors are not permitted in the children's toilet area and are asked to leave the Koala room if we are unable to protect the children's dignity.

- 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 records.

- Staff record when they changed a child and whether the child 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 child does not pass a stool, or if he/she strains to do so, or is passing hard or shiny stools, the parents/carer will be informed. The child may be constipated so parent may wish to consider altering their feed. Constipation in babies is not 'normal' and every effort is made with the parent/carer 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.
- Exceptionally 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/carer should be called to inform them, and that if any further symptoms occur, they may be required to collect their child.
- Sometimes a child may have a sore bottom. This may have happened at home because of poor care; or the child may have eaten something that, when passed, created some soreness. The child 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 child without a nappy on while at home in some circumstances. If a medicated nappy cream such as Sudocrem is used, this must be recorded as per procedure 3.8a Administration of medicine.

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 so that an appropriate site can be agreed that maintains the dignity of the child and good hygiene practice.

Toilet Training:

We work with parents, at an appropriate time, towards toilet training unless there are medical or other developmental reasons why this may not be appropriate.

- ❖ The staff at the Joeys Nursery are experienced in helping parents decide when their child is ready for toilet training, parents are encouraged to ask for advice or support.
- ❖ Both toilets and potties are available for use by the children. If a child will only use his/her own potty, it can be arranged for it to be brought into the Nursery with him/her. They will be encouraged to use the nursery toilet as they gain confidence.
- ❖ 'Accidents will be dealt with calmly and sympathetically, and in such a way that the child is not made to feel that he/she has done anything wrong.

Early years practice procedures

Sleep and rest time

Policy Statement

We aim to ensure that all children have enough sleep to support their development. Every child's needs are different, so we provide flexibility and opportunities for children to take naps and rest as they need.

An all about me form is filled out by the parent/carer when their child starts settling into Joeys and parents are to update us as and when changes occur.

We recognise parent/ carers' knowledge of their child regarding sleep routines and will, where possible, work together to ensure each child's individual sleep routines and well-being continues to be met. While following Ofsted guidance which states we must meet the welfare requirements that the provider must meet the needs of the child at all times, this means if the child is tired, allowing him/her to have a nap.

While parents and carers may make a formal request for their child to be exempt from receiving the learning and development requirements of the EYFS, there is no provision for the child to be exempt from the welfare requirements. In meeting the welfare requirements, we are ensuring we are meeting the individual needs of the child. Getting enough sleep – and the right sort of sleep – is a crucial component for development. We are aware that this may be a delicate situation for some parents, but we wish to make it clear that we are looking after the best interests of your child. Nursery is a very active time, and children often get tired easily.

Sleeping Babies

The babies in the Koala room will usually sleep either in a cot or on a sleep mat, whichever they feel most comfortable in. We have one cot, one travel cot and several mats to sleep in. We will always discuss with parents during their settling in visits if the parent has a preference for where their child is placed to sleep. Children sleep within the room where they remain within a 1:3 ratio. If a child is used to sleeping in a cot we will begin to introduce sleeping on the mats from 18 months in preparation for their transition.

- Babies have their own bedding consisting of a cotton cot sheet and/or blanket. Children are welcome to bring in familiar blankets from home, comforters and sleep bags. Pillows are not used.
- Babies belongings are kept in their bags on their peg within the room
- Babies are prepared: nappies are changed and heavier clothing removed. Babies are soothed to sleep by a familiar staff ideally their key person. If they are distressed, their key person comforts them. We use techniques so as very gently stroking the back or side of face, a gentle pat babies and sometimes a gentle rocking motion.
- The sleep area is made quiet, with soft music playing, lights out and curtains drawn.
- Babies are placed on their backs to sleep, unless there is a medical reason not to.
- Sleeping babies are supervised at regular intervals, at last every ten minutes; this is recorded with the time checked and the initials of the person responsible for checking.

Little Jumpers Sleeping Children

Children sleeping in this space have individual beds which are cleaned down after each use. They usually have a nap after lunch however we will always be flexible and create a safe and snug sleep area for any child who may need to nap at an alternative time of day. The beds are laid next to each other and a member of staff sits with the children using a variety of techniques to get the children to sleep. Some children like to have their back rubbed or a song sung or maybe a little story while they drift off. Gentle music is played to help them drift off. Comforters can be stored in the child's bag before and after sleep and can be provided to the child at sleep times. We don't usually promote the use of dummies at this age however if they are still being used at home we may consider using during times of transition.

- Nappies are changed and heavier clothing removed.
- Hair accessories that may come lose or detach are removed before sleep/rest time.
- A separate area is made quiet, perhaps with soft music playing and blinds drawn.
- Children are settled and comforted to sleep.

- If children fall asleep in-situ it may be necessary to move or wake them to make sure they are comfortable
- Sleeping children are regularly checked at least every ten minutes and are within sight and/or hearing of staff.

During their time in the little jumpers room some children may outgrow a regular sleep however the opportunity is always there for any child to nap when needed. If children need a nap we will create a safe and snug area for them within the room. They will sleep on a bed and will be under supervision of staff at all times.

Out of school club

It is rare that children of this age need a nap however if a child does feel tired they can rest on one of our carpet areas and have a little read. If they happen to fall asleep we will not wake them but will notify the parents/carers.

Parents' wishes

The preferences and wishes of parents are always valued and respected and staff work closely with them, especially in the baby room, to ensure each child's individual needs are carefully met. Younger babies usually need both morning and afternoon sleeps, but these depend upon parents' wishes. Some parents prefer their children to only have a short sleep – fearing that it infringes on their night-time sleep and this will be considered PROVIDED it is also clearly in the child's best interests. We will never force a child to stay awake or go to sleep.

Limiting Sleeps

We will always be led by the child and if they are showing signs of being tired we may try them for a sleep. Or have a quiet story time rest. Children are encouraged to indicate and say when they are tired and need to rest and are also encouraged to take a rest or nap when needed. We may if parents request consider limiting sleeps and our recommendations are as follows:

Koalas – At this age it is unlikely we would consider limiting sleep to less than 1.5-2hours

Little Jumpers – children between 20-30 months we will not usually accept limits of less than one hour.

Children over 30months we will accept limits of 30 minutes.

Out of school club – we may consider limits of no less than 30 minutes

Where the limit has been reached, we will try to gently wake the child offering comfort as they wake. If they appear very sleepy still and are not easily woken we will give a further 15 minutes and try again. We cannot forcibly wake a child nor can we force a child to sleep who doesn't want to nap.

Parents wishing to reduce their child's sleep below the recommended limits should request a meeting be arranged and discuss with the manager.

Comforters and comfort blankets

Comfort blankets and soft toys are most welcome for they bring enormous comfort and reassurance to small children especially when they are new to the nursery and during rest and sleep times. PLEASE LABEL THEM. Parents may wish to provide dummies for their children for they too can provide comfort during rest and sleep times however the nursery does not provide, supply or ever introduce them to children themselves. Dummies are usually restricted to sleep and rest times. They are not encouraged in the playrooms for they can cause problems with a child's speech, interaction with others and are a major cause of speech delay.

Sleep records -

In all area where children sleep we have Sleep Records which are completed each day this records the time the child went to sleep, the times they were visually checked which is usually every ten minutes unless there is a known sleep disorder in which case we check every 5 minutes, and the time they wake. So confirmation is always available regarding the times each child has slept on any given day. Parents are kept informed regarding their child's sleep/rest both verbally and through family app.

Sudden infant death syndrome [SIDS or cot death]

Sudden infant death syndrome is rare especially after five months of age when children start to become more mobile however the safety of babies' sleeping is paramount. We adopt a policy of practice recommended by The Cot Death Society to minimize the risk of Sudden Infant Death.

This includes:

- Babies are placed on their backs to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer to sleep • Babies/toddlers will never be put down to sleep with a bottle to self-feed
- children will be monitored visually at regular intervals when sleeping,
- When monitoring the staff member will look for the rise and fall of the chest, and if the sleep position has changed

We provide a safe sleeping environment by:

- Monitoring the room temperatures (thermometers displayed in each room)
- Using clean light bedding/blankets and ensuring babies are appropriately dressed for sleep to avoid overheating
- Only having Safety approved cots (or other suitable sleeping equipment, i.e. pods or mats) that are compliant with British Standard regulations
- Not using cot bumpers or cluttering cots with soft toys, although comforters will be given where required
- Keeping all spaces around cots and beds clear from hanging objects i.e. hanging cords, blind cords, drawstring bags
- sleeping children are never left in direct sunlight or next to active radiators
- Ensuring each child is provided with clean bedding or bed
- Should a baby fall asleep while being bottle fed by a practitioner they will be transferred to a safe sleeping surface to complete their rest
- Having a no smoking or vaping policy.

When babies fall asleep in a pram during garden time or a local trip in accordance with parental permission, they will be physically checked every ten minutes. If a baby does fall asleep in a pram then it will be adjusted to the flattest position and staff will ensure the straps are not restricting the child's airways/breathing. If the child is in outdoor clothing they will be placed on our decking area to finish their nap with the door open and staff checking them regularly.

Sleep is an important part of a healthy lifestyle and helps each child achieve their full potential as it directly impacts on their mental and physical development.

For this reason we will:

- Let a child sleep when they are tired
 - Endeavour to follow routines outlined by parents
 - Let a child sleep as long as they need and wake naturally whenever possible. We will take into account information about the child's sleep routines given to us by their parents/carers and discuss with them their child's individual needs and how best to manage these
 - Not force a child to sleep
 - Give a reasonable amount of time for children to rest or get to sleep
 - Ensure that the children have a safe and comfortable environment to sleep in
 - Make children comfortable and safe if they fall asleep in an area other than the sleep area e.g. in the book corner on cushions etc
 - Let children sleep at times other than the designated sleep time according to their individual needs •
- Continue to support children of all nursery ages to sleep if appropriate, with the understanding that most children do not nap after 5 years of age.

For more guidance on sleep we recommend the following website: www.sleepfoundation.org

Early years practice procedures

7.9 Weapon & Superhero Play Policy

“Value play which is based on characters, such as superheroes who may mean a lot of children, even if you do not appreciate them yourself!” – EYFS card 4.3 Learning and Development

At Milnthorpe Family Centre, we recognise that each child is unique and we will do everything to support children to be resilient, capable, confident and self-assured.

Children learn to be strong and independent from a base of secure and loving relationships, as well as having the opportunity to learn in a positive and stimulating environment.

Most children enjoy engaging in imaginative play that relates to, and makes sense of, the world that they live in. For lots of children (particularly boys) this imaginative play contains a strong element of weapon and superhero re-enactment. Re-enacting weapon use is a universal language of play for children and usually results in high levels of engagement for the children actively involved in it.

Historically, this type of play has often been banned from early years settings, in the belief that it encourages aggression and violence. This ban, as well as being difficult to enforce, may well have a negative impact on young children's development, particularly boys.

Recent research and current writings suggests that children learn important lessons by exploring these themes in a safe arena of play, for example, concepts such as good and evil, life and death, strength and power, gender and identity.

We feel it is important to create a whole setting approach of which staff, children, parents and other agencies have a clear understanding. This policy is a formal statement of our approach to children's weapon and superhero play.

Principles that underpin the policy

- Approaches to teaching and learning in role play should reflect the interests of the children and not exclusively those of the adults
- All children's emotional welfare, wellbeing and involvement should be assessed in relation to this style of play
- Weapon/superhero play should motivate and challenge children
- Milnthorpe Family Centre will acknowledge the positive aspects of the character of the superhero and highlight the negative aspects of weapon use and physical violence at a level that is appropriate to the age and needs of the children. This will be mainly done through story, drama and appropriate discussion
- Ongoing opportunities for quality imaginative play are not overlooked or left to chance, but thought about and planned in advance
- Children should enjoy the play opportunity
- Parents and carers need to feel well informed about and comfortable with the approach to weapon/superhero play and the principles that underpin it

Aims and objectives

If children wish to make a weapon then this will be supported by a practitioner, as it may be an ideal learning opportunity to follow their interests. Children will also be allowed to be creative with the props they use during this play, providing it will not break, hurt others and is observed by a practitioner. When superhero or weapon play is taking place a practitioner will be nearby to observe and extend play. The practitioner may introduce other storylines or characters to develop this in a creative way. Superhero costumes are allowed to be brought in from home, just as princess dresses or fairies are allowed. This will help practitioners to plan for individual children interests. Conflicts and disagreements will happen, as it would in any play, and this will be dealt with by a practitioner listening, discussing, compromising and resolving the problem. (Please see our behaviour management policy for more information.)

If parents are concerned by weapon/superhero play, then they are asked to speak to a member of staff and may be referred onto the manager. Their concerns will be taken seriously and the issue will be addressed.

8.0 Promoting inclusion, equality and valuing diversity policy

Alongside associated procedures in 8.0-8.5 Promoting inclusion, equality and diversity, this policy was adopted by Milnthorpe Family Centre on 1.9.25.

All early years providers 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. Providers must advance equality of opportunity and foster good relations with individuals and groups with protected characteristics namely disability, race (ethnicity), religion and belief, sexual orientation, sex (gender), gender reassignment, age, pregnancy and maternity, marriage, and civil partnership.

Aim

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

Objectives

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

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

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

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

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

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

- Developing practice that includes:
 - Developing an environment which reflects the 'kaleidoscope' of factors that can provide settings with a myriad of influences and ideas for exploring and celebrating difference.
 - Ensuring that barriers to inclusion are identified and removed or minimised wherever possible; 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/multi-lingualism and the use of alternative communication

formats such as sign language, and we promote gender equality while at the same time recognising the differences in play preferences and developmental timetables of girls and boys.

- Recognising that this 'kaleidoscope' also reflects negative images which may be internalised and negatively affect the development of self-concept, self-esteem, and confidence.
- Promoting a welcoming atmosphere that genuinely appreciate British values, different cultural and personal perspectives, without stereotyping and prejudicing cultures and traditions on raising children, by always involving parents.
- Promoting community cohesion and creating an environment that pre-empts acts of discrimination so that they do not arise.
- Recruitment of staff to reflect cultural and language diversity, disabled staff, and staff of both genders.
- Addressing discrimination as it occurs from children in a sensitive, age-appropriate manner to ensure that everyone involved understands the situation and are offered reassurance and support to achieve resolution.
- Challenging discriminatory behaviour from parents, staff or outside agencies or individuals that affect the well-being of children and the early years community.
- Creating an ethos within which staff work confidently within a culturally complex environment; learning when to change or adapt practice in the setting and having the confidence to challenge practice (including parental) that is not in the child's best interest, seeking support and intervention from agencies where appropriate.
- Ensuring that educators work closely with the Special Educational Needs Coordinator to make sure that the additional needs of all children are identified and met.
- We are aware of anti-discriminatory legislation and able to use it to shape the service and support parents and children against discrimination in the local community, for example, against asylum seekers, the Travelling community and same sex parents.
- We regularly monitor and review our practice including long-term preventative measures to ensure equality such as auditing of provision, formulating an equality plan, applying impact measurements and positive actions. In addition, short term measures such as recognition and assessment of children's additional support needs (e.g. impairment, home language, family hardship, specific family beliefs and practices), day-to-day 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 2015

Disability Equality Duty 2011

Equality Act 2010

Prevent Strategy 2015

Further guidance

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

Promoting inclusion, equality and valuing diversity

8.1 Equality procedures

Policy statement

We are committed to ensuring that our service is fully inclusive in meeting the needs of all children.

We recognise that children and their families come from a wide range of backgrounds with individual needs, beliefs, and values. They may grow up in family structures that include one or two parents of the same or different sex. They may live in blended families, have close links or live with extended families of grandparents, aunts, uncles and cousins; while other children may be more removed from close kin, or may live with other relatives or foster carers.

Some children come from families who experience social exclusion, severe hardship; discrimination and prejudice because of their ethnicity, disability and/or ability, the languages they speak, their religious or personal beliefs, their sexual orientation and marital status. Some individuals face discrimination linked to their gender and some women are discriminated against because of their pregnancy and maternity status. We understand that all these factors can affect the well-being of children within these families and may adversely impact on children's learning, attainment and life outcomes.

We are committed to anti-discriminatory practice to promote equality of opportunity and valuing diversity for all children and families using our setting. We also have obligations under the Prevent Duty (2015 updated 2023) 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/carers when settling in a new child.
- Maintaining a positive non-judgemental attitude and use of language with children to talk about topics such as family composition/background, eye and skin colour, hair texture, sex, gender, physical attributes and languages spoken (including signing).
- Becoming knowledgeable about different cultures, and individual subjective perceptions of these and being able to reflect them imaginatively and creatively in the setting to create pride, interest and positive self-identity.
- Discussing similarities and differences positively without bias and judgement.
- Celebrating festivals, holy days and special days authentically through involving parents, staff or the wider community to provide a positive experience for all.
- Providing books with positive images of children and families from all backgrounds and abilities. Avoiding caricatures or cartoon-like depictions and ensuring individual differences are portrayed with sensitive accuracy. The central characters in individual stories should provide a positive, broad representation of diversity e.g. disability, ethnicity, sex and gender, age and social backgrounds. Individual storylines should contain a range of situations which are easily identifiable by children such as those that include disabled children/adults, different ethnic groups, mixed heritage families, gender diversity, single sex/same and different sex families, multi-generational households and cultural diversity.
- Providing visual materials, such as posters and pictures that provide non-stereotypical images of people, places and cultures and roles that are within children's range of experience. This includes photographs taken by staff of the local and wider community, of parents/carers and families and local events.
- Using textiles, prints, sculptures or carvings from diverse cultures in displays.
- Providing artefacts from a range of cultures, particularly for use in all areas of the setting, not just in the home corner.
- Ensuring toys, learning materials and resources reflect diversity and provide relevant materials for exploring aspects of difference, such as skin tone paints and pens.
- Developing a range of activities through which children can explore aspects of their identity, explore similarities, differences and develop empathy including:
 - self-portraits, photograph albums and displays showing a range of families
 - books about 'me' or my family
 - food activities, such as tasting and cooking, creating real menu additions

- activities about real celebrations such as new babies, weddings, cultural and religious events
- provide mirrors at different heights for babies and other non-ambulant children
- developing a music area with a variety of musical instruments for babies and children to use to create a range of music.
- creating an art and mark making area with a variety of materials from other countries such as wood blocks for printing, Chinese calligraphy brushes etc.
- home corner play which encourages all children to equally participate and provides domestic articles from diverse cultures
- 'dressing up' materials which promote non-gendered roles and enable children to explore different gender identities/gender neutrality
- providing dolls that sensitively and accurately portray difference such as disability and ethnicity
- use of a variety of music to play to children of different genres and cultural styles with a variety of musical instruments for children to access
- a language and literacy area with a variety of books, some with dual language texts and signs, involving parents in the translation where possible
- examples of writing in other scripts from everyday sources such as papers and magazines, packaging etc. children's names written on cards in English as well as in their home language script where appropriate
- labels for children's paintings or other work are made with their name in English and home language script (parents can help with this)
- conversations with young children which explore unfamiliar objects and subjects to help foster an understanding of diversity and identity such as spectacles or hearing aids, religious and cultural practices
- Record keeping that refers to children's emerging bilingual skills or their use of sign language as achievements in positive terms.
- Record keeping that refers to children's differing abilities and identities in positive terms.
- Records that show the relevant involvement of all children, especially children with special educational needs and disabilities, those using English as an additional language and those who are 'more abled' in the planning of their care and education.

Fostering positive attitudes and challenging discrimination.

- Young children are learning how to grow up in a diverse world and develop appropriate attitudes. This can be difficult, and they may make mistakes and pick up inappropriate attitudes or just get the 'wrong idea' that may underlie attitudes of 'pre-prejudice' towards specific individuals/groups. Where children make remarks or behave in a discriminatory or prejudice way or make inappropriate comments that arise from not knowing facts, staff should explain why these actions are not acceptable and provide appropriate information and intervention to reinforce children's understanding and learning.
- Where children make overtly prejudice or discriminatory remarks they are dealt with as above, and the issue is raised with the parents/carers.
- 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/carers 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 provider 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 providers in receipt of nursery education funding are covered by the public sector equality duty. These bodies must have regard of the need to eliminate discrimination, promote equality of opportunity, foster good relations between disabled and non-disabled persons, and publish information to show their compliance with the duty.

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

- It is recognised that members of staff in diverse teams bring a range of views and opinions to the setting regarding a range of issues to do with the job. It is important that a range of views and perspectives are shared and respected in staff meetings and that decisions are made on which way of looking at the situation will result in the best outcomes for the child.
- Staff views are sought where these offer individuals, social and/or cultural insight, although staff should not be put in an uncomfortable position of being an 'expert' or 'ambassador'.
- Staff respect similarities and differences between each other and users such as ability, disability, religious and personal beliefs, sex, sexual orientation, gender reassignment etc. Staff do not discriminate or harass individuals on the grounds of these or encourage any other member of staff to do so; evidence of such will be dealt with by management immediately.
- Members of staff make the best use of different perspectives in the team to find solutions to difficult problems that arise in socially/culturally complex situations.
- Members of staff support each other to highlight similarities and respect differences.
- Members of staff of both sexes carry out all tasks according to their job description; there are no jobs that are designated men's or women's jobs.
- Staff are sensitive to the fact that male workers are under-represented in the early years workforce so may be more likely to experience inequality and discrimination.
- Staff should be aware that male workers may be more vulnerable to allegations. Therefore, work practices should be developed to minimise this. These practices are valuable for all staff.
- Where staff may feel threatened, or under attack, from discriminatory behaviour, staff and managers follow procedure 01.12 Threats and abuse towards staff and volunteers.
- There is an ethos wherein staff, parents/carers 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/carers 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/carers, same sex parents/carers and families with specific religious beliefs
 - gendered views of staff which limit children's aspirations and choices
 - misconceptions such as disabled children should not attend settings during a pandemic due to heightened risk
 - lack of effective Information Communication Technology (ICT) in the homes of families who are vulnerable or at risk and therefore unable to keep in close contact with the childcare provider
- Staff are aware of the different barriers to inclusion and equality and consider the wider implications for children and their families.

Supporting children to become considerate adults

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

British values

The fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs are already implicitly embedded in the Early Years Foundation Stage.

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

Individual liberty: freedom for all (PSED & UW)

- Children should develop a positive sense of themselves. Staff provide opportunities for children to develop their self-knowledge, self-esteem and increase their confidence in their own abilities, for example through allowing children to take risks on an obstacle course, mixing colours, exploring facets of their own identity, talking about their experiences and learning. Educators encourage a range of experiences, allow children to explore the language of feelings and responsibility, reflect on differences and understand we are free to have different opinions, for example in a small group discuss what they feel about 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 other's opinions.
- Staff promote diverse attitudes and challenge stereotypes, for example, sharing stories that reflect and value the diversity of children's experiences and providing resources and activities that challenge gender, cultural/racial stereotyping.

In our setting it is not acceptable to:

- actively promote intolerance of other faiths, cultures and races
- fail to challenge gender stereotypes and routinely segregate girls and boys
- isolate children from their wider community
- fail to challenge behaviours (whether of staff, children, or parents/carers) 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

Early years practice procedures

8.2 Identification, assessment and support for children with SEND

Milnthorpe Family Centre is open to every family in the community, and we wish to promote equality of opportunity for children with special needs and their parents/carers within all facilities offered by Milnthorpe Family Centre.

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

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/carers to give each child support to fulfil their potential.

The term SEN support defines arrangements for identifying and supporting children with special educational needs and/or disabilities. We are required and committed to offering 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

We have a designated member of staff to be the Special Educational Needs Co-ordinator (SENCO)
Our SENCO is: Zoe Scrogam (Joeys Deputy Manager)

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, a 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 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/carers and observation and assessment by the setting of the child's progress.
- When specialist advice has been sought externally, this is used to help determine whether a child has a special educational need (SEN).
- The child's key person and SENCo 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/carers 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/carers should be encouraged to share their thoughts on the child's difficulties and be involved in the decision as to what will happen next.
- A first intervention option may be to carry on with applying differentiated support and to review the child's progress at an agreed date. If the child's needs are more complex, then the decision maybe to go straight ahead and prepare a 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.
- A 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/carers 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

- A 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/carers 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, a Health care plan form should also be completed and integrated into the general plans to ensure the child's medical needs are known and safely met.
- The action plan should provide an accessible summary of the child's needs, which can be used if further assessment is required including a statutory Education Health and Care (EHC) Assessment, and development of an EHC plan.

Drawing up a SEN action plan

- If external agencies are already involved at this stage, then they should also be invited to help decide on what appropriate interventions are needed to help meet outcomes for the child. The SENCo/setting manager 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.
- A 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). A SEN support: Initial record of concern form can also be used for this purpose drawing information from other sources
- the initial discussion with parents/carers raising the possibility of the child's SEN
- the views of the parents/carers and other relevant persons including, wherever possible, the child's views
- the procedures followed regarding the Code of Practice to meet the child's SEND e.g. SEN action plan, referrals to external agencies and for statutory assessment
- evidence of the child's progress and any identified barriers to learning
- advice from other relevant professionals; and all subsequent meetings with parents and other persons and any subsequent referrals

Records may include

- observation and monitoring sheets
- expressions of concern
- risk assessments
- access audits
- health care plans (including guidelines for administering medication)
- SEN action plans
- meetings with parents/carers and other agencies
- additional information from and to outside agencies
- agreements with parents/carers
- 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 under the age of 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
 - parent/carer 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/carers 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/carers in the preparation of the plan ensuring that their views and their child's preferences are considered and that plans describe positively what the child can do and has achieved to date.
- Plans are evidenced based and focus on short term outcomes and long-term aspirations for the child including family and community support. Parents/carers 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/carers 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)

Early years practice procedures

8.3 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 practitioner 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, staff 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 manager, SENCO and 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 emotion coaching, supporting positive behaviour courses on noodle now, EYA Central and local authority.
- help staff to implement procedures set out within this policy 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, ideally the tepee den. Where possible their key person or person most familiar supports them to help them calm down and regulate themselves. 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 4.1 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 this procedure.
- Unwanted behaviours are addressed using an agreed and consistently applied emotion coaching approach to deescalate situations.

Emotion coaching approach

- We recognise that the moment of anger or frustration is not a moment for learning but a time to support regulation first.
 - We will protect other children and either move the other child away or if it is safe to do so direct the dysregulated child to our calming den.
- Techniques are practiced so children become familiar with breathing techniques, the child may require some proprioceptive input to help them ground themselves
- Once the child has calmed and regained their thinking brain we will then talk about what happened and think about how the child's actions affected others
- The child can choose if they want to apologise they will not be forced to as in this instance they do not understand or mean the apology.

- We may suggest checking in with the affected child and reflecting on the situation together. This depends on where the child is at and staff who know their children well will be able to gauge if this is appropriate.
- 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 either the manager or SENCo must liaise with the parents to try to discover possible reasons for the behaviour and to agree next steps. If relevant and appropriate the views of the child must be sought and considered to help identify a cause.
- If a cause for the behaviour is not known or only occurs whilst in the setting, then the setting manager/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 a meeting with the parents will take place 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/carers of the victim of the behaviour and the parents/carers 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 safeguarding lead completes a Safeguarding incident reporting form and contact Ofsted if appropriate. A record of discussions is recorded, and parents/carers are asked to sign.
- Parents/carers 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 a 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/carers 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 4.1 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 physical intervention from a staff member towards a child may be used for the purposes of "averting immediate danger of personal injury to any person (including the child) or to manage a child's behaviour if it is absolutely necessary."

Staff must do all they can to avoid using a physical intervention because this is not the preferred way of addressing children's behaviour.

To offer protection to children a range of appropriate graded interventions may be needed before physical intervention is applied. Most single incidents such as a child throwing a book on the floor or kicking a chair usually only require a verbal intervention from a member of staff. In other situations, an intervention can be applied through mechanical and environmental means such as locking doors and stair gates. This usually stops a situation escalating. However, there will be some situations where a child places themselves or others in danger which requires an immediate need for the use of both verbal and physical intervention. If a single or persistent incident requires a physical intervention such as physical handling from a staff member towards a child, then this is used intentionally to restrict a child's movement against their will. In most cases this can be applied using the adult's body gently and safely blocking the child from access to danger or to prevent danger. To physically intervene, an educator may use "reasonable force" to protect a child from injuring themselves or others. Legally an educator may also use reasonable force to prevent a child from damaging property. However, we would expect that in instances of damaging physical property a child would only experience a physical intervention if the broken property presented a risk or is high value.

If a situation arises which requires urgent physical hands-on intervention this is best applied by the staff who knows the child well such as their key person who is more able to calm them or use other known methods for defusing situations without physical intervention.

Physical handling

We use the principle of applying reasonable minimal force and handling in proportion to the situation. Staff use as little force as necessary to maintain safety. This intervention should only be used for as short a period as possible to keep the child safe and maintain well-being by aiming for:

- keeping the child's safety and well-being paramount
- a calm, gentle but firm approach and application of the intervention
- never restricting the child's ability to breathe
- side-by-side contact with the child
- no gap between theirs or the child's body
- keeping the adults back as straight as possible
- avoiding close head-to-head positioning to avoid injury to the child and themselves (head butting)
- only holding the child by their 'long' bones to avoid grasping at the child's joints where pain and damage are most likely to occur
- avoiding lifting the child unless necessary
- reassuring the child and talking about what has happened
- only applying a physical intervention on a disabled child if training or preferred method is provided from a reputable external source e.g. British Institute of Learning Disabilities www.bild.org.uk/

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 were 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 a Safeguarding incident reporting form, ensuring that it is clearly stated when and how parents were informed. Parents/carers 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/carer and when, ensuring that the parent/carer 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 the directors, the request must detail the reason the child must be suspended and the length of time of the proposed suspension.

- If the directors approve, the parents/carers must be invited to a meeting to discuss next steps. Parents/carers are invited to bring a representative along. Notes must be taken at the meeting and shared later with the parents. The meeting aims 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 based on a protected characteristic. This includes suspending a child based on a disability. Ignorance of the law or claiming it was unknown that a child was disabled is no defence. However, if the child's behaviour places themselves or others at risk then the setting must take actions to avoid further harm. Time limited suspension may be applied to keep the child and/or others safe whilst finding a solution. Suspension is only used if reasonable steps and planned adjustments are first used to help resolve the situation. Without this action, suspension of a child with SEND may constitute disability discrimination (Equality Act 2010). A decision to suspend a disabled child must be clearly evidenced, specific, measurable, achievable, realistic, and targeted. Plans and intervention must be recorded on the child's file and 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/carers, 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/carers and local authority to seek a solution.
- Suitable arrangements offer the parent/carer 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
- 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 negativity towards groups and individuals living outside the UK (xenophobia). This also applies to the same behaviour if directed towards specific groups of people and individuals who are British Citizens residing in the UK.

Allegations of discriminatory remarks or behaviour 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/carer 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/carer 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/carer 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 Publications)

8.4 Working in partnership with parents/carers and other agencies policy

Aim

We believe that children benefit most from early years education and care when parents and settings work together in partnership. We actively promote partnership with parents/carers 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/carers to support as appropriate.

Objectives

- We believe that parents/carers are children's first and most enduring educators and our practice aims to involve and consult parents/carers on all aspects of their child's well-being.
- We consider parents/carers 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 to our settling in procedures
 - 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
 - Opportunities for parents to meet with their child's key persons are regularly available to discuss their child's progress and to share concerns if they arise.
 - taking part in consultations about new developments and other matters as they arise
 - Ofsted contact details are displayed on the parent/carer notice board for parents/carers who have a complaint that cannot be resolved with the setting manager in the first instance, or where a parent/carer 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/carer is concerned that the EYFS safeguarding and welfare standards are not being maintained.

Legal references

Childcare Act 2006
Education Act 2011

Working in partnership with parents/carers and other agencies cont.

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.

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

Families

- Parents/carers are provided with written information about the setting, including the setting's safeguarding actions and responsibilities under the Prevent Duty.
- Parents/carers 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/carers who have a disability or impairment.
- The expectations we make on parents/carers are made clear at the point of registration.
- There is a clear expectation that parents/carers will participate in settling their child at the commencement of a place according to an agreed plan.
- Parents/carers can share necessary information with staff through in person conversations, email and through the Family app and information is stored to protect confidentiality.
 - Key persons support parents/carers in their role as the child's first and most enduring educators.
- Key persons regularly meet with parents/carers to discuss their child's learning and development and to share concerns if they arise.
- Key persons and management work with parents/carers to carry out an agreed plan to support a child's special educational needs.
- Key persons and management work with parents/carers to carry out any agreed tasks where a child protection plan is in place.
 - Parents/carers 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/carers without compromising the needs of children.
 - Parents/carers are involved in regular assessment of their child's progress, including the progress check at age two, as per 7.5 Progress check at age two.
- There are effective means for communicating with parents/carers on all relevant matters and 8.5 Complaints procedure for parents/carers and service users is referred to when necessary.
- Every effort is made to provide an interpreter for parents/carers 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/carers' views are sought regarding changes in the delivery of the service.

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.
- 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

- We work in partnership with schools to assist children's transition as per 7.6 transitions policy and share information as per procedure 9.1 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.

Working in partnership with parents and other agencies procedures

8.5 Complaints procedure for parents/carers and service users

Policy statement

Milnthorpe Family Centre is committed to an open-door policy with parents and we welcome comments and suggestions about the quality of our service and how we can improve our setting. We will give prompt and serious attention to any concerns about the running of the setting. We believe that children and parents are entitled to expect courtesy and prompt, careful attention to their needs and wishes.

We anticipate that most concerns will be resolved quickly by an informal approach with the appropriate member of staff. However if parents/carers 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.

We aim to bring all concerns about the running of our setting to a satisfactory conclusion for all the parties involved.

At all times the manager will seek to maintain or re-establish a positive and constructive relationship with the complainant.

Procedures

All settings are required to keep a written record of any complaints that reach stage two and above, and their outcome. This is to be made available to parents, as well as to Ofsted inspectors on request.

Making a complaint

Stage 1

- Any parent who has a concern about an aspect of our setting's provision talks over his/her concerns with the key person or senior team leader.
- If they are unhappy with the outcome or prefer to speak to the manager first in relation to complaints about a member of the team. They can request to speak with our manager. She will listen to the parent/carer and acknowledge what they are unhappy about. She may ask for time to look into those concerns or to investigate. In which case a follow up meeting will be scheduled in a timely manner, usually within two weeks and always within 28 days. She may offer an explanation and/or 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 4.4 Concerns and Allegations against staff, volunteers or agency staff will be followed.
- Most complaints should be resolved amicably and informally at this stage.
- We record the issue, and how it was resolved, in the child's file.

Stage 2

- If the complainant is unsatisfied with the outcome of stage 1 or where the complaint relates directly to the manager, they are entitled to appeal the outcome verbally or in writing to the directors.
- For parents who are not comfortable with making written complaints, there is a template form for recording complaints in the Complaint Investigation Record; the form may be completed by our manager and signed by the parent.
- Our setting stores all information relating to written complaints from parents in the child's personal file. Any complaints that make it to stage 2 are also kept in our complaints file until after our following Ofsted inspection.
- When the investigation into the complaint is completed, our manager meets with the parent to discuss the outcome.
- We inform parents of the outcome within 14 days of him/her making the written complaint.
- When the complaint is resolved at this stage, we log the summative points in our Complaint Investigation Record, which is made available to Ofsted on request.

Stage 3

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

Stage 4

- If at the stage three meeting the parent cannot reach agreement with us, we invite an external mediator to help to settle the complaint. This person should be acceptable to both parties, listen to both sides and offer advice. A mediator has no legal powers, but can help us to define the problem, review the action so far and suggest further ways in which it might be resolved.
- Our local authority early years advisor would be an appropriate person to be invited to act as mediators.
- The mediator keeps all discussions confidential. S/he can hold separate meetings with our staff and the parent, if this is decided to be helpful. There is an agreed written record of any meetings that are held and of any advice s/he gives.

Stage 5

- When the mediator has concluded her/his investigations, a final meeting between the parent and our manager and chair, is held. The purpose of this meeting is to reach a decision on the action to be taken to deal with the complaint. The mediator's advice is used to reach this conclusion. The mediator is asked to be present at the meeting if all parties think this will help a decision to be reached.
- A record of this meeting, including the decision on the action to be taken, is made. Everyone present at the meeting signs the record and receives a copy of it. This signed record signifies that the procedure has concluded.

Other services

- If an individual from another service 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 directors, 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 a meeting will be arranged with the directors.

Ofsted complaints record

- Legislation requires settings to keep a record of complaints and disclose these to Ofsted during inspection or before if requested.
- The record of complaints is a summative record only.
- A record of complaints will be kept for at least 3 years or until our next inspection.
- In all cases where a complaint is upheld a review will be undertaken by the directors to look for ways to improve practice where it is required.

If the complainant believes there has been a breach of the EYFS requirements they are entitled to make a complaint to Ofsted. Applications, Regulatory and Contact (ARC) Team, Ofsted, Piccadilly Gate, Store Street, Manchester M1 2WD or telephone: 0300 123 1231

The manager will assist in any complaint investigation by Ofsted or the Local Authority as well as produce documentation that records the steps that were taken in response to the original complaint.

The Information Commissioner's Office (ICO) can be contacted if you have made a complaint about the way your data is being handled and remain dissatisfied after raising your concern with us. For further information about how we handle your data, please refer to the Privacy Notice given to you when you registered your child at our setting. The ICO can be contacted at Information Commissioner's Office, Wycliff House, Water Lane, Wilmslow, Cheshire, SK9 5AF or ico.org.uk

If at any time Milnthorpe Family Centre believe that an issue has child protection implications or a child appears to be at risk, we follow the procedures of the Local Safeguarding Children Board. If any party involved in the complaint has good reason to believe that a criminal offence has been committed then they have a legal obligation and responsibility to contact the police.

Anonymous complaints:

Milnthorpe Family Centre will not usually investigate anonymous complaints however the manager, if appropriate, will determine whether the complaint warrants an investigation.

Withdrawal of a Complaint:

If a complainant wishes to withdraw their complaint at any time we will ask you to confirm this in writing.

Records

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

This procedure is displayed on Parent/Carer Notice Board.

Further guidance

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

8.6 Whistleblowing policy

1. Policy Statement

Milnthorpe Family Centre is committed to promoting a culture of transparency, openness, and accountability. We believe all staff, volunteers, students, other individuals working with us and the wider community have a responsibility to raise concerns about poor practice, wrongdoing, or risks to the health, safety, or wellbeing of children and colleagues.

Children's welfare is at the heart of everything we do. Every individual working in the nursery has a **legal and moral duty** to report any concerns, no matter how small, if they believe a child is at risk or if organisational practice may compromise care quality or safety. While the wider community does not have a legal duty, safeguarding is everyone's responsibility and so there is a moral duty on anyone who has concern for a child or young person to raise this concern.

2. Legal Framework

This policy is underpinned by:

- **The Public Interest Disclosure Act 1998**
- **The Children Act 1989 & 2004**
- **Keeping Children Safe in Education (2024)**
- **Working Together to Safeguard Children (2023)**
- **EYFS Statutory Framework (2024)**
- **Ofsted whistleblowing guidance**

These documents support the right of individuals to raise concerns in the **public interest**, protect those who speak up from reprisal, and ensure that serious concerns are acted upon swiftly and effectively.

3. Scope

This policy applies to:

- All nursery staff (permanent, temporary, part-time)
- Volunteers
- Work experience students
- Agency workers
- Contractors and visitors
- External professionals working with the nursery
- Member of the public

It complements other internal policies, including:

- Safeguarding & Child Protection
- Complaints Procedure
- Staff Code of Conduct
- Behaviour Management
- Equality, Diversity and Inclusion

4. What is Whistleblowing?

Whistleblowing is the disclosure of information which relates to suspected wrongdoing or dangers, it enables individuals to raise concerns about:

- Risks to child safety or wellbeing
- Poor or unsafe childcare practice
- Staff conduct, including bullying, discrimination, harassment
- Failure to comply with legal obligations
- Criminal offences (e.g. theft, fraud, abuse)
- Miscarriages of justice
- Deliberate attempts to conceal any of the above
- Breach of nursery or safeguarding policies
- Actions which could seriously damage the nursery's reputation

This is different from a grievance, which relates to a personal concern (e.g. issues with pay, workload, relationships). Grievances should be raised through the complaints procedure.

5. Our Commitment to Whistleblowers

Milnthorpe Family centre is committed to:

- Creating a **safe environment** where concerns can be raised without fear

- **Listening seriously** to concerns, and taking timely, fair and proportionate action
- **Protecting whistleblowers** from reprisals, harassment, victimisation, or disadvantage
- **Keeping disclosures confidential**, wherever possible however, there may be occasions if the concern leads to safeguarding investigations where this is not possible
- Ensuring staff know **how and where to raise concerns**, both internally and externally

6. When and How to Raise a Concern

6.1 Internal Reporting Route (Preferred)

We encourage staff to first raise concerns internally so that issues can be addressed quickly and appropriately.

You can speak to:

- **Nursery Manager: Katie Smyth (Designated safeguarding lead (DSL))**
- **Deputy Manager: Zoe Scrogam (deputy DSL)**

You may raise your concern:

- Verbally (in person or by phone)
- In writing (email or confidential letter)
- Anonymously, though this may limit investigation scope

Your concern will be:

- Taken seriously and recorded in writing
- Investigated promptly, objectively, and confidentially
- Shared only with those who need to know

The manager will provide feedback on the outcome, where appropriate.

6.2 Escalating Concerns (If Not Resolved or Inappropriate to Raise Internally)

If you feel unable to raise the concern internally, or the concern involves senior managers or owners, you can escalate it to:

Ofsted Whistleblowing Hotline

- **Phone:** 0300 123 3155
- **Email:** whistleblowing@ofsted.gov.uk
- **Online form:** <https://www.gov.uk/government/publications/whistleblowing-about-childrens-social-care-services-to-ofsted>

You can also contact:

- The **Local Authority Designated Officer (LADO)** for concerns involving a professional working with children
- The **NSPCC Whistleblowing Advice Line:** 0800 028 0285

7. Protection for Whistleblowers

If you raise a genuine concern in the public interest:

- You **will not be penalised** even if the concern turns out to be unfounded
- You are protected by the **Public Interest Disclosure Act 1998**
- The nursery will take **appropriate action** against any colleague who harasses, victimises or retaliates against a whistleblower

Malicious, false, or knowingly untrue allegations may result in disciplinary action.

8. Role of Managers and DSLs

All managers and DSLs are responsible for:

- Promoting a culture of **openness and vigilance**
- Encouraging early reporting of concerns
- Ensuring all whistleblowing disclosures are handled sensitively and in line with policy
- Keeping accurate records of concerns, investigations, and outcomes
- Reporting safeguarding-related concerns to the **LADO** or **local safeguarding partners** as required

9. Culture and Training

Milnthorpe Family Centre actively promote a culture where:

- **Staff are encouraged to speak up early**
- **Concerns are welcomed and not judged**
- Whistleblowing training and safeguarding induction are part of the onboarding process
- Policies are revisited regularly in team meetings and supervision sessions

10. Don't Think "What If I'm Wrong?" – Think "What If I'm Right?"

Whistleblowing is an essential part of a **safeguarding culture**. It helps protect children, build trust, and uphold professional standards. If in doubt, raise it.

"The standard you walk past is the standard you accept." – General David Morrison

11. Monitoring and Review

This policy will be:

- Reviewed **annually**, or earlier if legislation or best practice changes
- Shared with all staff during induction and refresher training
- Evaluated based on incidents, staff feedback and safeguarding audits

Related Documents

- Safeguarding and Child Protection Policy
- Staff Code of Conduct
- Complaints Procedure
- Behaviour Management Policy
- Safer Recruitment Policy

9.0 Record keeping policy

This policy was adopted by *Milnthorpe Family Centre* on 1.9.25.

Aim

We have record keeping systems in place for the safe and efficient management of the provision 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 electronically on secure management software systems in personal files, they are stored separately from their developmental records which are kept on Family for you to access and contribute to.
- Electronic data will be protected by standard password and firewall systems operated by the Milnthorpe Family Centre, KTD and Family software
- Children's personal files contain registration information as specified in 9.2 privacy notice.
- Children's personal files contain other material described as confidential as required, such as Common Assessment Framework assessments, Early Support information or Education, Health and Care Plan (EHCP, case notes including recording of concerns, discussions with parents/carers, and action taken, copies of correspondence and reports from other agencies.
- Ethnicity data is only recorded where parents/carers have identified the ethnicity of their child themselves on family.
- Confidentiality is maintained through secure software systems that have protective measure to ensure access is restricted to those who need to know. Parents/carers have the right to request data on their child and this will be made available to them in a timely manner providing there are no child protection reasons that would prohibit us sharing this information with you.
- Staff know how and when to share information effectively if they believe a family may require a particular service to achieve positive outcomes.
- Staff know how to share information if they believe a child is in need or at risk of suffering harm.
- Staff record when and to whom information has been shared, why information was shared and whether consent was given. Where consent has not been given and staff have taken the decision, in line with guidelines, to override the refusal for consent, the decision to do so is recorded.
- Guidance and training for staff specifically covers the sharing of information between professions, organisations, and agencies as well as within them, and arrangements for training takes account of the value of multi-agency as well as single agency working.

Records

The following information and documentation are also held:

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

Archiving children's files

- We must store financial information as per the companies act 2006 which is 6 years from the end of the last company financial year they relate to.
 - When a child leaves our setting, we move the child's personal file to an archive, it is then removed after 3 years unless there has been SENDCO involvement, Safeguarding intervention and or a serious accident or incident where we must keep the records until the child reaches 25.

Legal references

General Data Protection Regulation 2018

Freedom of Information Act 2000

Human Rights Act 1998

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

Data Protection Act 2018

Further guidance

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

Record keeping procedures

Children's records and data protection

During an outbreak of serious illness or disease 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 is 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, 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 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

- Any paper records are scanned on to the computer system and stored within the appropriate file. Originals are then shredded by PW. Confidential.
- 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
- 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 if authorisation is seen.

Record keeping procedures

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/carers 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. Westmorland and Furness safeguarding Children partnership (WFSCP) procedures should be followed when making referrals, and advice sought if there is a lack of clarity about whether parental consent is needed before making a referral due to safeguarding concerns.

- Staff discuss children's general progress and well-being together in meetings, but more sensitive information is restricted to designated 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/carers or anyone else outside of the organisation, unless in a formal and lawful way.
- Discussions with other professionals should take place within a professional framework, not on an informal basis. Staff should expect that information shared with other professionals will be shared in some form with parent/carers and other professionals, unless there is a formalised agreement to the contrary, i.e. if a referral is made to children's social care, the identity of the referring agency and some of the details of the referral is likely to be shared with the parent/carer by children's social care.
- It is important that members of staff explain to parents that sometimes it is necessary to write things down in their child's file and explain the reasons why.
- When recording general information, staff should ensure that records are dated correctly, and the time is included where necessary and signed.
- Welfare/child protection concerns are recorded on a Safeguarding incident reporting form. Information is clear and unambiguous (fact, not opinion), although it may include the educator's thoughts on the impact on the child.
- Records are non-judgemental and do not reflect any biased or discriminatory attitude.
- Not everything needs to be recorded, but significant events, discussions and telephone conversations must be recorded at the time that they take place.
- Recording should be proportionate and necessary.
- When deciding what is relevant, the things that cause concern are recorded as well as action taken to deal with the concern. The appropriate recording format is filed within the child's 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 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 within the child's personal and secure file which has restricted access in place.
- 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 2024 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/carers regard this information as confidential or not.

- Parents/carers sometimes share information about themselves with other parents/carers as well as staff; the setting cannot be held responsible if information is shared beyond those parents/carers whom the person has confided in.
- Information shared between parents/carers 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 9.0 Children's records and data protection must be followed.

Exception

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

The decision to share information should not be made as an individual, but with the backing of the designated 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/carers 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/carers 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 9.2 Privacy notice. They should also be informed about the circumstances, and reasons for the setting being under obligation to share information.
- Parents/carers are advised that their informed consent will be sought in most cases, as well as the circumstances when consent may not be sought, or their refusal to give consent overridden.
- Where there are concerns about whether to gain parental consent before sharing information, for example when making a Channel or Prevent referral the setting manager must inform their line manager for clarification before speaking to parents/carers.
- 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/carers

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

Age for giving consent

- A child may have the capacity to understand why information is being shared and the implications. For most children under the age of eight years in a nursery or out of school childcare context, consent to share is sought from the parent/carer, or from a person who has parental responsibility.
- Young persons (16-19 years) are capable of informed consent. Some children from age 13 onwards may have capacity to consent in some situations. Where they are deemed not to have capacity, then someone with parental responsibility must consent. If the child is capable and gives consent, this may override the parent's/carer'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/carers, 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/carer signs.
- Parent/carer 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)

[Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers](#) (HMG 2024)

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

[Mental Capacity Act 2005 Code of Practice](#) (Office of the Public Guardian 2)

Record keeping procedures

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

- If a parent/carer wishes to see the file, a written request is made, which the setting acknowledges in writing, informing the parent/carer 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/carer where this is the case. The maximum extension time is 2 months.
- A fee may be charged to the parent/carer for additional requests for the same material, or any requests that will incur excessive administration costs.
- The setting manager informs their directors and legal advice is sought.
- The setting manager goes through the file 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 and/or carer noted on the file is a third party, so where there are separate entries pertaining to each parent/carer, stepparent, grandparent etc, each of those must 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/carers 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/carer 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, 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/carer that the file is now ready and invites him/her to make an appointment to view it.
- The setting manager and their line manager/trustee/committee member etc... meet with the parent/carer 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/carer's legal representative or interpreter.
- The parent/carer may take a copy of the prepared file, but it is never handed over without discussion.
- It is an offence to remove material that is controversial or to rewrite records to make them more acceptable. If recording procedures and guidelines have been followed, the material should reflect an accurate and non-judgemental account of the work done with the family.
- If a parent/carer feels aggrieved about any entry in the file, or the resulting outcome, then the parent/carer should be referred to section 8.5 Complaints procedure for parents/carers and service users.
- The law requires that information held must be accurate, and if a parent/carer says the information held is inaccurate then the parent/carer 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/carer, the setting retains the right not to change the entry but can record the parent's/carer's view. In most cases, a parent/carer 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/carer seeing, nor should they make 'personal notes' elsewhere.

Further guidance

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

Record keeping procedures

9.1 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 setting manager's responsibility to ensure that records are transferred and closed in accordance with the archiving procedures, set out below.

- We will be led by Westmorland and Furness safeguarding children partnership (WFSCP) retention requirements.

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 parent/carers' 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 are provided.
- Whichever format of assessment summary is used, it should be completed and shared with the parent/carer prior to transfer.

Transfer of confidential safeguarding and child protection information

- The receiving school/setting will need a record of child protection concerns raised in the setting and what was done about them. The responsibility for transfer of records lies with the originating setting, not on the receiving setting/school to make contact and request them.
- To safeguard children effectively, the receiving setting must be made aware of any current child protection concerns, preferably by telephone, prior to the transfer of written records.
- Parents/carers 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 safeguarding lead should make decisions on a case by case basis, seeking legal advice is necessary.
- The designated safeguarding lead 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/carers can request that any factual inaccuracies are amended prior to transfer.

- If a parent/carer 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/carer being shared with the receiving school or setting.
- If a parent/carer 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.
- If WFSCP requirements are different to the setting's this must be explained to the parent/carer, and a record of the discussion should be signed by parents/carers 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 safeguarding lead should check WFSCP retention procedures and if it becomes apparent that the WFSCP procedures are materially different to setting's procedures this is brought to the attention of the designated safeguarding officer, who will agree how to proceed.
- If a child protection plan or child in need plan is in place a Child welfare and protection summary is also photocopied and a copy is given to the receiving setting or school, along with the date of the last professional meeting or case conference.
- If a S47 investigation has been undertaken by the local authority a copy of the child welfare and protection concern summary form is given to the receiving setting/school.
- Where a CAF/early help assessment has been raised in respect of welfare concerns, the name and contact details of the lead professional are passed on to the receiving setting or school.
- If the setting has a copy of a current plan in place due to early help services being accessed, a copy of this should be given to the receiving setting, with parental consent.
- Where there has been a S47 investigation regarding a child protection concern, the name and contact details of the child's social worker will be passed on to the receiving setting/school, regardless of the outcome of the investigation.
- Where a child has been previously or is currently subject to a child protection plan, or a child in need plan, the name and contact details of the child's social worker will be passed onto the receiving setting/school, along with the dates that the relevant plan was in place for.
- This information is posted (by 'signed for' delivery) or taken to the school/setting, addressed to the 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.
- 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 a Child welfare and protection summary, checking for accuracy, proportionality, and relevance, before this is copied and sent to the setting/school.
- The setting manager 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 setting manager 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 or childminder agency 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 records details of what needs to be retained/destroyed. The designated person must plan 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.

Record keeping procedures

9.2 Privacy notice

Milnthorpe Family Centre's Privacy Notice

Introduction

At the Milnthorpe Family Centre we take your privacy seriously and are committed to ensuring that your 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 Milnthorpe Family Centre. If you have any questions in regard to this notice you can contact us through enquiries@joeysnursery.co.uk

Our full legal information as a data controller, is:

Milnthorpe Family Centre T/A Joeys, a charity registered in England (number 1131829) and a company limited by guarantee (number 06843338) with its registered address Milnthorpe Family Centre, Joeys, Firs Road, Milnthorpe, LA7 7QF

What personal data we collect

We collect personal data about you and your child to register your child/ren for a childcare place within Joeys. Personal details that we obtain from you includes your name, date of birth, address, National Insurance number or unique tax payer reference (UTR), telephone number, mobile phone number and your e-mail address. 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 collect information regarding ethnicity and medical information as well as information regards your child's development and any special educational or care needs.

We will ask to see your child's birth certificate for eligibility and verification purposes. We will also ask for information about who has parental responsibility for your child and any court orders pertaining to your child.

This data will be collected from you directly in the registration form.

We will also collect emergency contact details. Before you disclose to us the personal information of another person, you must obtain that person's consent to both the disclosure and the processing of that personal information in accordance with our privacy notice. We may collect other data from you when you voluntarily contact us. Where applicable we will obtain details of your child's social worker, child protection plans from social care, and health care plans from health professionals and other health agencies.

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

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

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

It is in our legitimate interest to share your personal data with the organisations below, for example in order for us to secure funding, best meet your child's needs,

This includes using your data in the following ways:

- to support your child's wellbeing and development
- to effectively manage any special education, health or medical needs of your child whilst at the setting
- to carry out regular assessment of your child's progress and to identify any areas of concern
- to maintain relevant contact about your child's wellbeing and development
- to contact you in the case of an emergency
- to process your claim for free childcare and early education, if applicable
- to enable us to respond to any questions you ask

- to keep you updated about information which forms part of your contract with us
- to notify you of service changes or issues

With your consent, we would also like to:

- collect your child's ethnicity and religion data for monitoring purposes
- record your child's 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 can withdraw your consent at any time, for images being taken of your child and/or for the transfer of records to the receiving school, by confirming so in writing to the setting.

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

Who we share your data with

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

- Ofsted
- Department of education
- banking services to process the return of deposits
- student loan company
- HMRC
- the local authority if you claim funded hours
- 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 or 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 they transfer, if applicable
- if we transfer the management of the provision out or take over any other organisation or part of it, in which case we may disclose your personal data to the prospective seller or buyer so that they may continue using it in the same way

Our nursery management and communication software provider Family and KTD as our computer and cyber security team. May be able to access your personal data when carrying out maintenance task and software updates on our behalf. However, we have a written agreement in place which place this company under a duty of confidentiality.

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

How do we protect your data?

We take the security of your personal data seriously. We have internal policies and strict controls in place to try to ensure that your data is not lost, accidentally destroyed, misused, or disclosed and to prevent unauthorised access. Where we engage third parties to process personal data on our behalf, they are under a duty of confidentiality and are obliged to implement appropriate technical and organisational measures to ensure the security of data.

Where do we store your data?

All data you provide to us is stored on secure computers or servers located within the UK or European Economic Area. We may also store paper records in locked filing cabinets. Our third-party data processors will also store your data on secure servers which may be situated inside or outside the European Economic Area. They may also store data in paper files.

How long do we retain your data?

- We retain your data in line with our retention policy a summary is below:
- You and your child's data, including registers are retained 3 years after your child no longer uses the setting, or until our next Ofsted, 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 to comply with legal requirements. We will only keep your data for as long as is necessary to fulfil the purposes it was collected for and in line with data protection laws.

Your rights with respect to your data

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

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

If you wish to exercise any of these rights at any time please contact the manager 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 please raise your concern with our team of directors by putting you complaint in writing and FAO. MFC Directors.

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

Changes to this notice

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

If you need more information about how our local authority and/or DfE collect and use your information, please visit:

- our local authority at www.westmorlandandfurness.gov.uk
- the DfE website at <https://www.gov.uk/data-protection-how-we-collect-and-share-research-data>

General Data Protection Regulations 2018
Data Protection Act 1998