Parents’ policies
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1
Children’s rights and entitlements

Policy statement

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

EYFS Key themes and commitments

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

To be strong means to be:

- secure in their foremost attachment relationships, where they are loved and cared for by at least one person who is able to offer consistent, positive and unconditional regard and who can be relied on;
- safe and valued as individuals in their families and in relationships beyond the family, such as day care or school;
- self-assured and form a positive sense of themselves – including all aspects of their identity and heritage;
- included equally and belong in 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.
Safeguarding children and child protection

Policy statement

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

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Procedures

We carry out the following procedures to ensure we meet the three key commitments of the Safeguarding Children Policy.

Key commitment 1

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

- Group provision: Our designated person who co-ordinates child protection issues is:
  
  **Joanne Steel and Amy Culkin**

- Our designated officer who oversees this work is:
  
  **Joanne Steel**

- We ensure all staff are trained to understand our safeguarding policies and procedures and that parents are made aware of them too.

- All staff have an up-to-date knowledge of safeguarding issues, are alert to the signs and symptoms of abuse, and understand their professional duty to ensure safeguarding concerns are reported to the local authority children’s social work team or the NSPCC.

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

- Adequate and appropriate staffing resources are provided to meet the needs of children.
Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.

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

Where applications are rejected based on information disclosed, applicants have the right to know and to challenge incorrect information.

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

Volunteers do not work unsupervised.

Information is recorded about staff qualifications, and the identity checks and vetting processes that have been completed including:
- the criminal records disclosure reference number;
- the date the disclosure was obtained; and
- details of who obtained it.

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

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

We notify the Disclosure and Barring Service of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of a child protection concern.

Procedures are in place to record the details of visitors to the setting.

Security steps are taken to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.

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

Any personal information is held securely and in line with data protection requirements and guidance from the ICO.

The designated person in the setting has responsibility for ensuring that there is an adequate e-safety policy in place.

We keep a written record of all complaints and concerns including details of how they were responded to.
We ensure that robust risk assessments are completed, that they are seen and signed by all relevant staff and that they are regularly reviewed and updated, in line with our health and safety policy.

- The designated officer will support the designated person to undertake their role adequately and offer advice, guidance, supervision and support.
- The designated person will inform the designated officer at the first opportunity of every significant safeguarding concern, however this should not delay any referrals being made to the children’s social worker services, the LADO, Ofsted or Riddor.

**Key commitment 2**

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

**Responding to suspicions of abuse**

- We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.
- When children are suffering from physical, sexual or emotional abuse, or experiencing neglect, this may be demonstrated through:
  - significant changes in their behaviour;
  - deterioration in their general well-being;
  - their comments which may give cause for concern, or the things they say (direct or indirect disclosure);
  - changes in their appearance, their behaviour, or their play;
  - unexplained bruising, marks or signs of possible abuse or neglect; and
  - any reason to suspect neglect or abuse outside the setting.
- We consider factors affecting parental capacity and risk, such as social exclusion, domestic violence, parent’s drug or alcohol abuse, mental or physical illness or 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 department.
- We are aware of other factors that affect children’s vulnerability such as, abuse of disabled children; fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, such as through internet abuse; and Female Genital Mutilation and radicalisation; that may affect, or may have affected, children and young people using our provision.
- We also make ourselves aware that some children and young people are affected by gang activity, by complex, multiple or organised abuse, through forced marriage or honour based violence or may be victims of child trafficking. While this may be less likely to affect young children in our care, we may become aware of any of these factors affecting older children and young people who we may come into contact with.
Where we believe that a child in our care or that is known to us may be affected by any of these factors we follow the procedures below for reporting child protection concerns and follow the LSCB procedures.

Where such evidence is apparent, the child's key person makes a dated record of the details of the concern and discusses what to do with the member of staff who is acting as the 'designated person'. The information is stored on the child's personal file.

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

We refer concerns to the local authority children's social care department and co-operate fully in any subsequent investigation. NB In some cases this may mean the police or another agency identified by the Local Safeguarding Children Board.

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**OFSTED**

Lancashire Safeguarding Childrens Board

Lancaster Police

**Station**

Piccadilly Gate, County Hall, Thurnham Street,

Store Street, Preston, Lancaster

Manchester Lancashire LA1 1YB

**M1 2WD**

Tel: 0300 123 6720 Tel: 01524 63333

Tel: 0300 123 1231 Tel: 0300 123 6722 (8pm-8am)

Tel: 0300 123 4666

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We take care not to influence the outcome either through the way we speak to children or by asking questions of children.

We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or school children on work placement, young employees or young parents. Where abuse is suspected we follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account, but the setting may override the young person’s refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.

We have a whistle blowing policy in place.

**Recording suspicions of abuse and disclosures**

Where a child makes comments to a member of staff that give cause for concern (disclosure), or a member of staff observes signs or signals that give cause for concern, such as significant changes in
behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect; that member of staff:
- listens to the child, offers reassurance and gives assurance that she or he will take action;
- does not question the child;
- makes a written record that forms an objective record of the observation or disclosure that includes: the date and time of the observation or the disclosure; the exact words spoken by the child as far as possible; the name of the person to whom the concern was reported, with the date and time; and the names of any other person present at the time.

- These records are signed and dated and kept in the child's personal file, which is kept securely and confidentially.
- The member of staff acting as the 'designated person' is informed of the issue at the earliest opportunity, and within 1 working day.
- Where the Local Safeguarding Children Board stipulates the process for recording and sharing concerns, we include those procedures alongside this procedure and follow the steps set down by Lancashire Safeguarding Children Board.

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

- We follow the procedures for recording and reporting as set down by the Lancashire Safeguarding Children Board.

Escalation process

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

Informing parents

- Parents are normally the first point of contact. Concerns are discussed with parents to gain their view of events, unless it is felt that this may put the child in greater danger.
- Parents are informed when we make a record of concerns in their child’s file and that we also make a note of any discussion we have with them regarding a concern.
- If a suspicion of abuse warrants referral to social care, parents are informed at the same time that the referral will be made, except where the guidance of the Lancashire Safeguarding Children Board does not allow this, for example, where it is believed that the child may be placed in greater danger.
- This will usually be the case where the parent is the likely abuser.
- If there is a possibility that advising a parent beforehand may place a child at greater risk the designated person should seek advice from children’s social work services, about whether or not to advise parents beforehand, and should record and follow the advice given.
Liaison with other agencies

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

Allegations against staff

- We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the setting, or anyone living or working on the premises occupied by the setting, which may include an allegation of abuse.
- We respond to any inappropriate behaviour displayed by members of staff, volunteer or any other person living or working on the premises, which includes:
  - inappropriate sexual comments;
  - excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or inappropriate sharing of images.
- We follow the guidance of the Lancashire Safeguarding Children Board when responding to any complaint that a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, has abused a child.
- We ensure that all staff or volunteer know how to raise concerns about a member of staff or volunteer within the setting. We respond to any concerns raised by staff and volunteers who know how to escalate their concerns if they are not satisfied with our response.
- We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, may have taken, or is taking place, by first recording the details of any such alleged incident.
- We refer any such complaint immediately to the Local Authority Designated Officer (LADO) to investigate:
  
  Tim Booth: 01772 536694

- We also report any such alleged incident to Ofsted, as well as what measures we have taken. We are aware that it is an offence not to do this.
• We co-operate entirely with any investigation carried out by children’s social care in conjunction with the police.

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

Disciplinary action

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

Key commitment 3

We are committed to promoting awareness of child abuse issues throughout our training and learning programmes for adults. We are also committed to empowering young children, through our early childhood curriculum, promoting their right to be strong, resilient and listened to.

Training

• Training opportunities are sought for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse and neglect and that they are aware of the local authority guidelines for making referrals.

• Designated persons receive training in accordance with that recommended by the Lancashire Safeguarding Children Board.

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

Planning

• The layout of the rooms allows for constant supervision. For group provision: No child is left alone with staff or volunteers in a one-to-one situation without being visible to others.

Curriculum

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

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

**Confidentiality**

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

**Support to families**

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

**Key Commitment 4**

This policy is prepared using the following publications DFE “The Prevent duty. Departmental advice for schools and childcare providers. June 2015” DFE “Keeping children safe in schools July 2015” HM Gov. channel Guidance- Preventing vulnerable people from being drawn into terrorism.

**POLICY STATEMENT**

From 1 July 2015 all schools, registered early years childcare providers and registered later years childcare providers (referred to in this advice as ‘childcare providers’) are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty. It applies to a wide range of public-facing bodies.

**What is Radicalism?**

Radicalism refers to the process by which a person comes to support terrorism and forms of extremism Protecting children from the risk of radicalisation is seen as part of Newlands Nursery wider safeguarding
duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

**What is Extremism?**

Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas. Constant practice and Procedure at Newlands Nursery ensure it is essential that staff are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified. Protecting children from the risk of radicalisation should be seen as a childcare providers’ wider safeguarding duties, and is similar in nature to protecting children from other harms (e.g. drugs, gangs, neglect, sexual exploitation), whether these come from within their family or are the product of outside influences. We can also build pupils’ resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views. All staff are instructed to challenge extremist and radical views. It is important to emphasise that the Prevent duty is not intended to stop children debating controversial issues. In Nursery we can emphasise this in daily work such as assisting the children’s personal, social and emotional development and understanding of the world. All staff are DBS checked.

**Risk assessment**

All the nursery staff, particularly the staff who work directly with the children are expected to assess the risk of children/parents being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children/parents who may be at risk of radicalisation and what to do to support them. As with managing other safeguarding risks, staff should be alert to changes in children’s behaviour which could indicate that they may be in need of help or protection. Staff should use their professional judgement in identifying children/parents who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel program. All staff are trained through the Channel online training portal.
**Procedure for reporting concerns**

If a member of staff in nursery has a concern about a particular child/parent they should follow the school’s normal safeguarding procedures, including discussing with the school’s designated safeguarding lead, who will, where deemed necessary, with children’s social care. You can also contact your local police force or dial 101 (the non-emergency number). They can talk to you in confidence about your concerns and help you gain access to support and advice. Also, they can advise if this would be a case for Channel The Department for Education has dedicated a telephone helpline (020 7340 7264) to enable staff to raise concerns relating to extremism directly. Concerns can also be raised by contacting our local police nominated Prevent officers.

The contact numbers are displayed: **In the office**.
Uncollected child

Policy statement
In the event that a child is not collected by an authorised adult by their expected collection time, we put into practice agreed procedures. The child will receive a high standard of care in order to cause as little distress as possible.
We inform parents/carers of our procedures so that, if they are unavoidably delayed, they will be reassured that their children will be properly cared for.

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Procedures

- Parents are asked to provide the following specific information when their child starts attending our setting, which is recorded on our Registration Form:
  - Home address and telephone number - if the parents do not have a telephone, an alternative number must be given, perhaps a neighbour or close relative.
  - Place of work, address and telephone number (if applicable).
  - Mobile telephone number (if applicable).
  - Names, addresses, telephone numbers and signatures of adults who are authorised by the parents to collect their child from the setting, for example a childminder or grandparent.
  - Who has parental responsibility for the child.
  - Information about any person who does not have legal access to the child.

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

- On occasions when parents, or the persons normally authorised to collect the child, are not able to collect the child, they provide us with written or verbal details of the name and telephone number of the person who will be collecting their child. If the person is not previously known to the setting a description of the person must be given to practitioners and the password set upon registration must be used. In the event that the person collecting does not know the password we will not allow the child to leave the setting and the parent/main carer will be contacted.

- Parents are informed that if they are not able to collect the child as planned, they must inform us so that we can begin to take back-up measures. Our contact telephone number is 01524 61622.

- If a child is not collected at their expected collection time, we follow the procedures below:
- The child’s file is checked for any information about changes to the normal collection routines.
- If no information is available, parents/carers are contacted at home or at work.
- If this is unsuccessful, the adults who are authorised by the parents to collect their child - and whose telephone numbers are recorded on the Registration Form - are contacted.
- All reasonable attempts are made to contact the parents or nominated carers.
- The child does not leave the premises with anyone other than those named on the Registration Form or in their file.
- If no-one collects the child within one hour of their expected collection time and there is no-one who can be contacted to collect the child, we apply the procedures for uncollected children.
- We contact the local authority children’s social care team:

  Tel: 0300 123 6720  or  0300 123 6722 (8pm-8am)

- The child stays at the setting in the care of two of our fully-vetted workers, until the child is safely collected either by the parents or by a social care worker.
- Social care will aim to find the parent or relative. If they are unable to do so, the child will become looked after by the local authority.
- Under no circumstances will we go to look for the parent, nor leave the setting premises with the child.
- We will ensure that the child is not anxious and will not discuss our concerns in front of them.
- A full written report of the incident will be recorded in the child’s file.

  ▪ Depending on circumstances, we reserve the right to charge parents for the additional hours worked.
  ▪ Ofsted may be informed:

    0300 123 1231
Online safety (inc. mobile phones and cameras)

Policy statement

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

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Procedures

- Our designated person (manager/deputy) responsible for co-ordinating action taken to protect children is:
  
  **Joanne Steel**

**Information Communication Technology (ICT) equipment**

- Only ICT equipment belonging to the setting is used by staff and children.
- The designated person is responsible for ensuring all ICT equipment is safe and fit for purpose.
- All computers have virus protection installed.
- The designated person ensures that safety settings are set to ensure that inappropriate material cannot be accessed.

**Internet access**

- Children do not normally have access to the internet and never have unsupervised access.
- If staff access the internet with children for the purposes of promoting their learning, written permission is gained from parents who are shown this policy.
- The designated person has overall responsibility for ensuring that children and young people are safeguarded and risk assessments in relation to online safety are completed.
- Children are taught the following stay safe principles in an age appropriate way prior to using the internet;
  - only go on line with a grown up
  - be kind on line
- 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

- Designated persons will also seek to build children’s resilience in relation to issues they may face in the online world, and will address issues such as staying safe, having appropriate friendships, asking for help if unsure, not keeping secrets as part of social and emotional development in age appropriate ways.

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

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

- Children are not allowed to access social networking sites.

- 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.

- Suspicions that an adult is attempting to make inappropriate contact with a child on-line is reported to the National Crime Agency’s Child Exploitation and Online Protection Centre at www.ceop.police.uk.

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

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

**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 and share information securely at all times.

**Mobile phones – children**

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

**Mobile phones – staff and visitors**

- Personal mobile phones are not used by our staff on the premises during working hours. They will be stored in a locked drawer.

- In an emergency, personal mobile phones may be used in an area where there are no children present, with permission from the manager.

- Our staff and volunteers ensure that the setting telephone number is known to family and other people who may need to contact them in an emergency.
If our members of staff or volunteers take their mobile phones on outings, for use in case of an emergency, they must not 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.

These rules also apply to the use of work-issued mobiles, and when visiting or supporting staff in other settings.

Cameras and videos

- Our staff and volunteers must not bring their personal cameras or video recording equipment into the setting.
- Photographs and recordings of children are only taken for valid reasons, i.e. to record their learning and development, or for displays within the setting, with written permission received by parents (see the Registration form). Such use is monitored by the manager.
- Where parents request permission to photograph or record their own children at special events, general permission is gained from all parents for their children to be included. Parents are advised that they do not have a right to photograph anyone else’s child or to upload photos of anyone else’s children.
- If photographs of children are used for publicity purposes, parental consent must be given and safeguarding risks minimised, for example, ensuring children cannot be identified by name or through being photographed in a sweatshirt with the name of their setting on it.

Social media

- 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.
- Staff should not accept service users, children and parents as friends due to it being a breach of expected professional conduct.
- In the event that staff name the organisation or workplace in any social media they do so in a way that is not detrimental to the organisation or its service users.
- Staff observe confidentiality and refrain from discussing any issues relating to work
- Staff should not share information they would not want children, parents or colleagues to view.
- Staff should report any concerns or breaches to the designated person in their setting.
- Staff avoid personal communication, including on social networking sites, with the children and parents with whom they act in a professional capacity. If a practitioner and family are friendly prior to the child coming into the setting, this information is shared with the manager prior to a child attending and a risk assessment and agreement in relation to boundaries is agreed.
- Breach of confidentiality will result in disciplinary action and may result in the termination of your contract.
When using social networking sites staff members should give due regard to the following: Personal blogs should have clear disclaimers that the views expressed by the author in the blog is the authors alone and does not represent views of the nursery. Staff should be aware that any disrespectful comments to the above may be seen as libellous

- Social media activities should not interfere with work commitments.
- Be aware that your actions captured via images, posts or comments can reflect on our setting.
- Nursery Logos and trademarks may not be used without written consent.
- Personal Facebook/Twitter accounts or other such social networking sites may not be accessed on the nursery’s computer, laptops or other internet devices.

**Electronic learning journals for recording children’s progress**

- Managers seek permission from the senior management team prior to using any online learning journal. A risk assessment is completed with details on how the learning journal is managed to ensure children are safeguarded.
- Staff adhere to the guidance provided with the system at all times.

**Use and/or distribution of inappropriate images**

- Staff are aware that it is an offence to distribute indecent images. In the event of a concern that a colleague or other person is behaving inappropriately, the Safeguarding Children and Child Protection policy, in relation to allegations against staff and/or responding to suspicions of abuse, is followed.
- Staff are aware that grooming children and young people on line is an offence in its own right and concerns about a colleague’s or others’ behaviour are reported (as above).
The role of the key person and settling-in

Policy statement

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

We want children to feel safe, stimulated and happy in the setting and to feel secure and comfortable with 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 key person role is set out in the Safeguarding and Welfare Requirements of the Early Years Foundation Stage. Each child must have a key person. These procedures set out a model for developing a key person approach that promotes effective and positive relationships for children.

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Procedures

- We allocate a key person before the child starts.
- The key person is responsible for:
  - Providing an induction for the family and for settling the child into our setting.
  - Offering unconditional regard for the child and being non-judgemental.
  - Working with the parents to plan and deliver a personalised plan for the child’s well-being, care and learning.
  - Acting as the key contact for the parents.
  - Developmental records and for sharing information on a regular basis with the child’s parents to keep those records up-to-date, reflecting the full picture of the child in our setting and at home.
  - Having links with other carers involved with the child and co-ordinating the sharing of appropriate information about the child’s development with those carers.
- Encouraging positive relationships between children in their key group, spending time with them as a group each day.

- We promote the role of the key person as the child’s primary carer in our setting, and as the basis for establishing relationships with other adults and children.

**Settling-in.**

- Before a child starts to attend our setting, we use a variety of ways to provide his/her parents with information. These include written information (including our prospectus and policies), displays about activities available within the setting, information days and evenings and individual meetings with parents.

- During the weeks before a child is enrolled, we provide opportunities for the child and his/her parents to visit the setting.

- The key person welcomes and looks after the child and his/her parents at the child's first session and during the settling-in process.

- We may offer a home visit by the person who will be the child's key person to ensure all relevant information about the child can be made known.

- We use pre-start visits and the first session at which a child attends to explain and complete, with his/her parents, the child's registration records.

- When a child starts to attend, we explain the process of settling-in with his/her parents and jointly decide on the best way to help the child to settle into the setting.

- We have an expectation that the parent, will stay for the first session and fill in forms and have an induction from the manager during the first week, gradually taking time away from their child; increasing this time as and when the child is able to cope.

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

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

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

- We recognise that some children will settle more readily than others, but that some children who appear to settle rapidly are not ready to be left. We expect that the parents will stay with their child if required.

- We do not believe that leaving a child to cry will help them to settle any quicker. We believe that a child's distress will prevent them from learning and gaining the best from the setting.

- We reserve the right not to accept a child into the setting without a parent or carer if the child finds it distressing to be left. This is especially the case with very young children.
Within the first four to six weeks of starting, we discuss and work with the child's parents to begin to create their child's record of achievement.

The progress check at age two

- The key person carries out the progress check at age two in accordance with any local procedures that are in place and referring to the 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.
Staffing

Policy statement

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

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Procedures

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;
  - at least half of all staff have received training that specifically addresses the care of babies; and
  - where there is an under two-year-olds' room, the member of staff in charge of that room has suitable experience of working with under twos.

- **Children aged two years**: 1 adult : 4 children:
  - at least one member of staff holds a full and relevant level 3 qualification; and
  - at least half of all other staff hold a full and relevant level 2 qualification.

- **Children aged three years and over**: 1 adult : 8 children:
  - at least one member of staff holds a full and relevant level 3 qualification; and
  - at least half of all other staff hold a full and relevant level 2 qualification.

- **We only include those aged 17 years or older within our ratios.** Where they are competent and responsible, we may include students on long-term placements and regular volunteers.

- **A minimum of two staff/adults are on duty at any one time; one of whom is either our manager or deputy.**

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

- **Our staff, students and volunteers inform their colleagues if they have to leave their area and tell colleagues where they are going.**
Our staff, students and volunteers focus their attention on children at all times and do not spend time in social conversation with colleagues while they are working with children.

We assign each child a key person to help the child become familiar with the setting from the outset and to ensure that each child has a named member of staff with whom to form a relationship. The key person plans with parents for the child's well-being and development in the setting. The key person meets regularly with the family for discussion and consultation on their child's progress and offers support in guiding their development at home.

We hold regular staff meetings/supervisions to undertake curriculum planning and to discuss children's progress, their achievements and any difficulties that may arise from time to time.
Administering medicines

Policy statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. We ensure that where medicines are necessary to maintain health of the child, they are prescribed by a G.P, 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 advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

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

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Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.
- 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, such as a high temperature or teething. 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. NB We may administer children’s paracetamol (un-prescribed) for children under the age of one year with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- Children’s prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.

- Parents must give prior written permission for the administration of medication. The 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; and
  - the signature of the parent, their printed name and the date.

- The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the person administering the medication and a witness. 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]; and
  - parent’s signature.

- 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 their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

- We monitor the medication record book is monitored 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 is stored safely in a container out of reach of children or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child’s key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when-required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

Medicines are either stored high up in the refrigerator or in a marked plastic box kept on top of the refrigerator all staff are made aware of this on their induction.

Children who have long term medical conditions and who may require ongoing medication
- We carry out a risk assessment for each child with a long term medical condition that requires ongoing medication. This is the responsibility of our manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child’s health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child’s GP if necessary where there are concerns.
- An individual health plan for the child is drawn up with the parent; outlining the key person’s role and what information must be shared with other adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- We review the health care 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 health plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings
- If children are going on outings, the key person for the child 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 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 and a card to record when it
has been given, including all the details that need to be recorded in the medication record as stated above.

- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- 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.
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.

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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 key person 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, and sponging their heads with cool water, but kept away from draughts.
- The child's temperature is taken using a forehead thermometer strip, kept in the first aid box.
- If the child’s temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, 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 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 or sickness, we ask parents to 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.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from [www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374) and includes common childhood illnesses such as measles.

Reporting of 'notifiable diseases'
If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to the Health Protection Agency.

When we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and the local Health Protection Agency, 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 changing 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 mild 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.
- Ensure that children do not share tooth brushes, which are also soaked weekly in sterilising solution.

**Nits and head lice**

- Nits and 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.
- See individual policy on 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.

If a child has an allergy, we complete a risk assessment form to detail the following:

- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, 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.
- Review measures.

This risk assessment form is kept in the child’s personal file and a copy is displayed on our allergy notice in the kitchen, where our staff can see it.

Generally, no nuts or nut products are used within the setting.

Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.
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 or 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.

- Key person for special needs children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:
  - Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
  - The key person and at least one other member of staff must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
  - 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.
Nappy changing
Policy statement
No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.
We provide nappy changing facilities and exercise good hygiene practices in order to accommodate children who are not yet toilet trained.
We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

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Procedures
- Our key persons undertake changing children in their key groups; back up key persons change them if the key person is absent.
- Our changing area is warm, with a safe area to lay children and no bright lights shining down in their eyes. There are mobiles and other objects of interest to take the child’s attention.
- Each child has their own basket to hand with their nappies or pull ups and changing wipes.
- Our staff put on gloves and aprons before changing starts and the areas are prepared. The changing mat is cleaned with disinfectant before and after each change.
- All our staff are familiar with our hygiene procedures and carry these out when changing nappies.
- Our staff never turn their back on a child or leave them unattended whilst they are on the changing mat.
- We are gentle when changing; we avoid pulling faces and making negative comments about ‘nappy contents’.
- We do not make inappropriate comments about children’s genitals when changing their nappies.
- In addition, we ensure that nappy changing is relaxed and a time to promote independence in young children.
- We encourage children to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- We encourage children to wash their hands, and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- We dispose of nappies and pull ups hygienically. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for parents to take home.
- We have a ‘duty of care’ towards children’s personal need. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect and will be a disciplinary matter.
Food and drink

Policy statement

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

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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 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 display the menus of meals/snacks for parents to view.
- We provide nutritious food for all meals and snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives and colourings.
- We include a variety of foods from the four main food groups:
  - meat, fish and protein alternatives;
  - dairy foods;
  - grains, cereals and starch vegetables; and
  - fruit and vegetables.
- We, where possible, include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
Through discussion with parents and research reading, we obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, as well as about food allergies. We take account of this information in the provision of food and drinks.

- We provide a vegetarian alternative on days when meat or fish are offered.
- 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 have fresh drinking water constantly available for the children. We inform the children about how to obtain the water and that they can ask for water at any time during the day.
- We inform parents who provide food for their children about the storage facilities available in our setting.
- We inform parents who provide food for their children 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 for under 2's and semi-skimmed milk for over two's.
- For each child under two, we provide parents with daily written information about feeding routines, intake and preferences.

**Packed lunches**

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

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

Policy statement
We believe that children flourish best when their personal, social and emotional needs are understood, supported and met and where there are clear, fair and developmentally appropriate expectations for their behaviour.

As children develop, they learn about boundaries, the difference between right and wrong, and to consider the views and feelings, and needs and rights, of others and the impact that their behaviour has on people, places and objects. The development of these skills requires adult guidance to help encourage and model appropriate behaviours and to offer intervention and support when children struggle with conflict and emotional situations. In these types of situations key staff can help identify and address triggers for the behaviour and help children reflect, regulate and manage their actions.

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Procedures
In order to manage children’s behaviour in an appropriate way we will:

- attend relevant training to help understand and guide appropriate models of behaviour;
- implement the setting’s behaviour procedures including the stepped approach;
- have the necessary skills to support other staff with behaviour issues and to access expert advice, if necessary;
- ensure all staff complete the Promoting Positive Behaviour programme, on Educare (http://pre-school.educare.co.uk/Login.aspx)

Stepped approach

Step 1
- We will ensure that EYFS guidance relating to ‘behaviour management’ is incorporated into relevant policy and procedures;
- We will be knowledgeable with, and apply the setting’s procedures on Promoting Positive Behaviour;
- We will undertake an annual audit of the provision to ensure the environment and practices supports healthy social and emotional development. Findings from the audit are considered by management and relevant adjustments applied.
• ensure that all staff are supported to address issues relating to behaviour including applying initial and focused intervention approaches (see below).

**Step 2**

• We address unwanted behaviours using the agreed and consistently applied initial intervention approach. If the unwanted behaviour does not reoccur or cause concern then normal monitoring will resume.

• Behaviours that result in concern for the child and/or others will be discussed between the key person, the behaviour coordinator and Special Educational Needs Coordinator (SENCO) or/and manager. During the meeting, the key person will use their knowledge and assessments of the child to share any known influencing factors (new baby, additional needs, illness etc.) in order to place the behaviour into context. Appropriate adjustments to practice will be agreed and if successful normal monitoring resumed.

• If the behaviour continues to reoccur and remain a concern then the key person should liaise with parents to discuss possible reasons for the behaviour and to agree next steps. If a cause for the behaviour is not known or only occurs whilst in the setting then the SENCO will suggest using a focused intervention approach to identify a trigger for the behaviour.

• If a trigger is identified then the SENCO and key person will meet with the parents to plan support for the child through developing an action plan. If relevant, recommended actions for dealing with the behaviour at home should be agreed with the parent/s and incorporated into the plan. Other members of the staff team should be informed of the agreed actions in the action plan and help implement the actions. The plan should be monitored and reviewed regularly by the key person and SENCO until improvement is noticed.

**Step 3**

• If, despite applying the initial intervention and focused intervention approaches, the behaviour continues to occur and/or is of significant concern, then the behaviour coordinator and SENCO will invite the parents to a meeting to discuss external referral and next steps for supporting the child in the setting.

• It may be agreed that the Common Assessment Framework (CAF) or Early Help process should begin and that specialist help be sought for the child – this support may address either developmental or welfare needs. If the child’s behaviour is part of a range of welfare concerns that also include a concern that the child may be suffering or likely to suffer significant harm, follow the Safeguarding and Children and Child Protection Policy (1.2). It may also be agreed that the child should be referred for an Education, Health and Care assessment. (See Supporting Children with SEN policy 9.2)

• Advice provided by external agencies should be incorporated into the child’s action plan and regular multi-disciplinary meetings held to review the child’s progress.

*Initial intervention approach*

• We use an initial problem solving intervention for all situations in which a child or children are distressed on in conflict. All staff use this intervention consistently.
This type of approach involves an adult approaching the situation calmly, stopping any hurtful actions, acknowledging the feelings of those involved, gathering information, restating the issue to help children reflect, regain control of the situation and resolve the situation themselves.

**Focused intervention approach**

- The reasons for some types of behaviour are not always apparent, despite the knowledge and input from key staff and parents.
- Where we have considered all possible reasons, then a focused intervention approach should then be applied.
- This approach allows the key person and behaviour coordinator to observe, reflect, and identify causes and functions of unwanted behaviour in the wider context of other known influences on the child.
- We follow the ABC method which uses key observations to identify a) an event or activity (antecedent) that occurred immediately before a particular behaviour, b) what behaviour was observed and recorded at the time of the incident, and c) what the consequences were following the behaviour. Once analysed, the focused intervention should help determine the cause (e.g. ownership of a toy or fear of a situation) and function of the behaviour (to obtain the toy or avoid a situation) and suitable support will be applied.

**Use of rewards and sanctions**

- All children need consistent messages, clear boundaries and guidance to intrinsically manage their behaviour through self-reflection and control.
- Rewards such as excessive praise for good behaviour and stickers are used as part of Newland nursery’s behaviour scheme. Also Wow moments which encourage good behaviour. Rewards such as excessive praise and stickers may provide an immediate change in the behaviour but will not teach children how to act when a ‘prize’ is not being given or provide the child with the skills to manage situations and their emotions. Instead, a child is taught how to be ‘compliant’ and respond to meet adult's own expectations in order to obtain a reward (or for fear of a sanction). If used then the type of rewards and their functions must be carefully considered before applying.
- Children should never be labelled, criticised, humiliated, punished, shouted at or isolated by removing them from the group and left alone in ‘time out’ or on a ‘naughty chair’. However, if necessary children can be accompanied and removed from the group in order to calm down and if appropriate helped to reflect on what has happened.

**Use of physical intervention**

- The term physical intervention is used to describe any forceful physical contact by an adult to a child such as grabbing, pulling, dragging, or any form of restraint of a child such as holding down. Where a child is upset or angry, staff will speak to them calmly, encouraging them to vent their frustration in other ways by diverting the child's attention.
Staff should not use physical intervention – or the threat of physical intervention, to manage a child’s behaviour unless it is necessary to use “reasonable force in order to prevent children from injuring themselves or others or damage property” (EYFS).

If “reasonable force” has been used for any of the reasons shown above, parents are to be informed on the same day that it occurs. The intervention will be recorded as soon as possible within the child’s file, which states clearly when and how parents were informed.

Corporal (physical) punishment of any kind should never be used or threatened.
Maintaining children’s safety and security on premises

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

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Children’s personal safety
- We ensure all employed staff have been checked for criminal records via an enhanced disclosure with children’s barred list check through the Disclosure and Barring Service.
- Adults do not normally supervise children on their own.
- All children are supervised by adults at all times.
- Whenever children are on the premises at least two adults are present.
- We carry out risk assessments to ensure children are not made vulnerable within any part of our premises, nor by any activity.

Security
- Systems are in place for the safe arrival and departure of children.
- The times of the children's arrivals and departures are recorded.
- The arrival and departure times of adults, staff volunteers and visitors - are recorded.
- Our systems prevent unauthorised access to our premises.
- Our systems prevent children from leaving our premises unnoticed.
- We only allow access to visitors with prior appointments.
- Our staffs check the identity of any person who is not known before they enter the premises.
- We keep front doors and gates locked shut at all times. Back doors are kept locked shut at all times where they may lead to a public or unsupervised area.
- Minimal petty cash is kept on the premises.
Supervision of children on outings and visits

Policy statement

Children benefit from being taken outside of the premises on visits or trips to local parks, or other suitable venues, for activities which enhance their learning experiences. We ensure that there are procedures to keep children safe on outings; all staff and volunteers are aware of and follow the procedures as laid out below.

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Procedures

- We ask parents to sign a general consent on registration for their children to be taken out on local short outings as a part of the daily activities of the setting. This general consent details the venues used for daily activities.
- We assess the risks for each local venue used for daily activities, which is reviewed regularly.
- We always ask parents to sign specific consent forms before major outings; and the risks are assessed before the outing takes place.
- All written outing risk assessments are made available for parents to see.
- Our adult to child ratio is high, normally one adult to four children, depending on their age, sensibility and the type of venue, as well as how it is to be reached.
- A minimum of two staff accompany children on outings. Unless the whole setting is on an outing, a minimum of two staff also remain behind with the rest of the children.
- Named children are assigned to individual staff member to ensure that each child is well supervised, that no child goes astray and that there is no unauthorised access to children. We ensure that all children on the outing are well supervised, that no child goes astray and that there is no unauthorised access to children.
- Parents who accompany us on outings are responsible for their own child only. Where parents have undergone vetting with us as volunteers, they may be included in the adults to child ratio and have children allocated to them.
- Outings are recorded in an outings record book kept in the setting, stating:
  - The date and time of the outing.
  - The venue and mode of transport used.
  - The names of the children, staff, volunteers and students.
  - The time of return.
• We take a mobile phone on outings, as well as supplies of tissues, wipes, spare clothing and nappies, medicines required for individual children, a mini first aid kit, snacks and water. The amount of equipment will vary and be consistent with the venue and the number of children, as well as how long they will be out for. We apply sun cream to children as needed and ensure they are dressed appropriately for the type of outing and weather conditions.

• We take a list of children with us with contact numbers of parents/carers, as well as an accident book and a copy of our Missing Child Policy.

• We provide children with stickers to wear that contain the name and setting telephone number – but not the name of the child.

• Records are kept of the vehicles used to transport children, with named drivers and appropriate insurance cover.

• We ensure that seat belts are worn whilst travelling in vehicles and that booster seats and child safety seats are used as appropriate to the age of the child.

• As a precaution, we ensure that children do not eat when travelling in vehicles.

• We ensure that contracted drivers are from reputable companies, do not have unsupervised access to the children and are not included in the ratios.
No-smoking
Policy statement
We comply with health and safety regulations and the Safeguarding and Welfare Requirements of the Early Years Foundation Stage in making our setting a no-smoking environment - both indoors and outdoors.

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Procedures
- All staff, parents and volunteers are made aware of our No-smoking Policy.
- No-smoking signs are displayed.
- The No-smoking Policy is stated in information for parents.
- We actively encourage no-smoking by having information for parents and staff about where to get help to stop smoking if they are seeking this information.
- Staff who smoke do not do so during working hours, unless on a break and off the premises. Staff who smoke during their break make every effort to reduce the effect of the odour and lingering effects of passive smoking for children and colleagues.
Supporting children with special educational needs

Policy statement

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 Code of Practice (2014).
- We have in place a clear approach for identifying, responding to, and meeting children’s SEN¹.
- We support and involve parents (and where relevant children), actively listening to, and acting on their wishes and concerns.
- We work in partnership with the local authority and other external agencies to ensure the best outcomes for children with SEN and their families.
- We regularly monitor and review our policy, practice and provision and, if necessary, make adjustments.

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Procedures

- We designate a member of staff to be the Special Educational Needs Co-ordinator (SENCO) and give his/her name to parents. Our SENCO’s are:

  *Joanne Steel and Amy Culkin*

- The SENCO works closely with the managers and other colleagues and has responsibility for the day-to-day operation of our Supporting Children with Special Educational Needs Policy and for co-ordinating provision for children with SEN.
- We ensure that the provision for children with SEN is the responsibility of all members of the setting.
- We ensure that our inclusive admissions practice ensures equality of access and opportunity.
- We provide a broad, balanced and differentiated curriculum for all children.
- We apply SEN support to ensure early identification of children with SEN.
- We use the graduated approach system (assess, plan, do and review) applied in increasing detail and frequency to ensure that children progress.

¹ This includes disabled children with special educational needs
- We ensure that parents are involved at all stages of the assessment, planning, provision and review of their children's special education including all decision making processes.
- We where appropriate, take into account children’s views and wishes in decisions being made about them, relevant to their level understanding.
- We provide parents with information on local sources of support and advice e.g. Local Offer, Information, Advice and Support Service.
- We liaise and work with other external agencies to help improve outcomes for children with SEN.
- We have systems in place for referring children for further assessment e.g. Common Assessment Framework/Early Help Assessment and Education, Health and Care (EHC) assessment.
- We provide resources (human and financial) to implement [our/my] Supporting Children with Special Educational Needs Policy.
- We ensure that all [our/my] staff are aware of [our/my] Supporting Children with Special Educational Needs Policy and the procedures for identifying, assessing and making provision for children with SEN. [We/I] provide in-service training for parents[, practitioners] and volunteers.
- We raise awareness of our special education provision via our website and or promotional materials.
- We ensure the effectiveness of our special educational needs provision by collecting information from a range of sources e.g. action plan reviews, [staff and management meetings,] parental and external agency's views, inspections and complaints. This information is collated, evaluated and reviewed annually.
- We provide a complaints procedure.
- We monitor and review our policy annually.
Transfer of records to school

Policy statement

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

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

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

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

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Procedures

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

- Using the Early Years Outcomes (DfE 2013) guidance and our assessment of children’s development and learning, the key person will prepare a summary of achievements in the seven areas of learning and development.

- The record refers to:
  - any additional language spoken by the child and his or her progress in both languages;
  - any additional needs that have been identified or addressed by our setting;
  - any special needs or disability, whether a CAF was raised in respect of special needs or disability, whether there is an Education, Health and Care Plan, and the name of the lead professional.

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

- The document may be accompanied by other evidence, such as photos or drawings that the child has made.

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

Transfer of confidential information

• The receiving school or setting will need to have a record of any safeguarding or child protection concerns that were raised in our setting and what was done about them.

• We will make a summary of the concerns to send to the receiving setting or school, along with the date of the last professional meeting or case conference. Some Local Safeguarding Children Boards will stipulate the forms to be used and provide these for us to use.

• Where a CAF has been raised in respect of any welfare concerns, we will pass the name and contact details of the lead professional on to the receiving setting or school.

• Where there has been a s47 investigation regarding a child protection concern, we will pass the name and contact details of the child’s social worker on to the receiving setting or school – regardless of the outcome of the investigation.

• We post or take the information to the school or setting, ensuring it is addressed to the setting or school’s designated person for child protection and marked as 'confidential'.

• We do not pass any other documentation from the child's personal file to the receiving setting or school.
Children’s records

Policy statement

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

This policy and procedure should be read alongside our Confidentiality and Client Access to Records Policy and our Information Sharing Policy.

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Procedures

If a child attends another setting, we establish a regular two-way flow of appropriate information with parents and other providers. Where appropriate, we will incorporate comments from other providers, as well as parents and/or carers into the child’s records.

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

Developmental records

- These include observations of children in the setting, photographs, video clips and samples of their work and summary developmental reports.
- These are on our online Babysdays system and can be accessed by parents using a password system. Parents can only access documents for their child.

Personal records

These may include the following (as applicable):

- Personal details – including the child’s registration form and any consent forms.
- Contractual matters – including a copy of the signed parent contract, the child’s days and times of attendance, a record of the child’s fees, any fee reminders or records of disputes about fees.
- Child’s development, health and well-being – including a summary only of the child’s EYFS profile report, a record of discussions about every day matters about the child’s development health and well-being with the parent.
- Early Support – including any additional focussed intervention provided by our setting (e.g. support for behaviour, language or development that needs an SEN action plan) and records of any meetings held.
Welfare and child protection concerns – including records of all welfare and protection concerns, and our resulting action, meetings and telephone conversations about the child, an Education, Health and Care Plan and any information regarding a Looked After Child.

Correspondence and Reports – including a copy of the child’s 2 Year Old Progress Check (as applicable), all letters and emails to and from other agencies and any confidential reports from other agencies.

These confidential records are stored in a lockable file or cabinet, which is always locked when not in use and which our manager keeps secure in an office or other suitably safe place.

We read any correspondence in relation to a child, note any actions and file it immediately.

We ensure that access to children’s files is restricted to those authorised to see them and make entries in them, this being our manager(s), deputy or designated person for child protection, the child’s key person, or other staff as authorised by our manager and other staff as authorised by me.

We may be required to hand children’s personal files to Ofsted as part of an inspection or investigation process; or to local authority staff conducting a S11 audit, as long as authorisation is seen. We ensure that children’s personal files are not handed over to anyone else to look at.

Parents have access, in accordance with our Confidentiality and Client Access to Records Policy, to the files and records of their own children, but do not have access to information about any other child.

Our staff will not discuss personal information given by parents with other members of staff, except where it affects planning for the child’s needs. Our staff induction programme includes an awareness of the importance of confidentiality in the role of the key person.

We retain children’s records for three years after they have left the setting; except records that relate to an accident or child protection matter, which are kept until a child reaches the age of 21 years or 24 years respectively. These are kept in a secure place.

Archiving children’s files

When a child leaves our setting, we remove all paper documents from the child’s personal file and place them in a robust envelope, with the child’s name and date of birth on the front and the date they left.

We seal this and place it in an archive box, stored in a safe place (i.e. a locked cabinet) for three years. After three years it is destroyed.

Where there were s.47 child protection investigations, we mark the envelope with a star and archive it for 25 years.

We store financial information according to our finance procedures.

Other records

We keep a daily record of the names of the children we are caring for, their hours of attendance and the names of their key person.

When students are observing in the setting, they are advised of our Confidentiality and Client Access to Records Policy and are required to respect it.
Information sharing

‘Sharing information is an intrinsic part of any frontline practitioners’ job when working with children and young people. The decisions about how much information to share, with whom and when, can have a profound impact on individuals’ lives. It could ensure that an individual receives the right services at the right time and prevent a need from becoming more acute and difficult to meet. At the other end of the spectrum it could be the difference between life and death.’

Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (HM Government 2015)

Policy statement

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

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

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

The responsibility for decision-making should not rely solely on an individual, but should have the back-up of the management team. The management team provide clear guidance, policy and procedures to ensure all staff and volunteers understand their information sharing responsibilities and are able to respond in a timely, appropriate way to any safeguarding concerns. The three critical criteria are:

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

EYFS Key themes and commitments

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Procedures
Our procedure is based on the seven golden rules for information sharing as set out in *Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (HM Government 2015)*. We also follow the guidance on information sharing from the Local Safeguarding Children Board.

1. **Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.**
   - Our policy and procedures on Information Sharing provide guidance to appropriate sharing of information both within the setting, as well as with external agencies.

2. **Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.**

    In our setting we ensure parents:
    - receive information about our Information Sharing Policy when starting their child in the setting and that they sign our Registration Form to say that they understand the circumstances in which information may be shared without their consent. This will only be when it is a matter of safeguarding a child or vulnerable adult;
    - have information about our Safeguarding Children and Child Protection Policy; and
    - have information about the other circumstances when information will be shared with external agencies, for example, with regard to any special needs the child may have or transition to school.

3. **Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the person where possible.**

    - Our staff discuss concerns about a child routinely in supervision and any actions are recorded in the child’s file.
    - Our Safeguarding Children and Child Protection Policy sets out the duty of all members of our staff to refer concerns to our manager or deputy, as designated person, who will contact children’s social care for advice where they have doubts or are unsure.
    - Our managers seek advice if they need to share information without consent to disclose.

4. **Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.**
- We base decisions to share information without consent on judgements about the facts of the case and whether it is ‘in the public interest’.
- Our guidelines for consent are part of this procedure.
- Our manager(s) are conversant with this and are able to advise staff accordingly.

5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

   In our setting we:
   - record concerns and discuss these with our designated person and/or designated officer from the management team for child protection matters;
   - record decisions made and the reasons why information will be shared and to whom; and
   - follow the procedures for reporting concerns and record keeping as set out in our Safeguarding Children and Child Protection Policy.

6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

   - Our Safeguarding Children and Child Protection Policy and Children's Records Policy set out how and where information should be recorded and what information should be shared with another agency when making a referral.

7. **Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.**

   - Where information is shared, we record the reasons for doing so in the child's file; where it is decided that information is not to be shared that is recorded too.

**Consent**

When parents choose our setting for their child, they will share information about themselves and their families. This information is regarded as confidential. Parents have a right to be informed that we will see their consent to share information in most cases, as well as the kinds of circumstances when we may not seek their consent, or may override their refusal to give consent. We inform them as follows:

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

- 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.

- Consent may be **explicit**, verbally but preferably in writing, or **implicit**, implied if the context is such that sharing information is an intrinsic part of our service or it has been explained and agreed at the outset.

- We explain our Information Sharing Policy to parents.

**Separated parents**

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

- Where the child is looked after, we may also need to consult the Local Authority, as 'corporate parent' before information is shared.

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

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

EYFS Key themes and commitments

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Procedures

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

Policy statement

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

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

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

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

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

EYFS Key themes and commitments

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Procedures

- Parents are made to feel welcome in our setting; they are greeted appropriately, there is adult seating and provision for refreshment.
- We have a means to ensure all parents are included - that may mean that we have different strategies for involving fathers, or parents who work or live apart from their children.
- We make every effort to accommodate parents who have a disability or impairment.
- We consult with all parents to find out what works best for them.
- We ensure on-going dialogue with parents to improve our knowledge of the needs of their children and to support their families.
- We inform all parents about how the setting is run and its policies, through access to written information and through regular informal communication. We check to ensure parents understand the information that is given to them.
- Information about a child and his or her family is kept confidential within our 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 child’s development that need to be shared with another agency. We will seek parental permission unless there are reasons not to in order to protect the safety of the child. Reference is made to our Information Sharing Policy on seeking consent for disclosure.

- We seek parental consent to administer medication, take a child for emergency treatment, take a child on an outing and take photographs for the purposes of record keeping.
- The expectations that we make on parents are made clear at the point of registration.
- We make clear our expectation that parents will participate in settling their child at the commencement of a place according to an agreed plan.
- We seek parents’ views regarding changes in the delivery of our service.
- Parents are actively encouraged to participate in decision making processes according to the structure in place within our setting.
- We encourage parents to become involved in the social and cultural life of the setting and actively contribute to it.
- As far as possible our service is provided in a flexible way to meet the needs of parents without compromising the needs of children.
- We provide sufficient opportunity for parents to share necessary information with staff and this is recorded and stored to protect confidentiality.
- Our key persons meet regularly with parents to discuss their child’s progress and to share concerns if they arise.
- Where applicable, our key persons work with parents to carry out an agreed plan to support special educational needs.
- Where applicable, our key persons work with parents to carry out any agreed tasks where a Protection Plan is in place for a child.
- We involve parents in the shared record keeping about their children - either formally or informally – and ensure parents have access to their children's written developmental records.
- We provide opportunities for parents to contribute their own skills, knowledge and interests to the activities of the setting.
- We support families to be involved in activities that promote their own learning and well-being; informing parents about relevant conferences, workshops and training.
- We consult with parents about the times of meetings to avoid excluding anyone.
- We provide information about opportunities to be involved in the setting in ways that are accessible to parents with basic skills needs, or those for whom English is an additional language; making every effort to provide an interpreter for parents who speak a language other than English and to provide translated written materials.
- We hold meetings in venues that are accessible and appropriate for all.
- We welcome the contributions of parents, in whatever form these may take.
- We inform all parents of the systems for registering queries, complaints or suggestions and we check to ensure these are understood. All parents have access to our written complaints procedure.
We provide opportunities for parents to learn about the curriculum offered in the setting and about young children's learning, in the setting and at home. There are opportunities for parents to take active roles in supporting their child's learning in the setting: informally through helping out or taking part in activities with their child, or through structured projects engaging parents and staff in learning about children's learning.

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

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

**Policy statement**

We actively promote inclusion, equality of opportunity, the valuing of diversity and British values.

Under the Equality Act 2010, which underpins standards of behaviour and incorporates both British and universal values, we have a legal obligation not to directly or indirectly discriminate against, harass or victimise those with protected characteristics. We make reasonable adjustments to procedures, criteria and practices to ensure that those with protected characteristics are not at a substantial disadvantage. As we are in receipt of public funding we also have a public sector equality duty to eliminate unlawful discrimination, advance equality of opportunity, foster good relations and publish information to show compliance with the duty.

Social and emotional development is shaped by early experiences and relationships and incorporates elements of equality and British and universal values. The Early Years Foundation Stage (EYFS) supports children’s earliest skills so that they can become social citizens in an age-appropriate way, that is, so that they are able to listen and attend to instructions; know the difference between right and wrong; recognise similarities and differences between themselves and others; make and maintain friendships; develop empathy and consideration of other people; take turns in play and conversation; avoid risk and take notice of rules and boundaries; learn not to hurt/upset other people with words and actions; understand the consequences of hurtful/discriminatory behaviour.

**EYFS Key themes and commitments**

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**Procedures**

**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 2014 EYFS and are further clarified below, based on the *Fundamental British Values in the Early Years* guidance (Foundation Years 2015):

- **Democracy**, or making decisions together (through the prime area of Personal, Social and Emotional Development)
- As part of the focus on self-confidence and self-awareness, practitioners encourage children to see their role in the bigger picture, encouraging them to know that their views count, to value each other’s views and values, and talk about their feelings, for example, recognising when they do or do not need help.
- Practitioners support the decisions that children make and provide activities that involve turn-taking, sharing and collaboration. Children are given opportunities to develop enquiring minds in an atmosphere where questions are valued.

- **Rule of law**, or understanding that rules matter (through the prime area of Personal, Social and Emotional Development)
  - Practitioners ensure that children understand their own and others’ behaviour and its consequence.
  - Practitioners collaborate with children to create rules and the codes of behaviour, for example, the rules about tidying up, and ensure that all children understand rules apply to everyone.

- **Individual liberty**, or freedom for all (through the prime areas of Personal, Social and Emotional Development, and Understanding the World)
  - Children should develop a positive sense of themselves. Staff provide opportunities for children to develop their self-knowledge, self-esteem and increase their confidence in their own abilities, for example through allowing children to take risks on an obstacle course, mixing colours, talking about their experiences and learning.
  - Practitioners encourage a range of experiences that allow children to explore the language of feelings and responsibility, reflect on their differences and understand we are free to have different opinions, for example discussing in a small group what they feel about transferring into Reception Class.

- **Mutual respect and tolerance**, or treating others as you want to be treated (through the prime areas of Personal, Social and Emotional Development, and Understanding the World)
  - Practitioners create an ethos of inclusivity and tolerance where views, faiths, cultures and races are valued and children are engaged with the wider community.
  - Children should acquire tolerance, appreciation and respect for their own and other cultures; know about similarities and differences between themselves and others, and among families, faiths, communities, cultures and traditions.
  - Practitioners encourage and explain the importance of tolerant behaviours, such as sharing and respecting other’s opinions.
  - Practitioners promote diverse attitudes and challenge stereotypes, for example, sharing stories that reflect and value the diversity of children’s experiences and providing resources and activities that challenge gender, cultural or racial stereotyping.

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

*Prevent Strategy*

Under the Counter-Terrorism and Security Act 2015 we also have a duty “to have due regard to the need to prevent people from being drawn into terrorism”
Making a complaint

Policy statement

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

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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. A full procedure is set out in the Pre-school Learning Alliance publication Complaint Investigation Record (2012) which acts as the 'summary log' for this purpose.

Making a complaint

Stage 1

- Any parent who has a concern about an aspect of our setting's provision talks over his/her concerns with the manager(s) first of all.
- 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 this does not have a satisfactory outcome, or if the problem recurs, the parent moves to this stage of the procedure by putting the concerns or complaint in writing.
- For parents who are not comfortable with making written complaints, there is a template form for recording complaints in the Complaint Investigation Record; the form may be completed [our manager/me] and signed by the parent.
Our setting stores all information relating to written complaints from parents in the child’s personal file. However, if the complaint involves a detailed investigation, the manager(s) may wish to store all information relating to the investigation in a separate file designated for this complaint.

When the investigation into the complaint is completed, the manager(s) meet with the parent(s)/carer(s) to discuss the outcome.

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

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

Stage 3

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

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

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

Stage 4

If at the stage three meeting the parent cannot reach agreement with us, we invite an external mediator to help to settle the complaint. This person should be acceptable to both parties, listen to both sides and offer advice. A mediator has no legal powers, but can help us to define the problem, review the action so far and suggest further ways in which it might be resolved.

The mediator keeps all discussions confidential. She/he can hold separate meetings with our staff and the parent, if this is decided to be helpful. The mediator keeps an agreed written record of any meetings that are held and of any advice she/he gives.

Stage 5

When the mediator has concluded her/his investigations, a final meeting between the parent and the manager(s) is held. The purpose of this meeting is to reach a decision on the action to be taken to deal with the complaint. The mediator’s advice is used to reach this conclusion. The mediator is present at the meeting if all parties think this will help a decision to be reached.

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

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

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

- Parents can complain to Ofsted by telephone on in writing at:
  Ofsted National Business Unit, Piccadilly Gate, Store Street, Manchester M1 2WD
  Tel: 0300 123 1231

- These details are displayed on the setting's notice board.

- If a child appears to be at risk, we follow the procedures of the Local Safeguarding Children Board.

- In these cases, both the parent and our setting are informed and the manager(s) work will with Ofsted or the Local Safeguarding Children Board to ensure a proper investigation of the complaint, followed by appropriate action.

Records

- A record of complaints in relation to our setting, or the children or the adults working in our setting, is kept 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.