

*Policies and Procedures*

*Parent copy*

*1st Shepperton Guide Hall,*

*Dawson Hall, Russell Road, Shepperton*

*Middlesex, TW17 9HB*

*Web -* [*www.cygnetsnursery.co.uk*](http://www.cygnetsnursery.co.uk)

*Phone - 07789 037297 / 07787 269154*

*Email –* *cygnets.nursery@gmail.com*

**

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**1 - Admissions policy**

We aim to ensure that all sections of our community have access to the nursery through open, fair and clearly communicated procedures.

In order to achieve this aim, we operate the following admissions policy:-

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

We ensure that information about our nursery is accessible, in written and spoken form and, where appropriate, in different languages. Where necessary, we will try to provide information in Braille, or through signing or an interpreter.

We arrange our waiting list in first come first serve order; in addition our policy may take into

1. Siblings already attending the nursery

2. Length of time on the waiting list

3. Whether a child is attending another nursery

The nursery is open to every family in the community.

No more than 35 children may attend at any one session.

Children can attend the nursery when they reach 2 years old, dependent upon the availability of space, and readiness of the individual child to stay happily within the group. A child can remain with us until the term before his or her 5th birthday. Due to the school admissions policy of all children starting school in the year that they are 5 most children start with us during the Autumn term. We are unable to keep places open for those children who have either a Spring or Summer birthday. However, they are given priority should places become available and usually can have the sessions of their choice in the following autumn term. Children may attend Cygnets Nursery for between 2 and 10 sessions per week, a morning sessions is 4 hours long and afternoon session is 3 hours long. Only in exceptional circumstances will we admit a child for only one session per week. We recommend that younger children should start with 2 or 3 sessions per week but may increase this to 4 or 5 when parents and staff feel they are ready and able to benefit from more sessions, this is subject to availability of places.

We welcome children regardless of their gender, special educational needs, disabilities, background, religion, ethnicity or competence in spoken English. We will liaise fully with parents and professionals to ensure that it would be in the child’s best interests to attend the group.

Parents/carers are encouraged to visit with their child shortly before admission is due, and should be prepared to stay with their child if necessary for the first session or two.

We operate a flexible admissions procedure and where appropriate a child may attend for brief periods at first; gradually building up to a full session.

Early Years Free Entitlement (EYFE) is available for children the term after they turn 3. If they are 3 between September and December they will be eligible for the grant from the following January. If they are 3 between January and March they will be eligible for the grant from April. If they turn 3 between April and August they will be eligible for the grant from the following September. We will give you the forms to complete at the necessary time; we will need you to show us the Birth Certificate of your child as proof of DOB. If a child is to leave our setting before moving on to school, or to reduce the number of sessions attended, parents must give at least two weeks’ notice of the leaving date in writing. Fees will be payable (or grant claimed by us), until that date.

We are flexible about attendance patterns and wherever possible accommodate the needs of individual children and families. The nursery education funding rules state that 'I understand my child could lose their funded place if they do not attend regularly without a reason being provided for their absence'. Therefore, if your child has not attended half of their sessions in any half term period (usually 6 or 7 weeks) they will lose their place at the nursery unless they have a valid reason (e.g. letter from doctor in the case of serious illness or holiday).

**2 - Settling In**

Parents are required to attend at least one settling in session prior to their child’s start date at nursery. This session should be booked at least two weeks in advance of the start date.

**Settling in session**

Although we are flexible to individual parent’s needs, we would prefer it if settling in times were kept to 9.30am-12:30am or 12.30pm-3:30pm.

We require parents to stay with their child on the nursery premises for this settling in session, unless your child has been attending another group and is used to staying without you. If you choose to stay it gives both staff and parents the opportunity to talk and ask questions, seek information and start to get to know each other.

**Staff**

• Staff will firstly warmly welcome the child and parent

• Staff will introduce themselves to the child and parent

• Staff will explain to the parent the activity that is taking place whilst the settling child is there and

 ask the parent if their child would like to participate

• Staff will establish a rapport with the parent by putting them at ease by informally explaining the

 daily routine and the Early Years Foundation Stage activities and experiences we provide for the

 children, lunch and snack times, drinks and what needs to be provided by the parent.

• Your child’s key person will be introduced to you during your first settling in session and the key person system explained.

The staff will ask the parent/carer about the child’s routine at home.

• We require information regarding allergies and special requirements and these are shared with

 the staff. It is imperative that this information is common knowledge to safely look after your child.

• Staff are to inform the parents/carers that we do allow children to have comforters in nursery as a

 transitional object to help them settle, but look to lessen the need for them as they settle with us

• Staff will inform the parent that we only administer prescribed medication to children

• Staff will ask if there are any likes or dislikes the child may have, which may help the child to

 Settle

• Staff will inform the parent/carer that there is a copy of the nursery’s policies and procedures on

 the web site and they are welcome to take a copy home (located in the foyer)

• There is a comments and suggestions box for parents to use, located in the foyer

• The staff will ask the parent/carer if there are any questions that they would like to ask

• Any queries regarding fees or any changes to sessions should be directed to Mrs Gelver

**3 - Safeguarding Policy**

**INTRODUCTION**

Cygnets Nursery has a duty to be aware that abuse does happen in our society. Because of this, it is our aim to ensure that all children are treated with dignity and respect whilst ensuring their safety and welfare at all times, giving them the very best start in life.

Cygnets Nursery acknowledges the importance of protecting children from abuse. All

complaints, allegations or suspicions are taken very seriously. We cannot promise

confidentiality as the matter may develop in a way in which this cannot be honoured,

however, we have strict guidelines on sharing information which we adhere to.

Safeguarding and promoting the welfare of children is defined as:

• Protecting children from maltreatment

• Preventing impairment of children’s health or development

• Ensuring children are growing up in circumstances consistent with the provision of safe

 and effective care.

Child protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. All agencies and individuals should aim to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

**AIMS AND OBJECTIVES**

The policy ensures that all staff in our Nursery is clear about the actions necessary with

regard to a safeguarding issue. It aims and objectives are:

• To nominate a CPLO (Child Protection Liaison Officer) and Deputy CPLO who have

 received the appropriate training and have up-to-date knowledge.

• To train and educate staff in Safeguarding matters (new starters to be booked on a

 course within the first week or as soon as possible with course availability).

• All staff to have an Enhanced Criminals Records Bureau certificate.

• To provide staff with suitable information which will enhance their knowledge of

 how to identify abuse. Leaflets, online information etc.

• To raise the awareness of all staff and identify responsibility in reporting possible

 cases of abuse.

• Ensure effective communication between staff with regard to information sharing.

• To ensure a cohesive and consistent procedure for those who encounter an issue

 of Safeguarding.

• To ensure that staff are trained and have access to the Surrey Safeguarding Children

 Board Manual and to update it as per Surrey guidelines.

• To notify Ofsted of any incidents or accidents that may affect the safeguarding of all

 children. Staff will also notify LADO (Local Authority Designated Officer) for support

 and advice.

• LADO Number 01372 833321 or e-mail on masm.dutydesk@surreycc.gcsx.gov.uk

• The Safeguarding Officer will have knowledge and training about information sharing

 and working in partnership with parents.

**OUR PRIME RESPONSIBILITY IS THE WELFARE AND WELLBEING OF ALL CHILDREN IN OUR CARE.**

All members of staff must be aware of the procedures for recording and reporting any concerns regarding the safety and welfare of all children in their care. The nursery expects all members of staff to co-operate in any way necessary to ensure the safety of the children.

Children will be listened to and supported by offering reassurance, comfort and sensitive interactions. All staff has a duty to the children, parents, carers and themselves to act as quickly and responsibly in any of the following instances that may come to their attention:

• Significant changes in children’s behaviour

• Deterioration in their general well-being

• Unexplained bruising, marks or signs of possible abuse

• Signs of neglect

• Comments children make which give cause for concern

**Nature of the concern**

Staff may be in receipt of knowledge of safeguarding issues through:

• Observations of the child – changes in behaviour/mood/demeanour or physical signs

 that are a cause for concern.

• A child confiding in an adult something which is a cause for concern.

• Another parent reporting concerns they may have.

• Another agency contacting the Nursery, such as housing, to discuss the child.

**What is abuse?**

A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Staff in the nursery recognise that child abuse can and does happen in all types of families. The different social and cultural backgrounds of the children do not constitute barriers to child abuse and in most cases children are abused by individuals known to them, rather than strangers. Child abuse can take many formats, but all instances can be broadly categorised under one of four headings; neglect, physical abuse, sexual abuse and emotional abuse. The following identifies some possible manifestations of child abuse; however these lists are not exhaustive.

**Neglect** – is the persistent failure to meet basic physical and psychological needs, which may result in the serious impairment of the child’s health and development. For example; poor hygiene, untreated medical problems, emaciation or under nourishment. Staff may notice behavioural signs such as a child who always seems to be hungry, is constantly tired or talks of being left alone.

**Procedure:**

• The concern should be discussed with the parent/carer.

• Such discussions will be recorded and the parent/carer will have access to such

 records.

• If there appears to be any queries regarding the circumstances the children’s services

 access centre will be notified.

**Physical abuse –** physical signs may involve unexplained bruising in unlikely areas, facial bruising, hand/finger marks, bite marks, burns, lacerations or abrasions. Staff may notice certain behavioural signs that also indicate physical abuse such as a child that shy’s away from physical contact, is withdrawn or aggressive towards others or their behaviour changes suddenly.

**Procedure:**

• All signs of marks/injuries to a child when they come into nursery will be recorded as

 soon as noticed by a staff member.

• The incident will be discussed with the parent/carer at the earliest opportunity.

• Such discussions will be recorded and a signature obtained from the parent/carer who

 will have access to such records.

• If there appears to be any queries regarding the injury, the children’s services access

 centre should be informed immediately.

**Sexual Abuse –** Physical signs may include bruising consistent with being held firmly, discomfort in walking/sitting, pain or itching in the genital area, discharge or blood on under clothes, or loss of appetite. Behavioural signs may include drawings or play showing indicators of sexual activity, sexual explicit language, knowledge of adult sexual behaviour, seductive behaviour towards others, poor self-esteem and a child who is withdrawn.

**Procedure:**

• The observed instances will be detailed in a confidential report.

• The observed instances will be reported to the DSMS/Nursery manager.

• The matter will be referred to the children’s services access centre immediately.

**Emotional Abuse –** Physical signs of emotional abuse may include a general failure to thrive, not meeting expected developmental milestones and behaviourally a child may be attention seeking tells lies, have an inability to have fun, low self-esteem, speech disorders, and be inappropriately affectionate towards others.

**Procedure:**

• The concerns should be discussed with the parent/carer by the DSMS/Manger.

• Such discussions will be recorded and the parent/carer will have access to such

 records.

• If there appears to be any queries regarding the circumstances, the children’s services

 access centre will be notified.

 However, when identifying any potential instances of abuse, staff must at all times be aware that

 children may demonstrate individual or combinations of the indicators detailed, but may not be

 the subject of abuse. Individual or isolated incidents do not necessarily indicate abuse. However,

 staff should always remain vigilant and must not ignore warnings signs and contact Children’s

 services access centre at any stage for support.

**Recording and reporting suspicions of abuse and or disclosures**

• Staff members involved are to notify the Designated Children Protection Liaison

 Officer.

• Staff will be asked to write an objective record of any observation or disclosure.

 The report will include the following:

• Child's name

• Date and time of the observation or the disclosure

• Exact words spoken by the child

• Name of the person to whom the concern was reported, with date and time; and the names of

 any other person present at the time.

• The child’s parents will be informed at the same time as the report is made, except were the

 guidance of children’s services does not allow this. This will usually be the case where the

 parent is the likely abuser. In these cases the investigating officers will inform parents. All

 discussions and records will be recorded and the parents/carers will have access to such

 records.

Cygnets Nursery has incident forms and body maps which would be completed for a safeguarding issue.

**RESPONDING TO AN ALLEGATION**

A checklist of how to respond:

1. Any suspicion, allegation or incident of abuse must be reported to the designated

 people, CPLO, Deputy CPLO’s and owners and LADO within 2 hours.

2. The CPLO will report the matter to the local Social Services Department (Children

 Schools and Families) via the Contact Centre, whether or not it is felt that this action

 is justified in the particular circumstances of the case.

3. The CPLO will telephone and report the matter to the local Children’s Schools and

 Families Duty Worker / LADO. A written record of the date and time of the report

 shall be made and the report must include the name and position of the person to

 whom the matter is reported. The telephone report will be confirmed in writing to

 the CSF Department within 24 hours and one kept on file at nursery.

4. The CPLO will discuss with the LADO what action will be taken to involve the Police

 and to inform the parents of the child and a note of that conversation should be made.

5. If the CPLO cannot be contacted within 2 hours of the initial concern arising, the

 Deputy CPLO must report the matter to the LADO and notify the CPLO and owners as

 soon as possible about the action taken.

6. The CPLO will notify the Owners as soon as practicable and in any event within 24

 hours of the initial concern arising.

7. If the nursery had a concern outside of working nursery hours we would call Social

 Services.

 Surrey County Councils Contact Centre 0300 200 1006

 Emergency Duty Team 01483 517898

It is the responsibility of any person who hears/witnesses or has concerns about a child to respond appropriately. The safeguarding of a child is paramount and a practitioner may be held accountable if they fail to act after being privy to information that later leads to further abuse, critical injuries or death. The duty of the member of staff is to ACT, after which time the professional bodies can further investigate the allegation.

**Partnership with Parents and Carers**

Parents and families will always be treated with respect in a non-judgemental manner whilst investigations are carried out in the best interests of the child. The nursery takes every step in its power to build up trusting and supportive relations among families, staff and volunteers within the nursery.

The nursery continues to welcome the child and the family whilst investigations are being made in relation to abuse in the home situation. The care and safety of the child is paramount and we will do all in our power to support and work with the child's family.

**Allegations made against employees of the nursery**

When an allegation is made the Local Authorities Designated Officer (LADO) is informed immediately, and advises the nursery of the appropriate action to take. If it is advised that the allegation be investigated internally than the following will be carried out by the Manager and Owners:

•The member of staff concerned will be supervised or when necessary suspended from

 all duties while further investigations are carried out.

•The member of staff is informed that a disciplinary meeting will be held to determine the

 outcome of the allegation.

•The allegation will be discussed with all members of staff involved and all information

 will be recorded.

•Detailed written statements will be gathered and submitted by all staff members

 involved, providing details of the exact allegation, the time, the date and place of the

 incident and names of all witnesses and any other persons present.

•A disciplinary meeting with the member of staff concerned is held to determine the outcome of the allegation.

•Unfounded allegations will result in all rights being re-instated.

•Founded allegations will be passed on to the LADO, Ofsted, DBS, and Children’s

 Services.

•All allegations that result in the termination of employment will be passed onto the

 LADO, Ofsted, Children’s Services and ISA.

**If any member of staff feels that the management has not carried out their duties to protect the children from harm, or if they believe that it is the manager that is carrying out the abuse then they are advised to *“Whistle Blow”* to Ofsted on the below number:**

**OFSTED**

**08456 404040/ 0300 123 3155**

**whistleblowing@ofsted.gov.uk**

**All investigations/interviews will be kept confidential and shared with only those who need to know. All records documented will be kept in a locked, secure confidential file. Staff members reporting any safeguarding issues or making any allegations themselves will not necessarily be kept informed of the progression/case throughout the safeguarding procedure. Only those who NEED TO KNOW will be kept informed to ensure the protection of children and their families.**

**Bruising in infants who are not independently mobile**

Any bruising, or a mark that might be bruising, in a child of any age who is not independently mobile, that is brought to the attention of any professional (including GPs) should be taken as a matter for inquiry and concern.

Unexplained bruising (or bruising without an acceptable explanation) in a child not independently mobile must always raise suspicion of maltreatment and should result in an immediate Referral to Children’s Social Care Services and an urgent paediatric opinion.

'It should be acknowledged that on occasions it can be difficult to know if a skin lesion is suspicious or not eg mongolian blue spot, haemangioma. Where there is diagnostic doubt regarding the nature of a skin mark or lesion, an immediate discussion should be had between the referrer and the Paediatrician on call or the child's GP. A decision should then be made about whether to proceed automatically to social care referral or obtain medical review (same day) of the lesion first.'

### *Physical Injures*

### Any injury in a non-mobile infant causes concern. Of particular concern are injuries to infants six months and under.

Injuries to non-mobile infants

Any injuries are unusual in this age group, unless accompanied by a full consistent explanation. Even small injuries may be significant, and they may be a sign that another hidden injury is already present. Such injuries include:

* Small single bruises e.g. on face, cheeks, ears, chest, arms or legs, hands or feet or trunk;
* Bruised lip or torn frenulum (small area of skin between the inside of the upper and lower lip and gum);
* Lacerations, abrasions or scars (see also section 2.5.6);
* Burns and scalds;
* Pain, tenderness or failing to use an arm or leg which may indicate pain and an underlying fracture;
* Small bleeds into the whites of the eyes or other eye injuries;

*Occasionally an infant can be harmed in other ways, for example*:

* Deliberate poisoning which can present as sudden collapse, coma
* Suffocation which can present as collapse, cessation of breathing (apnoeic attack), bleeding from the mouth and nose.

These infants are most at risk of serious deliberate harm and as such require careful consideration. Following the conclusions of three separate Serious Case Reviews, it has been decided that in the following situations, referral to Paediatrics should be AUTOMATIC:

Any evidence of physical injury in an infant aged SIX MONTHS AND UNDER, for example: bruise, thermal injury, clinical or radiological evidence of fracture, etc.

REMEMBER: An older infant with any of the above findings would also warrant CAREFUL consideration.

It is recognised that a small percentage of bruising in not independently mobile children will have an innocent explanation. Occasionally spontaneous bruising may occur as a result of a medical condition. Nevertheless because of the difficulty in excluding non-accidental injury, practitioners should seek advice from a consultant paediatrician via Children's Social Care Services in all cases. Child Protection issues should not delay the referral of a seriously ill child to acute paediatric services. If a child is in need of urgent medical care they should not delay sending them to hospital and the practitioner should inform social care so they can commence [Section 47 Enquiries](http://trixresources.proceduresonline.com/nat_key/keywords/sec_47_enq.html).

It is the responsibility of Children's Social Care Services in conjunction with the local acute or community paediatric department to decide whether the circumstances of the case and the explanation for the injury are consistent with an innocent cause or not. Children should NOT be referred to GPs for a decision as to whether any ‘bruising’ is accidental or otherwise.

## SITUATIONS OF PARTICULAR CONCERN

Situations that should cause particular concern for professionals include:

* Delayed presentation / reporting of an injury;
* Admission of physical punishment from parents / carers, as no punishment is acceptable at this age;
* Inconsistent or absent explanation from parents / carers;
* Associated family factors such as substance misuse, mental health problems, and domestic abuse;
* Other associated features of concern e.g. signs of neglect such as poor clothing, hygiene and / or nutrition;
* Rough handling;
* Difficulty in feeding / excessive crying;
* Significant behaviour change;
* Infant displays wariness or watchfulness;
* Recurrent injuries;
* Multiple injuries at one time.

## Definition of Terms used in this Procedure

Not Independently Mobile: a child who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently; includes all children under the age of six months. Children of an older age with a disability may also not have independence of mobility. For these children the loss of independent mobility may be permanent or it may be temporary and dependant on the condition and other factors. The loss of mobility may be complete or partial.

Bruising: blood in the soft tissues; producing a temporary, non-blanching discolouration of skin however faint or small with or without other skin abrasions or marks. Colouring may vary from yellow, through green, to brown, or purple.

## Process

*Bruising in immobile babies and children is rare and must always result in an immediate consultation with Children's Social Care.*

It is the responsibility of the first professional to learn of or observe the bruising to make the referral. Wherever possible, the decision to refer should be undertaken jointly with another professional or senior colleague. However this requirement should not prevent an individual professional of any status referring to Children's Services any child with bruising who in their judgement may be at risk of child abuse.

If a referral is not made, the reason must be documented in detail with the names of the professionals taking this decision.

All telephone referrals must be followed up in writing within 48 hours. Children's Social Care will co-ordinate multi-professional information sharing and assessment.

A bruise/injury must always be assessed in the context of medical and social history, developmental stage and explanation given. Assessments will be led by Children's Social Care and a lead medical professional (local acute or community Paediatrician) to determine whether bruising is consistent with the explanation provided or is indicative of non-accidental injury.

## Involving Parents or Carers

As far as possible, parents or carers should be included in the decision-making process, unless to do so would jeopardise information gathering (e.g. information could be destroyed) or if it would pose a further risk to the child.

In particular staff and volunteers should explain at an early stage why, in cases of bruising in not independently mobile children, additional concern, questioning and examination are required.

If a parent or carer is uncooperative or refuses to take the child for further assessment, this should be reported immediately to Children's Social Care Services. If possible the child should be kept under supervision until steps can be taken to secure his or her safety.

**Extremism and Radicalisation Policy**

Cygnets Nursery recognises its responsibilities for tackling extremism in all forms and its responsibilities in protecting children/young people from exposure to all types of radicalisation.

This Extremism and Radicalisation Policy is intended to provide us with a framework of dealing with issues of vulnerability, exposure to extreme views and ideologies which are seen to be inflammatory and against the ethos of our nursery.

We recognise we are in an important position to identify the early signs, looking to safeguard and protect children who are susceptible and vulnerable. We recognise the need to respond in taking appropriate action to prevent extremist views and ideologies developing alongside providing a broad curriculum. This policy sets out how we will deal with this.

Our parents and carers also need an understanding of the issues being well informed of our efforts at every opportunity in order that parents and carers are clear about how the nursery will deal with such incidents including how our curriculum and ethos underpins our actions.

Effective engagement with our parents/family’s are also important as they are in a key position to spot signs of radicalisation. It is important to assist and advise families who raise concerns and point them in the right direction for support.

The Tackling Extremism & Radicalisation Policy is linked to the following policies:

•Safeguarding & Child Protection Policy

•Equality & Diversity Policy

•Behaviour and Anti-Bullying Policy

•A British values statement

In tackling extremism and radicalisation we will take account of the following national guidelines and legislation:

•CONTEST (Counter Terrorist Strategy) 2011

•Prevent Duty Guidance for specified local authorities HMI June 2015

•Channel Duty Guidance 2015

•Counter Terrorism & Security Act 2015

•The Prevent Duty, DFE Departmental advice for schools and child care providers 2015

Section 26 of the Counter Terrorism and Security Act 2015 places a duty upon Local Authorities and all specified settings including Schools in the exercise of their functions to have “due regard to the need to prevent people from been drawn into terrorism”. It is applied to bodies in the UK who have significant interaction with people vulnerable to radicalisation.

We are required in our functions under section 26 to:

•Know about and Identify early indicators in pupils.

•Develop the confidence to challenge and intervene.

•Assess the risk of our pupils being drawn into terrorism and terrorist ideology.

•Have clear protocols & keep records.

•Be monitored by Ofsted in how we exercise these duties.

We therefore recognise the Prevent strategy is part of the overall Counter Terrorism Strategy, CONTEST in the UK. The aim of Prevent is to reduce the threat to the UK from terrorism by stopping people becoming terrorist or supporting terrorism.

We understand Channel to be an element of the Prevent strategy aimed at stopping vulnerable people being drawn into terrorism, a programme working to challenge extremist ideas who work with individuals including children and young people.

We will work with the Local Authority and with other agencies in making sure we undertake our duties under Prevent.

We recognise that extremism is defined as the holding of extreme political or religious views. It is a vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty, mutual respect and the tolerance of different faiths and beliefs. We also include in our definition any calls for the death of members of our armed forces, whether in this country or abroad.

We recognise radicalisation as the process by which people come to support terrorism, violent extremism and, in some cases, to then participate in terrorist groups, which can mean leaving their country to pursue this.

We recognise that children / young people can be enticed into radicalisation as they are more vulnerable and susceptible to this. They therefore can be drawn into violence or they can be exposed to the messages of extremist groups by many means.

Messages, views, ideologies that are extremist can come from parents/carers, family members or friends, and/or from direct contact with member groups and organisations. It can come from staff within an organisation, or be brought into nursery by staff or volunteers.

The risk of radicalisation is the product of a number of factors and identifying this risk requires all our staff to exercise their judgement in raising any concern and reporting to the appropriate leads within the nursery.

We understand the following concerns as some indicators of vulnerability in children / young people to radicalisation and ones that are based upon research and from examples of case studies but that there is no definitive list and all these following concerns, indicators, factors and risk indicators are to be taken into account:

•Identity Crisis – distance from cultural/religious heritage and uncomfortable with their place in society around them;

•Personal Crisis – family tensions, sense of isolation, adolescence, low self-esteem, disassociation with existing friendship groups, becoming involved in new and different groups of friends, searching for answers to questions about identity, faith and belonging;

•Personal Circumstances – migration, local community tensions, events affecting country or region of origin, having a sense of grievance that is triggered by personal experience racism, discrimination or aspects of government policy;

•Unmet Aspirations – perceptions of injustice, feeling of failure, rejection of civic life;

•Criminality – experiences of imprisonment, poor resettlement/reintegration, previous involvement with criminal groups.

 We recognise the following potential diagnostic Indicators identified in the CHANNEL Guidance which include:

Use of language seen to be inappropriate (e.g. causing distress or alarm and perceived to be prejudiced, inflammatory, or hateful).

•Noticeable behavioural changes.

•Expression of extreme views.

•Possession of extremist literature.

•Advocating violent actions and means.

•Seeking to recruit others to an extremist ideology.

We also understand these critical risk factors which indicate a possible process of potential grooming/entrapment:

•Changes in faith/ideology.

•Sudden name change linked to a different faith/ideology.

•Significant changes in appearance.

•Narrow/limited religious or political view.

•Isolation from usual friends, family or social groups.

•Sudden unexplained foreign travel.

We will assess and monitor the risk of children being drawn into terrorism; the general risks may vary from area to area, and according to their age, local threat and proportionality.

We will use our Child Protection/Safeguarding Report form used to raise safeguarding concerns in the nursery on an individual pupil and a risk assessment if the concern is a Prevent concern. If the concern is a Prevent concern we will use the guidance and assessment as prescribed by the local authority.

We will work to ensure that the children will be skilled and equipped to be resilient and resist involvement in extreme or radical activities. Therefore we recognise the need to build resilience in our pupils to make them less vulnerable.

We will therefore provide a broad and balanced curriculum within which we aim to support pupils, Spiritual, Moral, Social and Cultural development (SMSC). SMSC development is promoted through all our subjects, including the ethos of the nursery where development of positive attitudes and values is central to everything we do.

Values underpinning public life in the UK have been summarised as democracy, the rule of law, individual liberty, mutual respect, and the tolerance of those with different faiths and beliefs. It is important that our pupils understand this through different approaches using a balanced and broad curriculum. This supports our pupils to be responsible citizens and prepares for an adult life living and working in Britain which is diverse and changing.

The Nursery will ensure the promotion of British values and that these efforts are inclusive and promote unity between pupils, parents/carers and the local community.

As part of our statutory duties and through opportunities we will ensure that all staff are fully aware of the threats, risks and vulnerabilities that are linked to extremism and radicalisation. This includes been alert to early indicators, responding to and reporting. This will include all staff including volunteers and will be incorporated into staff induction training.

We will treat any worry or concern that a child or young person in the nursery may be exposed to possible extremism, extremist ideology and or radicalisation as a safeguarding concern.

**Breast ironing**

Breast ironing also known as “breast flattening” is the process whereby young pubescent girls breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage and therefore be kept in education. Professionals working with children and young people must be able to identify the signs and symptoms of girls who are at risk of or have undergone breast ironing. Similarly to female genital mutilation (FGM), breast ironing is classified as physical abuse, although there is no specific law within the UK around breast ironing. However, it is a form of physical abuse and if professionals are concerned a child may be at risk of or suffering significant harm they must refer to their Local Safeguarding Children’s Board Procedures.

**Child sexual exploitation**

Child sexual exploitation (CSE) is the [sexual abuse](https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-abuse/) of a child or young person aged under 18 by an adult who involves them in inappropriate sexual activities either with themselves or another person. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.

Children or young people may be tricked into believing they're in a loving, consensual relationship. Some children and young people are [trafficked](https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-trafficking/) into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to [young people in gangs](https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/staying-safe-away-from-home/gangs-young-people/). However, this is a form of sexual abuse and if professionals are concerned a child may be at risk of or suffering significant harm they must refer to their Local Safeguarding Children’s Board Procedures.

**Forced marriage / Under-age marriage**

In England, a young person cannot legally marry until they are 16 years old (without the consent of their parents or carers) nor have sexual relationships. Cygnets Nurserydoes not support the idea of forcing someone to marry without their consent; if we were to be made aware of any families contemplating this we would inform the appropriate agency.

**Genital mutilation/Female circumcision**

This is against the law, yet for some communities it is considered a religious act and cultural requirement. It is illegal for someone to arrange for a child to go abroad with the intention of having her circumcised. If any of the above areas of concern is brought to the attention of Cygnets Nurserywe will report those concerns to the appropriate agency in order to prevent this form of abuse taking place.

**Honour based violence**

Honour based violence’ is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community’. It is important to be alert to signs of distress and indications such as self-harm, absence from setting, infections resulting from female genital mutilation, isolation from peers, being monitored by family, not participating in setting activities, unreasonable restrictions at home. Where it is suspected that a child/young person is at risk form Honour based violence Cygnets Nurserywill report those concerns to the appropriate agency in order to prevent this form of abuse taking place.

**Trafficked children**

Child trafficking involves moving children across or within national or international borders for the purposes of exploitation. Exploitation includes children being used for sex work, domestic work, restaurant/ sweatshop, drug dealing, shoplifting and benefit fraud. Where Cygnets Nursery suspects a child of being trafficked/exploited we will report our concerns to the appropriate agency.

**Disguised compliance**

Disguised compliance involves a parent or carer giving the appearance of co-operating with child welfare agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention.

**INFORMATION SHARING**

At Cygnets Nursery we sometimes need to share information with other professionals. We recognise that parents have a right to know that information they share will be regarded as confidential as well as be informed about the circumstances, and reasons, when we are obliged to share information. We are obliged to share confidential information without authorisation from the person who provided it or to whom it relates if it is in the public interest.

That is when:

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

The three critical criteria are:

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

We always follow Surrey Multi-Agency Information Sharing Protocol (MAISP). The principles

set out in the protocol are based on good practice and the legal and professional

requirements relating in particular to Surrey’s public bodies.

They are summarised under the 10 Golden Rules.

*Golden Rules*

## Confirm the identity of the person you are sharing with

1. Obtain consent to share if safe, appropriate and feasible
2. Confirm the reason the information is required
3. Be fully satisfied that it is necessary to share
4. Check with a manager/specialist or seek legal advice if you are unsure
5. Don’t share more information than is necessary
6. Inform the recipient if any of the information is potentially unreliable
7. Ensure that the information is shared safely and securely
8. Be clear with the recipient how the information will be used
9. Record what information is shared

 **4 - Equality of Opportunities Policy**

At Cygnets Nursery we recognise our responsibilities under the Race Relations Act, the Sex

Discriminations Act and the Disability Discrimination Act to eliminate discrimination and to

promote good relations between children, staff, parents and the local community. The

promotion of equal opportunities is the responsibility of the whole nursery and must be

reflected throughout the organisation of the nursery and is addressed in the curriculum.

**AIMS AND OBJECTIVES**

We will aim to ensure that each child feels valued and accepted, happy to grow in

confidence whatever their needs, and is able to develop friendly and helpful behaviour towards each other, with positive support and encouragement from all adults looking after them.

Through the implementation of the equal opportunities policy we aim to:

• Create an environment in which each individual feels valued, irrespective of ethnic

origin, language, gender, ability or age.

• Ensure equal access to all areas of the curriculum for all the children in our care.

• Promote the belief that all can and should achieve to their highest potential in all areas of the

 taught and “hidden” curriculum.

• Provide materials to promote learning that are appropriate and reflect diversity.

We believe that each and every child has the right to be included and are keen to provide an inclusive service for children who have:

• Special Educational Needs

• English as a second language

• Children with behavioural issues

• Children from travelling families or similar

• Vulnerable or looked after children

• Children who are gifted and talented

We will therefore ensure that every child within the nursery is supported in order to meet their potential. We aim to achieve this through:

• Differentiation of the daily planning and activities to meet each child’s individual needs

• Providing a range of resources and equipment to ensure that children’s race, gender, age,

 disability, culture and class is promoted and not discriminated against

• Providing additional resources and equipment, suitable to children’s specific needs

• Providing positive images such as books and posters to promote differentiation

• Ensuring that all staff will model positive behaviour and encourage the children to respect and

 value the differences in every child through activities such as circle time

• Catering for each child’s individual dietary needs and parental wishes

• Proving an environment in which the children feel able to express themselves with confidence,

 without being afraid to notice differences in others and asking questions to broaden their

 knowledge.

• Encouraging children to work in mixed groups and not be separated by gender, race, culture,

 disability or class.

• Celebrating and exploring the different cultural festivals and where possible inviting visitors in to

 the nursery to take part in the celebration.

• Displaying words from other languages around the nursery to encourage the children to respect

 and value different languages but also to help children with English as an additional language to

 settle in to the nursery.

**Parents/Carers**

All parents and carers, regardless of ethnic background, disability or gender are

Welcome, and will be encouraged, to participate as fully as possible in the life of the nursery.

We encourage the participation of all parents and guardians and have a commitment to

keeping them as widely informed as possible about the nursery through parent meetings, newsletters, our website, text messaging, e-mails, the daily notice board and our stay and play sessions.

All members of the nursery have a right not to experience behaviour, which ignores or

offends anyone on the grounds of race, nationality, gender, sexual preference, ability, social

background or age. We shall foster a positive atmosphere of mutual respect and trust

among children and staff. We aim to create an environment in which all children, their

families and staff feel safe and unthreatened.

Staff in the nursery should be seen to behave in a manner, which demonstrates mutual

respect for one another. We shall be sensitive to and provide for cultural and religious requirements as a matter of course, e.g. dress, diet, events, etc. This information will be requested from parents when their child first starts attending the Nursery.

**PRINCIPLES RELATING TO THE CURRICULUM**

All children will be respected and their individuality and potential recognised, valued and

nurtured. Activities and the use of play equipment offer children opportunities to develop

in an environment free from prejudice and discrimination. The Nursery Owners and staff

will ensure that both girls and boys have full access to all kinds of activities and equipment

and are equally encouraged to enjoy and learn from them.

Appropriate opportunities will be given to children to explore, acknowledge and value

similarities and differences between themselves and others. Our aim is to show respectful awareness of all major events in the lives of the children and families within the nursery, and in our society as a whole, and welcome the diversity of backgrounds from which they come.

In order to achieve this:

• We aim to acknowledge all the festivals, which are celebrated by the families in the Nursery.

• Children will be made aware of the festivals, which are being celebrated by their own families,

 and where appropriate will be introduced to the stories behind the festivals.

• Before introducing a festival with which staff are not themselves familiar, appropriate advice will

 be sought from parents and other people who are familiar with that festival.

• Children will become familiar with and enjoy taking part in a range of festivals, together with the

 stories, celebrations and special food and clothing they involve, as part of the diversity of life.

**PRINCIPLES RELATING TO THE PERSONNEL**

The nursery will seek to implement equal opportunities in the recruitment, support and development of all staff. The Nursery Owners will seek to ensure that its recruitment policy is fair and equal and does not discriminate on grounds of race, language, sex, disability, social behaviour, age or sexual orientation.

**MONITORING AND EVALUATION**

It is the responsibility of all staff to monitor the success of the equal opportunities policy

by ensuring that the equal opportunities issues raised within it are followed and

supported. Where monitoring identifies a manner of concern, appropriate action will be

taken at senior management level to address the situation, after seeking appropriate

consultation and advice.

**5 - Promoting British Values**

The Department for Education has recently reinforced the need “to create and enforce a clear and rigorous expectation on all schools to promote the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs.” The Government set out its definition of British values in the 2011 Prevent Strategy..

At Cygnets we understand that the society we live in is diverse and therefore, our curriculum and life within nursery reflects this. For our children, we aim to continually weave the thread of social, cultural, moral and spiritual British values throughout day to day nursery life. Underpinning this are the values and understanding of democracy, law, liberty, respect, tolerance, tradition and heritage. The ‘Equality Act 2010’ protects all individuals from discrimination and it is the Pre-schools duty to ensure that all individuals have equal access and opportunity to all that is on offer. Funding, including that for pupils with special educational needs and disabilities (SEND) and disadvantaged pupils, is used to target inequalities, to ensure equality.

We uphold and teach the children about British Values which are defined as:

Democracy

Rule of Law

Individual Liberty

Mutual respect

Tolerance of those of different faiths and beliefs

These values are taught explicitly through Personal Social and Emotional Development and Social and Emotional Aspects of Learning. We teach British Values through planning and delivering a broad and balanced curriculum. We take the opportunities to actively promote British values through our daily activities. We also actively promote British values through ensuring that our curriculum planning and delivery includes real opportunities for exploring these values. Actively promoting British values means challenging children, staff or parents expressing opinions contrary to fundamental British values including extremist views.

British Values are reinforced regularly and in the following ways:

Democracy

Democracy is embedded within the nursery. Pupils are always listened to by adults and are taught to listen carefully and with concern to each other, respecting the right of every individual to have their opinions and voices heard. Children also have the opportunity to voice their opinions and ideas and have their voices heard through small and large group times.

The Rule of Law

The importance of Laws, whether they are those that govern the nursery or the country are consistently reinforced throughout nursery life. The children are aware of the consequences of not following the rules and learn to understand the difference between right and wrong in all aspects of nursery life throughout the session and are taught the value and reasons behind the laws, the responsibilities that this involves and the consequences when laws are broken. Visits from authorities such as the Police and Fire Service are regular part of our calendar and help reinforce this message.

To encourage and promote good behaviour, attitude and work, we have devised a reward system. As a nursery, we are committed to praising children’s efforts. We endeavour to praise the children informally, individually, during the session or in front of the all the children at carpet time. Children are rewarded not only for achievement in curriculum areas, but for behaviour. Rewards are given in the form of stickers, marbles in the jar and certificates. Children’s achievements are also recognised in the home diaries and through our Open Door Policy with parents/carers.

Individual Liberty

The children are actively encouraged to make choices, knowing that they are in a safe and supportive environment. We educate and provide boundaries for the children to make informed choices, through a safe environment and an empowering education. Our children are encouraged to give their opinions and share these ideas with due regard for the feelings of others. As part of our PSED curriculum we place a huge emphasis on the social and emotional learning of our children. We celebrate achievements both at nursery and at home through the giving of certificates and stickers.

Mutual Respect

Mutual respect is at the heart of our values. Children learn that their behaviours have an effect on their own rights and those of others. We promote respect for others and this is reiterated through our nursery and learning rules, as well as our behaviour policy. Children will challenge each other when not showing respect and encourage each other to be respectful and inform nursery staff.

Tolerance of those of Different Faiths and Beliefs

This is achieved through enhancing the children’s understanding of their place in a culturally diverse society and by giving them opportunities to experience such diversity. Members of different faiths or religions, especially parents and other family members are encouraged to share their knowledge to enhance the children’s learning. Children have the opportunity to dress-up in clothes and try different foods from other cultures. The broader a child’s experiences, the more confident and effective they are likely to be at contributing to Britain’s diverse society. Throughout nursery life the children are encouraged to discuss differences between people such as their faith, ethnicity, disability, gender or sexuality (where appropriate). They also discuss differences in family life such as looked after children or young carers.

British Traditions and Heritage

We celebrate the role of Britain both historically and in the present. We want the children to have knowledge of and be proud of their British heritage and the cultural and historical traditions that we are renowned for the world over. This involves celebrating Royal events, Remembrance Day, festivals such as Harvest, Christmas, and Easter.

**6 - Key Person Policy**

At Cygnets Nursery we operate a ‘key person’ system. A key person will be allocated to your

child as soon as possible after your initial visit or first session.

**What is a key person?**

A key person is a named person who will take responsibility for a group of children. The

key person is responsible for getting to know each child’s abilities and their needs. The key

person is also responsible for liaising with parents/carers and where appropriate, any

other agencies involved with the child (another nursery, childminder or speech therapist for example).

The key person will also have the responsibility of ensuring that the child’s Learning Journal are up to date and develop a relationship with the family, which will include regular exchange of information. The advantages of having a key person system are so that parents/carers have a named person to whom they can talk to who knows the child well.

**What about other members of staff?**

This arrangement does not mean that the key person is the only adult who works with your child, but it is expected that they will spend some time of the day together. You are welcome to talk to any member of staff about any issues, concerns or changes in routine / circumstances and this information will be shared with the key person. If any staff members need’s to know anything about a particular child they will be able to ask the key person who will have a more detailed knowledge of your child.

**Working together when a child attends multiple settings**

When your child attends multiple settings it is important that we work together with all relevant persons. We will work in partnership with any other practitioners who are active participants in your child’s learning and development this is an important aspect of following the Early Years Foundation stage.

This process includes sharing information and liaising with the relevant people on a regular basis to promote and support your child’s development. In order to ensure that your child is supported in all areas of his/her development it is important that all parties work together. You and your child are central to this process. Should you have any concerns over this process it is important to discuss these with us so we can decide on a suitable way of working together to support your child across the settings.

**Sharing of Information**

When your child attends multiple settings or has several professionals involved in their care it is important that information regarding your child is shared, keeping all parties informed, at all times. At times we will discuss your child’s progress and/or any difficulties they may be having, to help support your child with your child’s childminder, key worker or external agencies ensuring they benefit from their time in all settings and at home. We will always inform you if such discussions/interactions take place and work with you and the other settings and agencies. At all times we take into account the views of parents, If you are not happy with this area of practice we can discuss what methods of communication and sharing of information that you would be comfortable using. Should you have any concerns over this process it is important to discuss these with us so we can decide on a suitable way of working together to support your child across the settings.

**Confidentiality**

All information will remain confidential and will not be disclosed to anyone other than the relevant persons involved in caring for your child. You will be required to sign a consent form to allow this process to happen. If at any time you decide that you would like to review this process please arrange a time to discuss this with your key person so we can decide on the best way to support your child.

**7 - illness Policy**

It is the nursery policy to encourage and promote good health and hygiene for all the children in

our care. This includes monitoring the children for signs and symptoms of communicable

diseases such as chickenpox, measles, mumps, rubella, meningitis, hepatitis, diarrhoea, vomiting

and fevers of 101oF/38.5oC or over.

Should your child be unwell or sick before the start of the nursery session, we would kindly ask

you not to bring your child to nursery. Nursery is an environment for well children, and not

suitable for a child who is not well. It is in their best interest to be in a home environment with adults they know well rather than at nursery with their peers. This policy has been made with the best interests of the unwell child and all other children in mind.

**Child becoming unwell at nursery**

With the welfare of the sick child in mind and in the interests of the remaining children in the

nursery, if in the opinion of the staff a child is ill, the parent/carer will be contacted and

requested to collect the child as soon as possible. We will endeavour to do all we can to comfort

and reassure your child by taking them to a quiet place to rest whilst they are waiting to be

collected.

Whilst at nursery, if a child’s temperature reaches 38.5ºC parents will be contacted and asked to collect their child as soon as possible. In the event of us being unable to contact parents, emergency contacts will be called. If a child is unwell at nursery a note will be made in the Register as to why they have been sent home. We are aware that if a child had a temperature of over 39ºC there is an increased risk of having a seizure.

We do not administer Calpol at the nursery, we ask parents to keep their child at home if they are

unwell enough to require medication.

Parents will be asked to sign a ‘Medication Form’ for staff to administer prescribed medicines

during the day. If a child has a high temperature during the day, parents will still be contacted

and children will need to be collected within one hour.

Any child on prescribed medication will be admitted to nursery in accordance with the

medication policy.

* We follow the guidance given to us by Public Health England (Health Protection in Schools and other childcare facilities) and advice from our local health protection unit on exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles and chicken pox, to protect other children in the nursery.
* Conjunctivitis requires 24 hours exclusion from nursery after treatment. We inform all parents if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this illness. We will thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection.

If a child has been sick or had diarrhoea, they must not return to nursery until they have been clear for at least 48 hours

* We exclude all children on antibiotics for the first 24-48 hours of the course depending on the needs of the child, (unless this is part of an ongoing care plan to treat individual medical conditions e.g. asthma and the child is not unwell) This is because it is important that children are not subjected to the rigours of the nursery day, which requires socialising with other children and being part of a group setting, when they have first become ill and require a course of antibiotics.
* We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable
* We have information about head lice readily available and all parents are requested to regularly check their children’s hair. If a parent finds that their child has head Lice, we would be grateful if they could inform the nursery so that other parents can be alerted to check their child’s hair.
* We will notify Ofsted as soon as possible and in all cases within 14 days of the incident where we have any child or staff member with food poisoning.

**Meningitis procedure**

If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Local Area Infection Control (IC) Nurse. The IC Nurse will give guidance and support in each individual case. If parents do not inform the nursery, we will be contacted directly by the IC Nurse and the appropriate support will be given. We will follow all guidance given and notify any of the appropriate authorities including Ofsted if necessary.

**Coronavirus (COVID-19)**

Staff and children should stay at home if they develop coronavirus [symptoms](https://www.gov.uk/government/publications/guidance-to-educational-settings-about-covid-19/guidance-to-educational-settings-about-covid-19#symptoms) to avoid spreading infection to others.

Symptoms include:

A new continuous cough

A high temperature

A loss of, or change in, your normal sense of taste or smell (anosmia)

Sore throat

Headaches

Shortness of breath

Muscle or body ache

Diarrhoea, nausea or vomiting

Fatigue or excessive sleepiness

Anyone with suspected coronavirus symptoms will need to self – isolate for 7 days. If they live with someone who has symptoms, they will need to self – isolate for 14 days from the day their symptoms started.

Staff can return to work once they have completed the isolation period and have had a negative test result for coronavirus.

**Kawasaki disease**

There's no single test to diagnose Kawasaki disease, but there are some key signs that suggest a child may have this condition.

The National Institute for Health and Care Excellence (NICE) states that children may have Kawasaki disease if they have:

* a high temperature (fever) of 38C or above for longer than 5 days
* at least 4 key symptoms

These symptoms include:

* **Conjunctival injection in both eyes** – where the whites of your child's eyes are red and swollen
* **Changes to the mouth or throat** – such as dry, cracked lips or a red, swollen tongue
* **Changes to the hands and feet** – such as swollen or painful hands or feet, or red or peeling skin on the palms of the hands or the soles of the feet
* **A rash**
* **Swollen lymph nodes in the neck**

The skin on their fingers or toes may become red or hard, and their hands and feet may swell up. Their hands and feet may also be tender and painful to touch or put weight on, so they may be reluctant to walk or crawl.

In some cases, Kawasaki disease may be diagnosed even if a child doesn't have 4 or more of the key symptoms listed above, or even if the fever has only lasted 4 days.

A parent may need to have their child tested to rule out other conditions that could be causing their symptoms.

Possible conditions your child could have include:

* [**Scarlet fever**](https://www.nhs.uk/conditions/scarlet-fever/) – a bacterial infection that causes a distinctive pink-red rash
* [**Toxic shock syndrome**](https://www.nhs.uk/conditions/toxic-shock-syndrome/) – a rare, life-threatening bacterial infection
* [**Measles**](https://www.nhs.uk/conditions/measles/) – a highly infectious viral illness that causes a fever and distinctive red-brown spots
* [**Glandular fever**](https://www.nhs.uk/conditions/glandular-fever/) – a viral infection that can cause a fever and swollen lymph glands
* **Stevens-Johnson syndrome** – a very severe allergic reaction to medication
* **Viral**[**meningitis**](https://www.nhs.uk/conditions/meningitis/) – an infection of the protective membranes that surround the brain and spinal cord (meninges)
* [**Lupus**](https://www.nhs.uk/conditions/lupus/) – an autoimmune condition that can cause a range of symptoms, including fatigue, joint pain and a rash

Several tests can also be carried out to help support a diagnosis of Kawasaki disease.

These include:

* **A urine sample** – to see whether it contains white blood cells
* [**Blood tests**](https://www.nhs.uk/conditions/blood-tests/) – such as a white blood cell count or platelet count
* **A** [**lumbar puncture**](https://www.nhs.uk/conditions/lumbar-puncture/) – a sample of cerebrospinal fluid is taken by inserting a needle between the vertebrae of the lower spine

Individually, these tests may not be conclusive, but when combined with some of the key symptoms listed above, they can help confirm a diagnosis.

**If someone develops symptoms of Coronavirus (COVID-19) or Kawasaki disease**

**whilst at the setting**

If a staff member or child develops coronavirus [symptoms](https://www.gov.uk/government/publications/guidance-to-educational-settings-about-covid-19/guidance-to-educational-settings-about-covid-19#symptoms) or Kawasaki disease symptoms while at the setting they must be sent home. If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated with adult supervision. Ideally, a window should be opened for ventilation or weather permitting the child should be taken outside. If it is not possible to isolate them, move them to an area which is at least two metres away from other people.

If they need to go to the bathroom while waiting to be collected, the bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

PPE (disposable gloves, apron and a face shield) should be worn by staff caring for the child while they await collection if a distance of two metres cannot be maintained (such as for a very young child or a child with complex needs).

In an emergency, call 999 if they are seriously ill or injured or their life is at risk.

If a member of staff has helped someone who was taken unwell with coronavirus (COVID-19) [symptoms](https://www.gov.uk/government/publications/guidance-to-educational-settings-about-covid-19/guidance-to-educational-settings-about-covid-19#symptoms), they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Once the child has been collected all areas should be cleaned in order to reduce the risk of passing the infection on to other people.

* After dealing with an ill child who displayed symptoms the staff member should continue to wear PPE and clean the affected area with disinfectant.
* All PPE should be removed and disposed of following current government guidelines, the staff member should wash their hands for at least 20 seconds.
* The staff member who supported the unwell child does not need to go home unless they are developing symptoms themselves.

Anyone with suspected coronavirus symptoms will need to self – isolate for 7 days. If they live with someone who has symptoms, they will need to self – isolate for 14 days from the day their symptoms started.

The staff of the nursery must be convinced that the child has returned to good health

before re-admitting him/her.

**Transporting children to hospital procedure**

If a child becomes unresponsive or extremely sick and needs medical assistance, the nursery manager/staff member must:

* Call for an ambulance immediately if the sickness is severe. DO NOT attempt to transport the sick child in your own vehicle.
* Whilst waiting for the ambulance, contact the parent(s) and arrange to meet them at the hospital.
* Redeploy staff if necessary, to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together.
* Arrange for the most appropriate member of staff to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child’s comforter.
* Inform a member of the management team immediately.
* Always remain calm. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the accident.

Resources

Health and Safety Executive! [www.hse.gov.uk](http://www.hse.gov.uk)

NHS Diagnosis - Kawasaki disease<https://www.nhs.uk/conditions/kawasaki-disease/diagnosis/>

Government guidance – stay at home https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection

**Epidemic and Pandemic Policy (Covid-19)**

**Statement of Intent**

Cygnets Nursery intend to use this policy to provide precautionary measures to minimise transmission risks of disease in the setting during an epidemic or pandemic. It also states ideas for continuity of business if allowed.

Legislation and leading authorities which have guided and influenced this policy are:

Coronavirus Act 2020, Health and Safety at Work Act (1974), Health and Safety Executive (HSE), Government Briefings, Public Health England (PHE) and World Health Organisation (WHO). Advice from but not limited to, The Secretary of State, The Chief Medical Officer, Local Authority (LA) and Department for Education (DfE). The policy also has regard to Ofsted and Early Years Foundation Stage (EYFS) guidance where appropriate.

**Aim of Policy**

This Policy defines and assists the operating arrangements in place within the nursery that assures compliance to the Government and leading bodies requirements with relation to the outbreak of a pandemic such as Covid19. This information builds upon our current procedures for areas such as Safeguarding, Child Protection and Equality and Diversity, however new practices may emerge as the situation continues. The policy and considerations may evolve and be built upon as the situation deepens and new precautionary measures have been introduced and practices have been reflected upon.

**Method**

As early years providers we ensure to offer a continuum of very high standards of practice of childcare and education. The fundamental principles to be outlined in this policy are set out to ensure physical distancing is enabled and implement good hygiene practices as well as avoiding coming into contact with infected children and adults or anyone displaying symptoms. It states the protective measures put in place for children, parents and staff as best as possible to ensure the risk of transmission is reduced. We will continue to follow our other policies as long as they do not conflict with this policy and be guided by the EYFS as best as we can. The main areas we will be considering are:

* Minimising contact with individuals who are unwell
* Maintaining personal and respiratory hygiene (handwashing, catch it, kill it, bin it)
* Ensuring cleanliness of the environment (especially frequently touched surfaces)
* Minimising general contact and mixing (creating children’s “bubbles” and limiting numbers)
* The use of Protective and Personal Equipment (PPE)
* Testing

**Focus/ Areas of Consideration / Recommendations**

**Children**

*Attendance*

* Only children who are symptom free or have completed the required isolation period should attend the setting.
* We reserve the right to consider taking temperatures of children on arrival and risk assessing with regular health questionnaires.
* Extremely vulnerable children should continue under government advice (to shield).
* Families who attend at least two settings should choose only one for the remainder of the term to ensure their ‘bubble’ remains small.

*Physical Distancing/grouping*

* Children will be organised into small groups and have designated areas of the inside and outside environment. Wherever possible these small groups or ‘bubbles’ should not mix during the day as best as possible. This is to minimise contact with large groups of children. Staff may exercise their own judgement during the day for the high standards of safety for all children.
* Children in small groups should have the same staff team caring for them wherever possible to limit the amount of people coming into contact with each other.
* Smaller amounts of children in the whole setting may be advised or preferable. As we usually run to capacity most days this could be achieved by, but not limited to:
	+ A temporary cap on the amount of children in the setting at anyone time.
	+ Temporarily limiting funded hours to only 15 hours per child, ensuring all children have access to some preschool time.
	+ Changing children’s hours to all mornings or all afternoons or 2 and a half days.
	+ Only allowing the older children or those moving to Primary school to attend.
	+ Grouping children to certain days, such as in groups of children moving to school, this would help with transitions.
	+ Changing the nursery open hours to accomadate times drop off and collections
	+ Prioritising children such as those who are vulnerable, those with special educational needs, those from households where both parents work (or work full time)
	+ The take up on places may be small so there may be no need to change children’s hours.
* Care routines including provision of meals, nappy changing and toileting should be within the space allocated to each ‘bubble’ wherever possible.
* The use of communal internal spaces should be restricted as much as possible and outdoor spaces should be utilised as much as possible and used by ‘bubbles’ in different areas during the day.
* A phased return may be best to ease their transition back into nursery if the nursery has been closed for quite a while or only open for critical workers.

*Wellbeing and education*

* Children should be supported in age appropriate ways to understand the steps they can take to keep themselves safe including regular hand washing, coughing into an elbow, using a tissue and adopting a catch it, kill it, bin it regime.
* Children should be supported to understand the changes and challenges they may be encountering as a result of Covid-19 and staff need to ensure they are aware of children’s attachments and their need for emotional support at this time.
* EYFS framework will continue to be delivered through play and adult led activities.
* Parents will need to provide their child with a snack as the nursery will no longer supplier it. Parents will be asked to ensure their child has had breakfast before they arrive, that they have a manageable lunch box and a named water bottle.

**Workforce**

*Attendance*

Staff should only attend the nursery if they are symptom free, have completed the required isolation period or achieved a negative test result. All staff and their household are eligible for testing if they display symptoms.

* The Manager may consider taking temperature of staff on arrival and risk assessing with regular health questionnaires for returning staff.
* Consideration should be given to limiting the number of staff in the preschool at any one time to only those required to care for the expected occupancy levels on any given day
* Staff hours, days they work and length of day may change in order to meet childcare demands and considerations within this policy.

*Physical distancing/ grouping /safety*

* Staff will complete a risk assessment before opening to address any risks from the virus, ensure sensible measures are in place to control risks.
* Staff to be informed of measures in place and sign a disclaimer to state they have read and understood the preschool policies and procedures.
* Wherever possible staff should remain with the small group of children, the ‘bubble’ of children who they are allocated to and not come into contact with other groups.
* Emergency revisions to the EYFS may have been implemented which provides some flexibility on ratios and qualifications to make this feasible.
* Staff have been advised by the government not to wear PPE such as facemasks during their day, but should continue to wear PPE at the usual times such as intimate care and wear disposable gloves and apron if completing one to one care and if supporting an ill child a face mask and visor should also be worn if a 2 meter distance cannot be maintained.
* After dealing with an ill child who displayed symptoms the staff member should continue to wear PPE and clean the affected area with disinfectant.
* All PPE should be removed and disposed of following current government guidelines, the staff member should wash their hands for at least 20 seconds.
* The staff member who supported the unwell child does not need to go home unless they are developing symptoms themselves.
* Social distancing must be maintained during breaks. This may be achieved through a range of strategies including the staggering of breaks and subdivision of spaces allocated to team breaks where possible.
* Staff may be required to be in charge of specific areas including the outdoors to minimise their contact with surfaces etc. This includes potentially working from one particular table if table top toys are available. Staff will be responsible to ensure appropriate cleaning takes place and enough ventilation is in the room such as opening windows. If doors are open ensure the safety of the children is maintained.
* Staff members should avoid physical contact with each other including handshakes, hugs etc.
* Staff to wear fresh, clean clothes for each session.
* Advise staff to remove their work clothes before the enter their home and take a shower immediately to remove any germs they may have picked up.

*Training*

* Where possible, meetings and training sessions should be conducted through virtual conferencing.
* All staff members must receive appropriate instruction and training in infection control and the standard operating procedure and risk assessments within which they will be operating.
* Online training may be available to allow their training levels to be maintained if appropriate.

**Parents**

*Physical distancing*

* Only parents who are symptom free and or have completed the required isolation periods will be able to drop off or collect their child.
* Aim to minimise the ‘pinch points’ during the day and limit drop off and pick up to one parent per family.
* Stagger the drop off and collection timings where possible will avoid a queue of families waiting to enter preschool.
* Arrange drop off and pick up at the preschool entrance to avoid parents entering the preschool unnecessarily.
* When parents are waiting to drop off or collect their child, physical distancing should be maintained in a safe area sticking to government social distancing policies.
* Consider allowing some parents to enter the preschool for the purpose of a settling in session if not doing so would cause a child distress, this could take place in the outdoor environment. The provider should consider measures to minimise contact between the parent and other children and staff members.
* If the child is too distressed perhaps a delayed start to their preschool entry may be preferred or half hour settling in sessions without their parent.

*Communications*

* Parents should receive clear communication regarding the role they play in the safe operating procedure and all measures being taken to ensure the safety of their children and themselves.
* Parents should inform preschool of their circumstances and if they plan to keep their child away, this helps preschool to conform to our safeguarding policy.
* Parents may be needed to support the running of the preschool by providing extra resources and consumables the nursery may not be able to source or afford such as cleaning wipes or products, tissues, toilet rolls etc. This is to ensure the safe running of the nursery is not hindered by lack of equipment and resources.

**Visitors**

* Attendance to the setting should be restricted to only children and staff as far as practically possible and visitors should not be permitted to the preschool unless essential (e.g. essential building maintenance).
* Where essential visits are required these should be made outside of the usual preschool operational hours where possible.
* As far as possible parents and carers should not enter the premises.

**Travel**

* Wherever possible staff and parents should travel to nursey alone, using their own transport or if possible walk.
* If public transport is necessary, current guidance on the use of public transport must be followed.
* Parents should be encouraged to ensure they do not leave travel accessories including buggies, car seats, scooters in the setting premises or grounds.
* Outings from the preschool into the local community should be restricted to ensure mixing with members of the general public does not happen.

**Hygiene and Health & Safety**

*Hand Washing*

* All children and staff must wash their hands upon arrival at the nursery for at least 20 seconds.
* Children and staff members should be encouraged to wash their hands frequently, this includes before and after eating food, after visiting the toilet or playing outdoors, after sneezing, blowing their nose or coughing into their hand and dealing with unwell people.
* Bodily fluid spills should follow the correct procedures as normal.

*Cleaning*

* An enhanced cleaning schedule must be implemented that includes furniture, surfaces and children’s toys and equipment and all staff are responsible in their area of work.
* Communal area, touch points and hand washing facilities must be cleaned and sanitised regularly and cleaned thoroughly every night.
* A deep clean may be needed after a child has become ill in the area they were waiting.

*Waste disposal*

* All waste must be disposed of in a hygienic and safe manner following government guidelines.
* Tissues must be immediately disposed of and placed in a bin with a bag, lid and foot pedal.
* Bodily fluids must be double bagged and disposed of in a bin with a bag, lid and foot pedal.

*Laundry*

* All items within the setting requiring laundering must be washed in line with NHS laundry guidelines.
* Items such as bedding must not be shared by children.

*Risk assessment*

* The setting and all activity should be risk assessed before opening or going ahead to address the risks from the virus and due consideration given to any adaptations to usual practice. Sensible measures should be put in place and policies and procedures followed.
* It is expected that would include, but not be limited, to the suspension of learning experiences involving materials which are not easily washable such as malleable materials (dough, clay) and the suspension of the sharing of food and utensils.
* Cut down on the available resources out in the nursery.
* Remove anything which cannot be easily wiped down or washed at the end of the day.
* Play food, play cutlery and crockery etc. should be removed or anything else which may be ‘mouthed’ by many children.
* Baking, food play and finger painting should be avoided.

*PPE*

* Government guidance is that PPE is not required for general use in early years settings to protect against COVID- 19 transmission.
* PPE should continue to be worn and disposed of as normal for nappy changing, one to one care and the administration of first aid.
* If a child shows symptoms, staff should wear a face shield, disposable gloves and apron if a 2-meter distance cannot be maintained at all times. PPE should be disposed of following government guidelines.

*Premises Building*

* Where premises have been temporarily closed during the lockdown period or where they may need to temporarily close during future lockdowns appropriate Health & Safety checks should be conducted prior to reopening including legionnaires checks.
* Keep windows open where possible to ensure good levels of ventilation. If doors are opened ensure the children safety is maintained with locked gates.

*Resources*

* Children should not be permitted to bring items from home into the setting unless absolutely essential for their wellbeing. Anything that is brought in from home should remain in the child’s bag on their peg.
* All resources required for play and learning experiences of children should be regularly washed and/or sterilized. Any resources which are difficult to clean should be removed.
* Equipment used by staff such as stationary, tablets etc. should be allocated to individual staff members where possible and cleaned regularly.

*Supplies Procurement & monitoring*

* The nursery should ensure an adequate supply of essential supplies and contingency plans such as additional suppliers are in place to minimise the impact of any shortages of supplies.
* The nursery will not be able to operate without essential supplies required for ensuring infection control.
* A monitoring system for the usage of PPE is essential to ensure that a supply of stock is available to all who require it as and when required to meet the operational needs of the setting. When stocks are low, other options may be considered, such as the use of washable tabards and facemasks. These items will be washed at a high temperature in accordance with relevant guidelines and separate to any other preschool washing.

*Responding to a suspected case*

* In the event of a child developing suspected coronavirus symptoms whilst attending the setting, they should be collected as soon as possible and isolate at home in line with the current NHS guidance.
* Whilst waiting for the child to be collected they should be isolated from others in a previously identified room or area. If possible, a window should be opened for ventilation.
* The staff member responsible for the child during this time should be a staff member from their ‘bubble’. The provider may consider suitable PPE for this staff member such as the addition of face mask, visor disposable gloves and apron.
* The area should be thoroughly cleaned, immediately if the area cannot be left unvisited, and if the area can be left unvisited then cleaned after 72 hours.
* The person responsible for cleaning ideally should be the person dealing with the unwell child and should continue to wear their PPE. This should then be disposed of according to current government guidelines.
* In the event of a staff member developing suspected coronavirus symptoms whilst working at the nursery, they should return home immediately and isolate at home in line with the NHS guidance. They should also follow current testing advice for themselves and their household.

**Monitoring of this policy**

*This policy will be reviewed annually by the setting manager, new government legislation and policies will be incorporated appropriately as and when required or informed.*

**8 - Medication Policy**

This document outlines the responsibilities of the nursery and parents/carers when

administering prescribed medication to children, in accordance with Ofsted guidelines.

As a childcare provider, we come across many different kinds of illness in the nursery. We have

an obligation to all the children and members of staff to minimise illness and infections. To that

effect, we reserve the right to send a child home if we feel it would be detrimental to the child, or

other children in the nursery to keep them.

In addition, written parental permission is required, at the time of admission to the seeking of

any necessary emergency medical advice or treatment in the future.

**Parent’s obligations**

To inform the nursery in writing about your child’s health care needs when registering with the

nursery and again as soon as there are any changes to these needs.

To provide any medication required, and ensure that it is fit for use, and clearly labelled.

To provide prior written consent on a short or long term medication form.

To pass on to the nursery staff any information you have about the side effects or adverse effects

of the medication that your child is taking, whether administered at home or within the nursery.

To inform the nursery staff about any medication given to your child within the last 24 hours.

To ensure that the nursery staff understand how and when to administer the medication, no

staff member may undertake the administration of any medication until confident of the

process.

**Medications**

All medication must be supplied by the parent/carer, nursery staff are not permitted to buy and

administer medications to children.

Prescribed medication is the property of the person for whom it is prescribed, and may not be

used for anyone else. All prescribed medicines must be supplied to the nursery in its original

prescription packaging, including inhalers, and can only be given to the person named on the

prescription label. There can be no exceptions to this rule.

Parents/carers must clearly identify how medicine should be stored and if this information is not

supplied we will automatically assume that it needs to be stored in the fridge.

We follow strict guidelines when dealing with medication of any kind in the nursery and these are set out below.

**Medication prescribed by a doctor, dentist, nurse or pharmacist**

*(Medicines containing aspirin will only be given if prescribed by a doctor)*

* Prescription medicine will only be given to the person named on the bottle for the dosage stated.
* Medicines must be in their original containers.
* Those with parental responsibility for any child requiring prescription medication should hand over the medication to the most appropriate member of staff who will then note the details of the administration on the medicine form and another member of staff will check these details.

**Non-prescription medication *(these will not usually be administrated)***

* The nursery will not administer any non-prescription medication containing aspirin
* If the nursery feels the child would benefit from medical attention rather than non-prescription medication, we reserve the right to refuse nursery care until the child is seen by a medical practitioner.
* Children of two years and above will not be given prescribed Calpol in the nursery, unless accompanied with a note from your child’s G.P, explaining the specific need to do so.
* For any non-prescription cream for skin conditions prior written permission must be obtained from the parent and the onus is on the parent to provide the cream which should be clearly labelled with the child’s name. We will not apply body cream unless there is a specific medical need to do so.
* If any child is brought to the nursery in a condition in which he/she may require medication sometime during the day, the manager will decide if the child is fit to be left at the nursery. If the child is staying, the parent must be asked if any kind of medication has already been given, at what time and in what dosage and this must be stated on the medication form.

**Consent**

Parental consent must be given in writing on a short or long term medication form before any

medication can be administered; this will be completed by a senior member of staff.

Long term medication is checked every month to ensure the information we hold is still accurate

and the parent/carer must sign the form to consent to it still being given.

Those with parental responsibility must give prior written permission on our medicine form, for the administration of each and every medication. However, we will accept written permission once for a whole course of medication or for the ongoing use of a particular medication under the following circumstances:

The written permission is only acceptable for that brand name of medication and cannot be used for similar types of medication, e.g. if the course of antibiotics changes, a new form will need to be completed

The dosage on the written permission is the only dosage that will be administered. We will not give a different dose unless a new form is completed

Parents must notify us IMMEDIATELY if the child’s circumstances change, e.g. a dose has been given at home, or a change in strength/dose needs to be given.

**Administering**

At all times every member of staff who administers medication must be witnessed by a senior

staff member and that witness must sign the appropriate form once the medication has been

administered.

Prescribed medication (except injections) must be administered in accordance with the

prescribed instructions on the dispensing label. These instructions must be in full, detailing

amount and frequency. Everything on the label must be read and taken into account before

administration. Verbal messages are not sufficient and nursery staff must not depart from the

instructions on the label. Please be aware that any child who is prescribed antibiotics must be

excluded from nursery for 24 hours of starting the course and can only return to nursery if they

are well enough to do so.

The administration of injections, pessaries and suppositories represents intrusive nursing, we will not administer these. Prescribed medicines EpiPen’s and asthma inhalers may only

be undertaken after staff members have been trained by an appropriate professional. Training

for staff must include recognition of the onset of symptoms requiring the special care and

treatment, how to treat, and when outside help must be obtained. The training which staff

receive must not be less than which the parent/carer received. It is imperative that you discuss

this with the nursery management as an individual healthcare plan or an additional awareness form may need to be drawn up with you to ensure your child is known to all staff members.

The nursery will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by written instructions from a relevant health professional such as a letter from a doctor or dentist.

The parent must be asked when the child has last been given the medication before coming to nursery; and the staff member must record this information on the medication form. Similarly, when the child is picked up, the parent or guardian must be given precise details of the times and dosage given throughout the day. The parent’s signature must be obtained at both times.

At the time of administering the medicine, a member of staff will ask the child to take the medicine (this will be witnessed by another member of staff) or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form. (It is important to note that staff working with children are not legally obliged to administer medication). If the child refuses to take the appropriate medication, then a note will be made on the form. Where medication is “essential” or may have side effects, discussion with the parent will take place to establish the appropriate response.

**Storage**

All medication must be in its original container and clearly labelled with the original sticker

stating the dosage, your child’s name (not a sibling) and the date of expiry. A senior member of

staff will check these details. All children’s medication will be stored in the nursery fridge unless

other storage instruction is given. Any medication that is not required to be kept in the fridge

will be stored safely in the office. Any staff medications will be kept in the staff area fridge or

office.

**Alternative remedies and Nappy cream**

Unfortunately, we are unable to administer alternative remedies.

If your child is in nappies or has a skin complaint and occasionally needs a protective ‘barrier’

cream, you should supply this yourself, with your child’s name labelled on the front of the

container. You will be asked to complete an ongoing nappy cream form for this. We will only use

the cream that you have provided.

**Staff medication**

All nursery staff have a responsibility to work with children only where they are fit to do so. Staff must not work with children where they are infectious or too unwell to meet children’s needs. This includes circumstances where any medication taken affects their ability to care for children, for example, where it makes a person drowsy. If any staff member believes that their condition, including any condition caused by taking medication, is affecting their ability they must inform their line manager and seek medical advice.

The nursery manager will decide if a staff member is fit to work, including circumstances where other staff members notice changes in behaviour suggesting a person may be under the influence of medication. This decision will include any medical advice obtained by the individual or from an occupational health assessment.

Where staff may occasionally or regularly need medication, any such medication must be kept in the person’s bag in the staff room. where staff may need easy access to the medication such as an asthma inhaler, this may be kept in the kitchen. In all cases it must be stored out of reach of the children. It must not be kept in the first aid box and should be labelled with the name of the member of staff.

**Retention of Records**

The medication records will be kept for a period of 20 years. Any significant incident concerning

administration of medication will be reported to Ofsted.

**Insurance**

The nursery is insured for administration of first aid, consented medication and emergency

treatment.

USEFUL RESOURCES

Administration of Medication - an Ofsted factsheet

www.ofsted.gov.uk Ref number 080290

Managing Medicines in Schools and Early Years Settings

www.education.gov.uk DFES-1448-2005

Including Me - Managing Complex Health Needs in Schools and Early Years Settings

Jeanne Carlin ISBN 1 904787 606

Tel 0207 843 1900

**9 - Accident and Incident Procedure**

At Cygnets Nursery we aim to provide a safe, happy, caring, stimulating and secure environment for our children. We do, however, understand that during the course of a day a child may suffer from an accident or incident. If this happens all members of staff are trained First aiders and hold a Paediatric First Aid Certificate which is updated every three years, enabling them to deal with any situation that many transpire.

Should an accident or an incident occur it will be managed in the following way:-

**ACCIDENT**

• A staff member will take the child to a quiet area away from all the other children where their injury

 can be assessed and the child calmed.

• The injury will be assessed and the necessary treatment given.

• An accident form will be completed giving details of the accident and the treatment given. At

 ygnets Nursery each child has their own detailed Accident Form detailing:

• Time, date and nature of accident

• Details of the child affected

• Type and location of injury

• Action taken at the time, any action taken later and who did what

• All entries are named by person who witnessed the accident and signed by parent/carer

If it is deemed necessary by the manager or room leader a phone call may be made to the parent to inform them of the accident before the end of the day.

When dealing with an accident if it involves an open wound the practitioner will wear disposable gloves and an apron. Any contaminated material, tissues etc will be placed in a nappy sack along with the gloves and apron and tied up and placed in the bin. If appropriate the practitioner will wear a face shield to protect themselves from any contamination from, droplets of blood or body fluids. The practitioner will wash their hands for 20 seconds after disposing of the rubbish.

Cleaning the face shield – Whilst wearing a clean pair of gloves, carefully wipe the inside of the shield, followed by the outside using detergent or a cleaning wipe. Carefully wash the outside with clean water to remove any residue. Fully dry the shield using a paper towel. Remove you gloves and dispose of them in the bin and wash your hands for 20 seconds.

**EMERGENCY TREATMENT**

Occasionally a child may suffer from a major accident that requires professional medical help, all parents are asked to complete an ‘Emergency Treatment Form’ when their child starts at the nursery. This enables the staff to seek medical help in the event of a serious accident.

When a serious accident has occurred involving the following:

* Unconsciousness
* Serious bleeding – which will not stop
* When someone has fallen down and can’t be moved
* Major head/ spinal
* Major break – leave child/ adult in fall position

The following procedure will be followed:

• The manager/room leader will assess the injury and decide if it requires immediate treatment by

 an ambulance or if the parent/carer can be contacted and take the child themselves. If there is

 any doubt an ambulance will be called.

• If an ambulance is required 999 will be called and the parent/carer will be contacted with

 arrangements to meet the child at the hospital.

• The manager/room leader will travel with the child to the hospital taking with them the child’s

 registration forms and a mobile phone.

• An accident form will be filled out recording in detail the circumstances the accident occurred in,

 who was present, details of the injury sustained, and any first aid administered.

• Ensure Accident Form is signed by the parent/carer as soon as possible.

•The accident will be reported to RIDDOR and Ofsted (if necessary) by the manager/room leader

 and instructions/advice will be followed.

•A risk assessment of the site of the accident and any equipment involved will be carried out.

**ACCIDENT NOT REQUIRING HOSPITAL TREATMENT**

•If an ambulance is not required a phone call will be made to the child’s parent/carer and the child

 will be kept calm and comfortable, a member of staff will remain with the child until the parent/

 carer arrives.

• Action as necessary - cold compress - wash - plaster etc

• Parent/carer will be informed immediately if the child has had a bump to the head and a bump to

 the head form will be completed along with the time of the incident.

• The child’s Accident form will be completed and the parent/carer will be asked to sign it when

 they collect their child.

**INCIDENT RECORDS**

From time to time parents may be asked to sign or complete an incident form. Incidents forms are used in the following circumstances: -

At Home

• If a child comes into nursery with an injury that has happened at home, the parents will be asked to fill out an Accident at Home form stating how the accident occurred, where the accident occurred, who was present, when the accident occurred and details of the injury. This will be signed and dated by the parent/carer.

In the setting

•If a child has displayed inappropriate behaviour that has resulted in the injury of another child, such as biting or scratching, an incident form will be filled out explaining the circumstances of the behaviour, the behaviour management response, and who was present when the incident occurred. This will be signed and dated by the staff member who dealt with the incident. The parent will be asked to sign the form when they collected their child.

At Cygnets Nursery each child has their own detailed Incident Form detailing:

• Time, date and nature of incident

• What triggered the incident, and the nature of the incident

• How the situation was handled

• What form of restraint was used and any consequences.

We will inform Ofsted if:

• A child dies on the premises, or as a result of something that happens on the premises.

• A child in our care is taken to hospital for more than 24 hours from our premises, or later as a result

 of something that happened whilst the child was in our care.

• Any significant event happened which is likely to affect our suitability to care for children

 we will also inform Surrey County Councils local authority child protection designated officer (LADO)

 of any serious accident, injury to, or death of a child whilst in our care by calling:

• 01372 833833 or 01372 833895 where we will act on any advice given.

 We will also inform “Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

 1995 (RIDDOR) of any:

• Major injuries that happen to anyone on our premises

• Injuries that have lasted more than 3 days, where an employee is unable to work

• Injuries to members of the public, or people not at work where they are taken from the scene of an

 accident to hospital

• Work related diseases

• Dangerous occurrences, where something happens that does not result in an injury, but could

•We will report any incidents as soon as possible after the event by calling the Health and Safety

Executive (HSE) Incident Contact Centre on:

• 0845 300 9923

• or online at www.hse.gov.uk/riddor

For injuries lasting more than 3 days we must inform the HSE within 10 days of the incident

We will inform Ofsted and Surrey County Council’s LADO of any incidents involving staff as soon as possible, but within 14 days of the incident occurring.

USEFUL RESOURCES AND WEBSITES

Childcare Act 2006

The Childcare (General Childcare Register) Regulations 2008 (2008 No 975)

www.legislation.gov.uk/uksi/2008/975/contents/made

Surrey Safeguarding Children Board (SSCB) Manual of Child Protection Guidelines

www.surreycc.gov.uk/safeguarding

www.ofsted.gov.uk

Picadilly Gate, Store Street, Manchester, M1 2WD

www.hse.gov.uk/riddor

Incident Contact Centre, Caerphilly Business Park, Caephilly, CF83 3GG

**10 - Arrival and Departure Policy**

This document describes how access to the building is to be managed by staff to ensure the safety of the children.

**Arrivals**

It is the policy of Cygnets Nursery to give a warm welcome to each child and parent/carer on their arrival. If an issue regarding arrival needs to be checked staff will ask the parent/carer to wait. If they are known to staff they will be asked to wait in the nursery but if they are not known they should be asked to wait outside.

We ask that parents/carers take a few moments to settle their child into the nursery. Before departing, all parents of children are asked to make sure belongings are hung up on a peg in the lobby area; if they are staying for lunch then their lunch box is put in the crate.

Any specific information provided by the parents should be recorded and signed if necessary. If the parent requests the child to be given prescribed medicine during the day the staff member must follow the medication policy and ensure that the medicine consent procedure is followed.

**Entrance Door**

The door is only to be opened by authorised staff at the beginning and end of the sessions. At 8.30am, 12:30pm and 3:30pm a door monitor is in place to ensure that during the busiest time of the day a member of staff is always available at the door to sign children in and out. This also means that parents are not letting people into the building without staff knowing.

**Collection of Children**

No child should be handed over to anyone other than the known parent/carer unless an agreement has been made between staff and parent/carer at the time of arrival. In the event of a parent being unable to collect their child we ask that they tell us at drop off or phone as soon as possible with details of who will be collecting their child.

If the child is not to be collected by the parent/carer at the end of the session, then a password system will be followed so that staff can identify the nominated adult. If anyone other than parents are coming to collect children the nursery must be informed.

**Departure Time**

On departure, the child register must be immediately marked to show that the child has left the premises.

If the child is to leave before the end of the session, staff is to be notified so that arrangements can be made. Children will only be released to appropriate adults over the age of 18.

**Record Keeping**

The nursery will keep the daily records showing the names of the children in attendance and the staff who cared for them for a period of 20 years. We will also keep a record of the name, address and date of birth of all children who attend the nursery for a period of 20 years.

**Visitors**

All visitors are greeted by a staff member and asked to show identification if necessary. Upon entering the building visitors are asked to sign in and the fire exits are pointed out. As detailed in our Visitors risk assessment no visitor is left unsupervised with children.

**11 - Non collection of a child**

The following procedure will be followed in the event that a child is not collected from nursery:

1. Inform the senior member of staff on duty that a child has not been collected. The register will

 be checked for changes to the normal collection routines.

2. There must be at least two staff members with the children at all times.

3. If after 15 minutes the parents/carers still have not collected or made contact the senior staff

 member on duty should phone the parents/carers.

4. If the parents cannot be contacted then the emergency contacts should be contacted.

5. Should the child be collected by an adult other than the parent/carer, a password system must

 be followed so that staff can identify the nominated adult.

6. If the child hasn’t been collected and no contact has been made 45 minutes after the child’s

 session has ended then the nursery manager should be informed

7. The nursery manager will then contact the duty assessment team relevant to where the child

 lives and liaise with the duty social worker.

8. The two members of staff will remain in the building until suitable arrangements have been

 made for the collection of the child.

 9. Ofsted will be informed of a significant incident regarding the late collection of a child.

10. A written report of the events must be documented and signed by all staff members

 on duty

**12 - Lost or Missing Child Policy**

All practitioners have the highest regard for the safety of the children in our care. The nursery team will always be extremely aware of the potential for children to go missing during sessions and will ensure that exits and entrances are kept secure at all times.

Even when all precautions are properly observed, emergencies can still arise. Therefore practitioners will undertake periodic head counts, especially at the transition points between sessions (in addition to the registration procedures set out in the Arrival and Departures policy). If for any reason a member of staff cannot account for a child's whereabouts during a session

at the setting, the following procedure will be followed:

● The Room leader and Manager and the rest of the nursery team must be informed that the child

 is missing. A thorough search of the entire premises will commence.

● The staff will be careful not to create an atmosphere of panic and to ensure that the other

 children remain safe and adequately supervised.

● The manager or person in charge will nominate as many staff as possible to search the area

 surrounding the premises.

● All staff will be extra vigilant to any potentially suspicious behaviour or persons in and around the

 nursery grounds.

● If after 10 minutes of thorough searching the child is still missing, the manager or person in

 charge will inform the police and then the child's parent/carer.

● While waiting for the police and the parent/carer to arrive, searches for the child will continue.

 During this period, other staff members will maintain as normal a routine as is possible for the

 rest of the children attending the setting.

● The manager or person in charge will be responsible for meeting the police and the missing

 child's parent/carer. The manager or person in charge will co-ordinate any actions instructed by

 the police, and do all they can to comfort and reassure the parents/carers.

● Once the incident is resolved, the manager or person in charge and the nursery team will review

 relevant policies and procedures and implement any necessary changes (paying particular note

 to the relevant provisions of the settings Risk Assessment policies).

● All incidents of children going missing from the setting will be recorded on a Incident Record

 Sheet, and in cases where either the police or social care have been informed, Ofsted will also

 be informed, as soon as is practicable.

**13 - Behaviour Management Policy**

At Cygnets Nursery our aim is to work in partnership with parents/carers to meet the individual needs of children in our care. We aim to manage children’s behaviour in a positive way, encouraging self-discipline, and consideration for each other, our surroundings and property.

We believe that positive behaviour is promoted through positive language, praise and encouragement, promoting a positive ethos throughout the nursery ensuring children’s well-being and learning is facilitated effectively. By praising children and acknowledging their positive attitudes and actions, we aim to show all children that we value and respect them as individuals.

Children are given opportunities on a daily basis to express their feelings through non aggressive strategies such as circle time. Children are also given the opportunity to discuss and understand that bullying, fighting, hurting and racist comments are not acceptable behaviour.

Careful consideration is made when arranging the layout of the children’s play area to ensure that the environment and equipment is accessible, child initiated and safe to use.

All children have access to a variety of equal resources to avoid arguments however, it is not always appropriate to expect a young child to share and it is important to acknowledge children’s feelings and help them understand how others are feeling and why it is important to share.

Children who demonstrate unacceptable behaviour, whether physically or verbally, will be given the opportunity to explain and justify their actions. Children will also be encouraged to apologise to the child who has been hurt if this is age appropriate. The child who has been hurt will be comforted by the adult and any first aid treatment will be administered if needed. In extreme cases where a child’s behaviour is totally unacceptable, a thinking time sanction may be given in order to calm the child down and reflect upon. One minute for every year of the individual child’s life is given for time out when necessary. This will be carried out using a sand timer.

The adult must acknowledge and explain to the child that it is their action or behaviour that is not acceptable not the child that is being rejected. Once the child has re-joined the activity/ play session, the adult must ensure that the child is treated equally and not targeted for the behaviour that has just happened.

**Behaviour Management Lead**

The named Behaviour Management Lead has overall responsibility for issues concerning behaviour.

The designated lead will:

• keep herself up-to-date with legislation and research and thinking on handling children's

 behaviour;

• access relevant sources of expertise on handling children's behaviour; and check that all staff

 have relevant in-service training on handling children's behaviour.

**All staff, students and volunteers will:-**

• provide a positive model of behaviour by treating children, parents and each other with

 friendliness, care and consideration

• use positive strategies for handling any conflict by helping children find solutions in ways

 which are appropriate for the children's ages and stages of development - for example

 distraction, praise and reward

• be made aware of the nursery's behaviour policy and its rules for behaviour

• keep to the rules, and apply them consistently so children know what’s expected of them and feel

 Safe

• work with parents to help children learn the rules

• work with parents to understand and respect differing codes of behaviour because of cultural

 diversity

• be aware that some kinds of behaviour may arise from a child’s special needs

• ensure that children who behave inappropriately know that it is the behaviour not them that is

 unwelcome

• praise and endorse desirable behaviour such as kindness and willingness to share

• avoid creating situations in which children receive adult attention only in return for undesirable

 behaviour.

Inappropriate behaviour is different for different ages of children and stages of development but may include, for example:

• refusing to share and take turns with other children

• aggressive behaviour of any kind such as hitting, kicking or pushing

• unkind words, name-calling and racist remarks

• deliberate defiance of a member of staff when children behave in inappropriate ways:

• their actions and the possible consequences will be discussed calmly with them by a member of

 staff and where appropriate the child will be encouraged to apologise to the person concerned.

**Observations**

If staff are finding behaviour persistently difficult to deal with, we may wish to use observation records to establish an understanding of the cause. In addition we would discuss the way forward with the parents to determine if there is an underlying cause such as problems at home or change in family circumstances. We would aim to find a common approach with parents/ guardians/carers.

We handle children's unacceptable behaviour in ways which are appropriate to their ages and stages of development - for example by distraction, discussion, redirecting the child or by withdrawing the child from the situation and sometimes even giving them a short period of “time out” from activities.

N.B. The following ways of dealing with inappropriate behaviour will NOT be used or threatened under any circumstances at the pre-school.

Physical punishment such as smacking or shaking Deprivation of needs Humiliation or ridicule.

Leaving a child alone in a room

Physical restraint of a child will only be used where in the judgement of the staff, there is real or potential danger of injuring themselves or others or of damaging property. Any significant event of this sort will be recorded in our Incident book. The parent/carer will be informed on the same day and will be asked to sign the Incident Book to indicate that they have been informed.

**BULLYING**

Bullying involves the persistent physical or verbal abuse of another child or children. We take bullying very seriously.

If a child bullies another child or children:

• we intervene to stop the child harming the other child or children;

• we explain to the child doing the bullying why her/his behaviour is inappropriate;

• we give reassurance to the child or children who have been bullied;

• we help the child who has carried out the bullying to say sorry for her/his actions;

• we make sure that children who bully receive praise when they display acceptable behaviour;

• we do not label children who bully;

• where necessary we will call in outside agencies to help:,

When children bully, we discuss what has happened with their parents and work out with them a plan for handling the child's behaviour; and when children have been bullied, we share what has happened with their parents, explaining that the child who did the bullying is being helped to adopt more acceptable ways of behaving.

**Biting Policy**

Children biting other children is one of the most common and most difficult behaviours in group

child care. It can occur without warning, is difficult to defend against, and provokes strong

emotional responses in the biter, the victim, the parents, and the staff involved.

For many toddlers, the biting stage is just a passing problem. Toddlers try it out as a way to get

what they want from another toddler. They are in the process of learning what is socially

acceptable and what is not. They discover that biting is a way to cause the other child to drop

what they are holding so the biter can pick it up. However, they experience the disapproval of

the adults nearby and eventually learn other ways of gaining possession of objects or expressing

difficult feelings.

For other children, biting is a persistent and chronic problem. They may bite for a variety of

reasons: teething, frustration, boredom, inadequate language skills, stress or change in the

environment, feeling threatened, or to feel a sense of power.

No matter what the cause, biting in a group situation causes strong feelings in all involved. It

does help, however, to be aware of the potential problem before it happens, and to form a plan

of action if it does occur. The staff at the nursery, have developed the following plan of action to

be used if and when biting occurs in the nursery.

**For the child who bites:**

1. The biter is immediately removed with no emotion, using words such as “biting is not

 okay - it hurts.” Avoid any immediate response that reinforces the biting or calls attention to the

 biter. The caring attention is focused on the victim.

2. The biter is not allowed to return to the play and is talked to on a level that the child can

 understand. “I can see that you want that truck, but I can’t let you hurt him. We don’t put

 our teeth on people.”

3. Redirect the child to other play.

4. Write an accident report and notify the parents of the biter.

**For the victim:**

1. Separate the victim from the biter.

2. Comfort the child.

3. Administer first aid.

4. Write an accident report and notify parents of the victim (in writing).

**If biting continues:**

1. Room staff meet on a routine basis for advise, support and strategy planning.

2. Chart every occurrence, including attempted bites, and indicate location, time, participants,

 behaviours, staff present, and circumstances.

3. Let all parents know the procedures that will be followed to deal with it.

4. “Shadow” children who indicate a tendency to bite:

 • Head off biting situations before they occur.

 • Teach non-biting responses to situations and reinforce appropriate behaviour.

5. “Shadow” children who have a tendency to be bitten:

 • Head off biting situations.

 • Teach responses to potential biting situations: “No” or “”Don’t hurt me!”

6. Work together as partners with the parents of both biting children and frequent victims to keep

 all informed and develop a joint plan for change.

7. Meet with the parents of the biting child to develop a written plan of action, or to let them know

 how we are handling it - keep them informed.

8. We will always try to resolve any biting issues, we acknowledge that it is not nice if your

 child has been bitten, but it is also incredibly distressing if your child is the biter. We ask

 for the cooperation of all parents.

**14 - Guidance for Care and Physical Contact**

Cygnets Nursery cares for children from the age of 2 years to 5 years old. During their time at nursery there will inevitably be occasions when the staff will need to have close physical contact with the children in their care. Indeed, we feel close physical contact is vital for young children in order to help them develop into well- balanced, secure, happy little individuals, ready to meet the new challenges of school and beyond. However, we are very aware of the need for clear boundaries for physical contact in order to protect everyone involved.

Instances that would involve physical contact include the following:

|  |  |  |
| --- | --- | --- |
| Reason for contact | Acceptable contact | Unacceptable contact |
| Consoling and reassuring a child who was upset, possibly due to an accident or disagreement, or maybe a child struggling to separatefrom a parent or carer | Cuddling child, sitting child on your knee. Occasionally, when separating a child from a parent /carer it is necessary to physically remove/transfer the child to a member of staff, with adult’s consent. | Kissing better |
| Reason for contact | Acceptable contact | Unacceptable contact |
| Toileting children who stillrequire adult support | Lifting, supporting childrenon the toilet, helping them topoint their ‘willy’\* down intotoilet.Wiping bottoms followingbowel movement. Olderchildren will be encouragedto do this for themselves.Toilet door will always be leftopen but modesty will bepreserved. Adults will alwaystalk to children about what ishappening and why. | NEVER touching child’sprivate parts, rather the adult may direct the child’s hand to help themselves. |
| Changing the clothing of a child who may have soiled themselves | Quickly undressing &redressing child – mayinvolve removing underwearand replacing with cleanclothes. Cleaning soiled bodyparts with wet-wipes.Colleagues will always bemade aware that child andstaff-member have left theroom to deal with soiling. | Intimate or sustained contact with body. |
| Restraining a child for their own protection or the protection of others (behaviour management) | Holding a child across theirbodies from behind, usinggentle to firm pressure asnecessary, until the child hascalmed down sufficiently.There will always be morethan one adult present. | Unacceptable force, egcausing reddening of the skin |
| Helping with dressing upclothes, adjusting clothing(eg tucking shirts, vests etc into skirts/ trousers) | General contact with body | Intimate or sustained contactwith body. |
| Holding hands, such as for reassurance, in circle games & role-play or for safety reasons | Gently holding hands | Unacceptable force |
| Reason for contact | Acceptable contact | Unacceptable contact |
| Rough & Tumble Play,Physical play | Piggy backs, tickling, catchingchild as part of an agreedgame, holding child aroundupper body, eg assistingthem on bikes, stilts, helpingthem to jump, bounce, hopetc. Although such gamesand activities may beinitiated by the child, therewill be occasions when it maybe adult-led. It is vital anycontact must be on thechild’s terms and with theirwilling participation. Theadult must always besensitive to the child’sfeelings and body languageas they may not alwayscommunicate verbally. | Unreasonable force, intimatecontact |

**15 - Nappy Changing Policy and Procedure – Including the Handling of Soiled/Wet Clothing**

Cygnets Nursery staff are happy to change children’s nappies and does not ask parents / carers for their child to be toilet trained when they start nursery.

Children are encouraged to ask a member of staff if they need to use the toilet. This arrangement enables toileting to be more closely monitored by staff who are then on hand to supervise hand washing afterwards and give help should it be required.

Nappy changing and cleaning/changing a child who has soiled/wet their clothing takes place in accordance with the individual child’s needs.

All staff members have current Disclosure and Barring Service checks (DBS). Any new member of staff whom is awaiting their criminal records check will not be permitted to change a child’s nappy/clothing or be left alone with children at any time. Also volunteers or visitors to the nursery will not be permitted to change a child’s nappy/soiled/wet clothing. However, students who attend the setting may need to change a nappy as part of their course curriculum, if this is the case, parents/carers will be ask to sign a permission form allowing a student to change their child’s nappy under the supervision of a member of staff with a DBS check. To ensure the safety of children in the setting the management team understands that it is their responsibility to verify with

the students college tutor that changing a nappy is a part of their course curriculum. A ‘Parent Helper’ joining their child’s normal session is able to change their own child’s nappy/clothing in the toilet. It is the responsibility of staff to ensure the parent helper is informed at the beginning of the session that they are not permitted to change other children’s nappies/clothing and should not be left alone with the children; this is in order to safeguard the children and the parent/carer.

Before taking a child to change their nappy/ soiled/wet clothing, the staff member responsible will inform another member of staff. This is to ensure other staff members do not worry if they have seen that a child is missing from the group and also it is to ensure that staff members are aware of where other members of staff are.

A changing/wiping sheet is signed and dated by members of staff every time a child’s nappy is changed or if a child clothing is soiled/wet. Children’s nappies will be changed in the toilet area. Staff members will ensure that the area is clean before changing a child’s nappy/soiled clothing/wet clothing. Children wanting to use the toilets are asked to wait until the changing procedure is completed to ensure privacy to the child being changed.

During the induction process parents/carers are clearly informed that nappies are not disposed of on the premises, instead nappies are placed in a nappy sack and put in the children’s bags to dispose of at home. Parents/carers supply nappies, wipes and cream for their child in a clearly named bag.

**Procedure for Changing a Nappy**

When changing a child’s nappy, staff members ensure that health, hygiene and safety for the child and themselves is maintained. The member of staff changing a nappy will follow the procedure stated below:

* Staff member will put on a disposable apron and pair of gloves,
* Use the child’s supplied nappies, wipes and cream. (Staff members need to inform parents / carers of extra nappies and wipes),
* Depending on child’s age, encourage the child to take off their own clothing and lay on the mat,
* Take off the used nappy and place it in the nappy sack (double bag),
* Clean child’s bottom with wipes, ensuring they are clean. Place used wipes in the nappy sack,
* Once a child’s nappy has been changed use an anti-bacterial wipe to clean the changing mat.
* Dispose of used aprons, gloves and paper towels in the bin.
* Children’s nappy to be put in the child’s bag.
* Staff members will wash their hands.
* Staff members support children to wash their hands.
* Wipe down the changing mat with antibacterial wipes and place wipe in the bin,
* Complete the changing sheet.

Changing Soiled/Wet Clothing

When changing a child’s soiled/wet clothing, staff members ensure that health, hygiene and safety for the child and themselves is maintained. The member of staff will follow the procedure stated below:

* Collect the child’s clean clothing from their bag or get spare clothes from the cupboard,
* Put on a disposable apron and pair of gloves,
* Support the child when removing soiled/wet clothing and place it in a nappy sack or carrier bag,
* If possible flush away stools caught inside a child’s underwear,
* Clean child’s bottom with wipes, ensuring they are clean. Place used wipes in a separate nappy sack and place in the bin,
* Dispose of used aprons and gloves in the bin,
* Depending upon child’s age and ability help them to get dressed into clean clothing,
* Staff members will wash their hands,
* Staff members support children to wash their hands,
* Child’s soiled/wet clothing to be put in the child’s bag,
* Complete the changing sheet,
* Inform parent/carer that child has been changed.

 **16 - Food and Drink and Healthy Eating Policy**

At snack times, we aim to provide nutritious snack’s, which meets the children's individual

dietary needs. We aim to meet the full requirements of Ofsted's Care Standards on Food and

Drink (Standard 8).

**Method**

• Before a child starts to attend Cygnets Nursery, we find out from parents their children's

 dietary needs, including any allergies and religious dietary restrictions. We take account

 of this information in the provision of food and drinks.

• Parents record information about each child's dietary needs in her/his registration form

 and parents sign the record 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 up-dated record to signify

 that it is correct.

• We display current information about individual children's dietary needs so that all staff

 and volunteers are fully informed about them.

• We implement systems to ensure that children receive only food and drink that is

 consistent with their dietary needs and their parents' wishes.

• We display the menus of snacks for the information of parents.

• We provide nutritious food at snack time, avoiding large quantities of fat, sugar and salt

 and artificial additives, preservatives and colourings and including protein and essential

 minerals and vitamins.

• We require staff to show sensitivity in providing for children's diets and allergies. Staff do

 not use a child's diet or allergy as a label for the child or make a child feel singled out

 because of her/his diet or allergy.

• We organise snack times so that they are social occasions in which children and staff

 participate.

• We use snack times to help children to develop independence through making choices,

 serving food and drink and feeding themselves.

• We have fresh drinking water and milk 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

 session.

• If parents would like to bring in sweets for their child’s birthday, these will be given to the

 children to take home rather than eaten in the nursery.

• For children who drink milk, we provide whole, pasteurised milk.

 All staff member have undertaking training in Food handling.

**Healthy Eating**

Our aim is to work in partnership with families and other professionals to support children in

developing healthy eating practices which will become embedded for life.

We hope to:

Provide children with positive healthy eating experiences in order to promote their well-being.

Respect the different dietary, cultural, religious and health needs of all our children.

Encourage children to develop positive attitudes towards food through all learning opportunities provided in the nursery.

Promote an understanding of a balanced diet in which some foods play a greater role in than

others.

Develop children’s understanding of the importance of the social context in which eating takes

place.

Raise awareness with children, parents and carers in developing a positive approach to food,

nutrition and oral education.

**Food Poisoning**

Ofsted require notification of any outbreak of food poisoning affecting 2 or more children

looked after on the premises, and the outbreak of any of the listed notifiable diseases including

meningitis.

**17 - Health and Safety Policy**

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

**Method**

The member of staff responsible for Health and Safety is competent to carry out these responsibilities. She will undertake Health and Safety Training and regularly update her knowledge and understanding.

**Risk assessment:**

Our risk assessment process includes:

• checking for hazards and risks indoors and outside, and in our activities and procedures. Our assessment covers adults and children;

• deciding which areas need attention; and developing an action plan which specifies the action required, the time scales for action, the person responsible for the action and any funding required.

We maintain lists of health and safety issues which are checked daily before the session begins; and termly - when a full risk assessment is carried out.

**Insurance Cover:**

We have public liability insurance and employers' liability insurance. The certificate is displayed in our policies and procedures file.

**Awareness raising**:

Our induction training for staff and volunteers includes a clear explanation of health and safety issues so that all adults are able to adhere to our policy and understand their shared responsibility for health and safety. The induction training covers matters of employee well-being, including safe lifting and the storage of potentially dangerous substances.

Records are kept of these induction training sessions and new staff and volunteers are asked to sign the records to confirm that they have taken part.

Health and safety issues are explained to the parents of new children so that they understand the part they play in the daily life of the pre-school.

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

There is a no smoking policy throughout the building and the grounds.

Children are made aware of health and safety issues through discussions, planned activities and routines.

**Children’s safety**

Only persons who have been checked for criminal records by an enhanced disclosure from the Criminal Records Bureau and are registered with Ofsted as child carers have unsupervised access to the children, including helping them with toileting.

All children are supervised by adults at all times.

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

**Security**

A member of staff stands at the door when children are being dropped off and collected by their parents or carers to make sure that no child leaves unsupervised. This ensures the safe arrival and departure of children.

A register is completed at the start of each session and kept in a place known to all members of staff. Children are also registered out of the room when they leave by the member of staff at the door and responsibility for the child transfers to the parent or carer once the child has left the room with them. The times of the children's arrivals and departures are recorded in the register.

Visitors are asked to sign in and out in the visitor’s book.

The door and outside gate are kept locked during sessions to prevent unauthorised access to the premises and to prevent children from leaving our premises unnoticed.

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

**Windows and doors**

The doors are made from materials that prevent accidental breakage and conform to appropriate safety standards.

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

All floors are checked daily to ensure they are clean and not uneven or damaged.

**Kitchen**

Children do not have unsupervised access to the kitchen.

All surfaces are clean and non-porous.

There are separate facilities for hand-washing and for washing up.

Cleaning materials and other dangerous materials are stored out of children's reach.

When children take part in cooking activities, they:

are supervised at all times;

are kept away from hot surfaces and hot water; and

do not have unsupervised access to electrical equipment.

**Electrical equipment**

All electrical/gas equipment conforms to safety requirements and is checked regularly.

Electric sockets, wires and leads are properly guarded and the children are taught not to touch them.

There are sufficient sockets to prevent overloading.

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

**Storage**

All resources and materials which children select are stored safely.

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

**Outdoor area**

The outdoor area is securely fenced and the gate is padlocked when the children are using the garden. Our outdoor area is checked for safety and cleared of rubbish before it is used.

All outdoor activities are supervised at all times.

Adults and children are alerted to the dangers of poisonous plants.

**Sun protection**

It is parent’s responsibility to ensure that their child is adequately protected from the sun by applying factor 15+ sunscreen before nursery. We will apply sunscreen whilst they are in our care, if they attend all day. Parents will need to complete the ‘Sun Cream’ form to give us permission to do this.

Children should bring in a sun hat when needed, and we will encourage children to go indoors if they seem to be adversely affected by the heat.

We site activities in the shade wherever possible.

We plan activities and stories to teach the children about sun safety and encourage parents to do the same.

**Hygiene**

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

Our daily routines encourage the children to learn about personal hygiene. All children wash their hands before snack time and cooking activities and are encouraged to do so independently after going to the toilet. Paper towels are provided.

Children are reminded to wipe their noses when necessary and to cover their mouths when they cough.

The premises are cleaned daily including the hall, kitchen, toilets and nappy changing area.

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

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

We implement good hygiene practices by:

-Disinfecting tables and table clothes before and after snack time:

-Any spillages will be wiped up immediately:

-Toilets are checked regularly;

-Wearing protective clothing such as disposable gloves and aprons as appropriate;

-Providing tissues and wipes

**Activities**

Before purchase or loan, equipment and resources are checked to ensure that they are safe for the ages and stages of the children currently attending the pre-school.

The layout of play equipment allows adults and children to move safely and freely between activities.

All equipment is regularly checked for cleanliness and safety and any dangerous items are repaired or discarded.

All materials including paint and glue are non-toxic.

Sand is clean and suitable for children's play.

Physical play is constantly supervised.

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

**Food and drink**

Staff who prepare and handle food receive appropriate training and understand and comply with food safety and hygiene regulations.

All food and drink is stored appropriately.

Adults do not carry hot drinks through the play area(s) and do not place hot drinks within reach of children. All hot drinks are drunk in the kitchen area sealed thermos cups are used to prevent spillage.

Snack time is appropriately supervised and children do not walk about with food and drinks. All food and drink is stored appropriately.

Fresh drinking water is available to the children at all times.

We operate systems to ensure that children do not have access to food/drinks to which they are allergic.

**Fire safety**

Fire doors are clearly marked, never obstructed and easily opened from inside.

Smoke detectors/alarms and fire fighting appliances conform to BSEN standards, are fitted in appropriate high risk areas of the building and are checked as specified by the manufacturer, by Guides.

Our emergency evacuation procedures are approved by the Fire Safety Officer and are:

1 - clearly displayed in the premises;

2 - explained to new members of staff, volunteers and parents; and

3 - practised regularly once every half term.

Records are kept of fire drills and the Guides have records of the servicing of fire safety equipment.

In case of a fire, the only priority is to ensure that all the children are safety evacuated from the building. Staff will not attempt to put out a fire.

**First aid and medication**

All member of staff hold a current first aid training certificate (Paediatric First Aid Training) is on the premises or on an outing at any one time.

Our first aid kits Complies with the Health and Safety (First Aid) Regulations 1981;

Is regularly checked by a designated member of staff and re-stocked as necessary, is easily accessible to adults; and is kept out of the reach of children. I first aid box is kept in the shed outside and one inside the hall.

At the time of admission to the pre-school, parents' written permission for emergency medical advice or treatment is sought. Parental permission is also sought for a member of staff to accompany their child to hospital if the parent is not available in an emergency. Parents sign and date their written approval.

**Accident/Incident file**

Are kept safely and accessibly on the shelf, and all staff and volunteers know where they are. In the event of an accident the parent/carer (or authorised adult collecting the child) will be made aware of the report and asked to sign to say that they have seen the report. The reports are reviewed at least termly to identify any potential or actual hazards.

Ofsted and the local child protection team are notified of any serious injury/accident requiring treatment by a General Practitioner or hospital, or the death of a child or adult whilst in our care.

Any serious injury requiring General Practitioner or hospital treatment to a child, parent, volunteer or visitor is reported to the local office of the Health and Safety Executive.

We meet our legal requirements for the safety of our employees by complying with RIDDOR (the Reporting of Injury, Disease and Dangerous Occurrences Regulations)(www.hse.gov.uk/riddor/).

We report to the local office of the Health and Safety Executive:

Any serious accident to a member of staff requiring treatment by a General Practitioner or hospital; and any dangerous occurrences (i.e. an event which does not cause an accident but could have done).

**Administering medicines**

Children's prescribed drugs are stored in their original containers, are clearly labelled and are inaccessible to the children. Parents give prior written permission for the administration of medication. The administration is recorded accurately, the required dosage is witnessed by another member of staff, and parents are shown the record book to acknowledge the administration of the medicine.

With regard to the administration of life saving medication such as insulin/adrenalin injections or the use of nebulisers, the position will be clarified by reference to the pre-school’s insurance company. If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

**Sickness**

Parents are asked to provide us with up-to date contact numbers for emergencies such as sickness.

If a child seems unwell, becomes ill or has a serious accident whilst at nursery then we will contact parents immediately to discuss arrangements for the child to be taken home or to the doctors/hospital.

If a child (or adult) at the setting develops an infectious disease (such as chicken pox) whilst at home they should stay at home until they are no longer infectious and let us know so we can inform other parents (in confidentiality) that their children may have been exposed to the illness.

If a child or adult at the setting has had vomiting/diarrhoea or a temperature they need to stay away from nursery until 48 hours after the symptoms have ceased.

We will notify Ofsted of any infectious diseases, which a qualified medical person considers notifiable and act upon this. Ofsted now require notification of any food poisoning affecting 2 or more children looked after on the premises and the outbreak of any of the listed notifiable diseases including meningitis.

\*Please be advised calpol will only be administered to a child for the purpose of relieving pain for example teething, if your child is requiring calpol/ibuprofen to step any signs of illness they are deemed to be unwell and should be at home.

**Peroid of exclusion for illnesses**

Sickness, diarrhoea, High Temperature: 48 hours Exclusion from end of symptoms. This is applicable with or without specified diagnosis, Please do not request your child return to the setting earlier. If your child develops a temperature in your care please advise us promptly (on the day) so we can advise any other parents whose children may have had recent contact with. Please be aware that although calpol reduces a child’s temperature it can also mask the symptoms of illness, children can return to the setting when they have not had a temperature for 48 hours (without the aid of calpol/childrens paracetamol/ibuprofen).

‘Flu’(Influenza) and Colds: No exclusion Providing the child is well enough to be left without feeling unsettled and can participate in the normal day. We also do have to take into account the risk of spreading infection, therefore if a cold is heavy we request parents keep their child at home until the worst of the symptoms have passed.

Tuberculosis: None providing the child is well and comfortable enough to be left.

Whooping Cough: 5 days exclusion from commencement. Treatment is recommended

Head Lice: Children can return to the setting 24 hours after treatment, If there are active lice you will have to collect your child to repeat treatment/keep your child at home until the active lice have been removed as headlice can be transmitted.

Chickenpox: 7 day exclusion from onset of rash and when all spots have fully scabbed. It is not necessary to wait until spots have healed.

Cold Sores: None

German Measles: 5 days exclusion from onset of rash.

Hand, Foot & Mouth Disease: 10 day exclusion as disease spreads rapidly especially with younger children.

Impetigo: Until sores are crusted or healed.

Ringworm: None but Proper treatment by the GP is important.

Scabies: Child can return to the setting as soon as properly treated. (This should include all the persons in the household as outbreaks can occur.)

Scarlet Fever: 5 day exclusion from antibiotics commencing

Warts & Verrucae: None (verrucae should be covered).

Conjunctivitis: Exclusion until all discharge has ceased from the eye and the child is well enough to attend.

Glandular Fever: None. Providing the child is well enough.

Hepatitis A: Older children are more infectious prior to the illness. Exclusion is justified for 5 days from onset of jaundice or stools becoming pale for the under 5s.

Mumps: Exclusion 5 days from onset

Threadworms: Children can return 24 hours after medication taken and all guidelines followed.

Tonsillitis: None providing the child is well enough to attend.

Unfortunately we cannot refund parents for children’s absence due to illness.

**Safety of adults**

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

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

All warning signs are clear and in appropriate languages.

Adults do not remain in the building on their own or leave on their own after dark.

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

**Records**

We keep records of:

Adults authorised to collect children from nursery; parents may provide authorisation by listing names on the registration form or writing a letter on the day to make special arrangements.

The names, addresses and telephone numbers of emergency contacts in case of children's illness or accident.

The allergies along with a procedures to follow in the event of any reaction occurring, dietary requirements and illnesses of individual children.

The times of attendance of children, staff, volunteers and visitors.

Accidents; and Incidents.

In addition, the following policies and documentation in relation to health and safety are in place.

**Safety:**

Risk assessment.

Record of visitors.

Fire safety procedures

Fire safety records and certificates.

Operational procedures for outings.

**Health:**

Administration of medication.

Prior parental consent to administer medicine.

Record of the administration of medicines.

Prior parental consent for emergency treatment.

Accident record

Sick children.

No smoking.

**Hazardous substances**

All cleaning products are kept out of reach of the children, either on high shelving in the toilet area, or in a cupboard under the sink.

We have Safety Date Sheets on paints and cleaning products in our Risk Assessment File in the Cupboard.

**18 - Confidentiality Policy**

‘Providers must ensure that all staff understand the need to protect the privacy of the children in their care as well as the legal requirements that exist to ensure that information relating to the child is handled in a way that ensure confidentiality’ (EYFS 2014 Para 3.70).

We aim to ensure that all parents and carers can share their information in the confidence that it

will only be used to enhance the welfare of their children.

**Method**

To ensure that all those using and working in the nursery can do so with confidence, we respect

confidentiality in the following ways:

• Parents have ready access to the files and records of their own children but do not have access

 to information about any other child.

• Staff will not discuss personal information given by parents with other members of staff,

 except where it affects planning for the child's needs. Staff induction includes an awareness of

 the importance of confidentiality in the role of the key person.

• Any concerns/evidence relating to a child's development and personal safety are kept in

 secure, confidential files and are shared with as few people as possible on a "need-to-know"

 basis.

• Personal information about children, families and staff is kept in a lockable cupboard whilst

 remaining as accessible as possible.

• Issues to do with the employment of staff, whether paid or unpaid, remain confidential to the

 people directly involved with making personnel decisions.

•**Social Networking:**

We do not use social networking sites in relation to any aspects of our work and do not use this as a form of contact with parents. Parents are also not permitted to share any information regarding the setting on such websites.

All the undertakings above are subject to the paramount commitment of the nursery, which is to

the safety and well-being of the child. Please see also our policy on safeguarding children.

**Storage of Confidential information:**

We keep records of:-

• Adults authorised to collect children

• The names, addresses and telephone numbers of emergency contacts in case of children's

 illness or accident.

• The allergies, dietary requirements and illnesses of individual children.

• Accidents; and incidents.

Confidential information will be stored taking into account the Data protection Act 1998. Children’s

information will only be accessible to their own parents and will be stored securely accordingly. Any information stored in a digital form will be password protected.

**Data Protection Policy**

This policy represents the agreed principles for Data Protection Policy throughout the Nursery. All Nursery staff, representing Cygnets Nursery has agreed this policy.

The nursery needs to collect and use certain types of information about staff, children and other individuals who come into contact with the nursery in order to operate. In addition, it may be required by law to collect and use certain types of information to comply with statutory obligations of Local Education Authorities (LEAs), government agencies and other bodies. This personal information must be dealt with properly however it is collected, recorded and used – whether on paper, in a computer or recorded on other material – and there are safeguards to ensure this is in the Data Protection 1998.

We regard the lawful and correct treatment of personal information as very important to successful operations, and to maintaining confidence between those with whom we deal and ourselves. We ensure that our organisation treats personal information lawfully and correctly.

To this end we fully endorse and adhere to the Principles of Data Protection, as detailed in the Data Protection Act 1998.

**Data Gathering**:

* All personal data relating to staff, children (parents of) or other people with whom we have contact, whether held on computer or in paper files, are covered by the Act.
* Only relevant personal data may be collected and the person from whom it is collected should be informed of the data’s intended use and any possible disclosures of the information that may be made.

**Data Storage:**

* Personal data will be stored in a secure and safe manner.
* Electronic data will be protected by standard password and firewall systems operated by the nursery.
* Particular attention will be paid to the need for security of sensitive personal data.

**Data Checking:**

* Staff and parents will be reminded to inform the nursery if personal data changes

**Data Disclosures:**

* Personal data will only be disclosed to organisations or individuals for whom consent has been given to receive the data, or organisations that have a legal right to receive the data without consent being given.
* When requests to disclose personal data are received by telephone it is the responsibility of the nursery to ensure the caller is entitled to receive the data and that they are who they say they are.
* If a personal request is made for personal data to be disclosed it is again the responsibility of the nursery to ensure the caller is entitled to receive the data and that they are who they say they are. If the person is not known personally, proof of identity should be requested.
* Personal data will not be used in newsletters, websites or other media without the consent of the data subject.

**19 - Digital Technology**

At Cygnets Nursery we recognise that the child’s welfare must be paramount at all times.

Therefore this policy has been written to ensure that all staff and children are protected at all times.

**Social Networking Sites**

Everyone at Cygnets Nursery has the responsibility to ensure that they protect the reputation of the nursery, and to treat colleagues and members of the nursery with professionalism and respect.

It is important to protect everyone from allegations and misinterpretations which can arise from the use of social networking sites.

Safeguarding children is a key responsibility of all members of staff and it is essential that

everyone considers this and acts responsibly if they are using social networking sites out of nursery.

Although it is recognised that members of staff will socialise and keep in contact via

Facebook, it is not acceptable that they comment on families, children or the nursery. If

this is brought to the owners attention, a disciplinary will be put into action, starting with a

verbal warning. If any comments are deemed derogatory or offensive, it will result in

instant dismissal. Before participating in any social networking, understand that anything posted online is available for the whole world to see.

It is important when using social networking sites such as Facebook or Twitter that staff maintain confidentiality and ensure proper practice at all times. This is to protect the children, parents & families of the setting along with the staff. It is also to guard the nursery reputation and the staff’s own personal reputation.

Staff guidelines when using social media sites include but are not limited to

Staff must not mention any of the children from the nursery on their online profiles

* Staff must not write direct or indirect suggestive comments about work on their online profiles
* Staff must not publish photos of the children on their online profiles
* Staff must not publish photos of other staff while in the nursery on their online profiles
* Staff must not write anything about other staff members on their online profiles
* Staff must not use mobile phones to take photos in the nursery or to access social networking sites during their working hours
* In order to maintain professional boundaries staff should not accept personal invitations to be friends from parents of the nursery unless they know them in a personal capacity
* Staff members are advised to set their online profiles to private so that only friends are able to see their information.
* Personal profiles should not contain any images or videos which may be perceived as inappropriate behaviour for a childcare professional
* Staff will not have the nursery name anywhere in their personal profile.
* Any breaches of the Facebook & social networking policy could result in disciplinary action.

**Parents**

Parents are asked not to put any pictures/videos of their child in the nursery environment on any social networking sights unless they are only of their individual child. This protects the identity of the other children in the setting. The name of the setting should not be identified or identifiable from the image(s) or placed alongside such images or footage.

**Mobile phones**

Staff members are provided with a cupboard to place their personal belongings. All mobile

phone’s should be placed in the basket on the shelf in the kitchen area unless the staff member is on a break and takes the phone out and away from the children to use it. The only exception to this is if there is an emergency and it has been cleared with the manager. No member of staff is permitted to take photos of children on their phones or on the nursery phone in the setting.

**Cameras**

At Cygnets we believe in recording and celebrating children’s achievements. We do this in a number of ways, including taking photographs of the children. These are used in the children’s learning journals and in displays around the nursery. We never use the photographs outside the nursery or for promotional material unless we have prior written consent.

We have digital cameras for the staff to use in the nursery; photos are then transferred onto the nursery computer. Photographs of children are only taken on the nursery cameras with the parent’s written permission which is gained on admission to the nursery. Separate written permission will be gained for any other reasons. All photographs are printed on site using the nursery computer and printer, photographs are never printed through an outside company. The camera is stored in a locked cupboard overnight.

**Storage**

All photographs are stored on the computer in files which must be named and dated. At the end of each year all photographs are securely deleted. Any photographs displayed are on the photo boards in the nursery and when photographs are finished with they are either offered to the parents, or shredded on site.

**20 - Emergency Closure Policy**

The nursery’s aim is to give parents planned notice of closure but there may be circumstances that arise that will result in emergency closure. These closures will occur when if the setting stayed open it would result in a breach of the Early Years

Foundation Stage Safeguarding and Welfare requirements, Ofsted registration and Government advise. In the event of a breakdown of essential services, severe weather conditions or where the

nursery has to close or partially close due to an illness epidemic this policy sets out the

procedures to be adhered to.

We must meet the following criteria in order to operate:

* The Early Years Foundation Stage Welfare and Safeguarding requirements.
* The appropriate child: staff ratios
* The appropriate numbers of qualified staff
* The conditions of our insurance policy.
* The physical environment subject to the settings risk assessment.
* Our ability to safeguard the children in our care in the event of a critical incident.

The type of circumstances that would result in the closure of the setting would involve

circumstances that are out of our level of control such as:

 Failure in supply of services, water, lighting and heating.

 Extreme weather conditions such as flooding, snow or severe storms

 Inability to meet staff: child ratios due to staff illness or staff unable to get into the setting due to

 adverse weather conditions.

Accidental damage or vandalism to the setting resulting in it being unfit for use.

If the nursery remains open but has to run on a limited number of staff it will result in a “first

come first served basis”, this is to ensure we comply with the requirements of the EYFS and we meet the correct adult: child (qualification) ratios.

Closure decision and communication:

On discovering that a planned session cannot operate the following procedures will be

implemented:-

* The manger or deputy will arrange for parents to be contacted immediately to inform them of the situation resulting in the unplanned closure of the setting. Parents will be notified by a phone call or email.
* If the nursery has to close mid session parents will be notified and staff will wait with the children until their parent or authorised adult collects them.
* The manager may inform Ofsted and if necessary the insurance company.

Breakdown of essential services

The manager/owners will make the decision to close

All parents/carers will be contacted by telephone/text and asked to collect their children

If the closure is for more than one day updates will be made via text and the nursery answer

Machine.

**Severe weather conditions**

The manager/owner will make the decision to close due to staff ratios and safety in getting to

the nursery.

The decision will be announced via text and on the nursery answer machine.

All parents who are due in that session will be contacted by telephone where possible to inform

them of the sudden closure.

If the nursery has to close early ALL parents/carers will be contacted by telephone and asked to

collect their children. If the nursery remains open but has to run on a limited number of staff it will result in a “first come first served basis”, this is to ensure we comply with the requirements of the EYFS and we meet the correct adult: child (qualification) ratios

If the closure is for more than one day updates will be made via text and the nursery answer

machine.

**Emergency Closure**

The manager or proprietor will make the decision to close.

The decision will be announced via text and phone calls.

All parents who are due in that session will be contacted by telephone where possible to inform

them of the sudden closure.

If the nursery has to close early All parents/carers will be contacted by telephone and asked to

collect their children If the closure is for more than one day updates will be made via text and phone calls.

**illness Epidemic**

On discovering that an illness has reached epidemic levels the nursery manager will contact the

local Health Protection Agency and their advice will be followed.

All hygiene procedures will be enforced rigorously to ensure the virus is contained.

All activities that involve substances that can harbour infection may be suspended and all

activities which require unit groups to mix may be suspended. A notice will be placed on the

notice board for parents with the advice from the health protection agency on and clearly

stating the recommended exclusion period. The health protection agency may decide to close

the nursery for a short period of time, if this decision is made the nursery manager will inform

parents by telephone and ask them to collect their children

If the closure is for more than one day updates will be made via texts and phone calls.

**Points to remember**

• Parents are advised to check the nursery is open before commencing their journey if the

 weather is bad, or severe weather warnings are in place

• All advice from outside agencies should be followed at all times

• No refunds are given as detailed in the nursery’s terms and conditions

• All closures should be recorded on an incident form and stored in the incident file

• At all times the nursery manager/owner is responsible for making decisions

USEFUL RESOURCES

Health Protection Agency www.hpa.org.uk 01372 201700

www.businesslink.gov.uk for advice on management of disasters

**21 - Concerns and Complaints Policy**

**Parents:**

What if you have a concern?

Parents should first discuss their concerns with their child’s key person. Most concerns can be resolved at this stage. If you feel that your concern is not resolved through discussion, you should make a formal complaint to the nursery manager in writing or by email. You should provide full details of the nature of the complaint and any discussions that have taken place between yourself and your key person.

What you should do if you are not satisfied? Occasionally you may not be satisfied with the response after following the complaints procedure, or your complaint may relate to an issue that you feel unable to discuss with myself. At this point you can contact Surrey Early years and discuss your concerns with them. If you are not happy with the outcome you can then refer your complaint and any relevant responses to Ofsted.

**How do you make a complaint to Ofsted?**

You can make a complaint in writing, by telephone, fax or in person to any Ofsted staff. You can contact the Early Years Complaints Line on 0300 1231231. If you are making a complaint to Ofsted because you are not satisfied with the investigation completed by the nursery, it is helpful to put your complaint in writing (The National business unit, Ofsted, Piccadily Gate, Store Street, Manchester M1 2WD). It would assist Ofsted in their investigation if you could enclose a copy of your original complaint to the provider, along with an account of the findings and any action taken, or proposed, by the nursery and the reasons why you are not satisfied. If you have not made a formal complaint to the nursery manager before contacting Ofsted, they will ask you to do so unless you have a good reason not to. Sometimes a complaint about a completely separate issue can trigger child protection concerns. Where this is the case Ofsted is obliged to pass on full details to the police and children’s social care so that they can carry out the necessary investigation.

**Key Persons responsibilities:**

Staff are expected to follow the settings complaints policy at all times. If a parent brings a concern to your attention or makes a complaint you should listen and address any concerns with sensitivity. If any staff member is unsure of any details or is concerned about the nature of the complaint they should inform the parent they will bring the issue to the manager attention and then provide them with an appropriate response. Staff should not provide information on any issues if they are unsure of how to deal with the complaint. If any staff member is concerned that a parent is acting inappropriately or feels comprised during any discussion they should immediately reassure the parent they will speak to a senior manager who will deal with their concern and cease the discussion. Staff should remain professional and calm at all times. Staff members represent Cygnets Nursery Ltd at all times.

**Cygnets Management responsibilities:**

What will I (the childcare provider) do? If a parent makes a formal complaint, in writing or by email, the law requires Cygnets Nursery to investigate fully. Parents will be provided with an account of the findings of any investigation within 28 days of receiving the complaint. We will tell parents about any action that management have taken or intend to take as a result of the findings. Parents can request confirmation by writing or email. Cygnets Nursery is required to keep a record of all complaints and share appropriate information from that record with parents on request.

Due to confidentiality and data protection we cannot provide details of any disciplinary action taken against members of staff. We cannot provide you with details of individual staff members involved in any incidents/issues that have led to a complaint being made. Parents will not be provided with specific details of an investigation.

**22 - Staff Recruitment Policy**

We provide a high staffing ratio to ensure that the children have sufficient individual attention and to guarantee care and education of a high quality.

Our staff are appropriately qualified and are checked for criminal records through the

Criminal Records Bureau, in accordance with Ofsted's requirements.

Our Aim:

• To ensure that children and their parents are provided with high quality nursery care

and education.

Methods to meet this Aim;

• We adhere to requirements made under the Safeguarding Vulnerable Groups Act

 2006.

The following ratios of adult to child are used:

• children aged 2 years of age: 1 adult : 4 children

• children aged 3-5 years of age: 1 adult : 8 children

• There is a minimum of four staff on duty at any one time.

A Key Person system is used to ensure that each child and each family has a particular

member of staff for discussion and consultation.

Regular staff meetings are held to undertake curriculum planning and to discuss children's

progress, their achievements and any difficulties which may arise from time to time.

We work towards offering equality of opportunity, by using non-discriminatory procedures

for staff recruitment and selection. Our staff are provided with job descriptions which set

out their roles and responsibilities.

We welcome applications from all sections of the community. Applicants are considered on

the basis of their suitability for the post, regardless of marital status, age, gender, culture,

religious belief, ethnic origin or sexual orientation.

A minimum of half of our staff hold the CACHE NVQ Level 3 in Nursery Practice, or above.

We provide staff Induction Training in the first week of employment. This induction

includes our Health & Safety Policy and Procedures and our Safeguarding & Child

Protection Policy and Procedures. Other policies and procedures are introduced within an

induction plan.

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

We are committed to recruiting, appointing and employing staff in accordance with all

relevant legislation and best practice.

We base our recruitment decisions on evidence from references, employment history,

qualifications, interviews, identity checks and any other required checks e.g. medical

suitability

We recruit in accordance with Ofsted guidance obtaining references and making criminal record checks through the Criminal Records Bureau for staff and volunteers who work with the children

• Staff members will be vetted through a thorough and fair interview process.

• Staff are given conditional offers of employment, contract of employment is subject to us

receiving 2 satisfactory references, an enhanced CRB checks along with registration with the

DBS update service which will be renewed annually.

• Budgetary allocation is made to provide regular in-service training for all staff. Training is

provided by the Local Education Authority and approved outside agencies.

• Staff induction training is provided in the first week of employment.

**23 - Code of Conduct**

Staff are expected to adhere to a code of conduct in relation to work and working practices.

All employees are expected to exercise care, skill and application at work and are expected to achieve and maintain standards of quality as required by the management. Employees are expected to respond to management requests and to undertake duties outside of their normal job specification if requested to. Employees are expected to undertake any training as requested by management. On occasions these may be outside of an employee’s normal working hours. Employees are expected to inform management of their address, next of kin and emergency contact details. Employees must inform management of any changes to these for personnel and health and safety record purposes.

Children are learning all the time and it is important that we set a good example of behaviour. Children watch us as we work and interact with other children and staff members.

**When we speak to others we will:**

* Use a positive statement rather than a negative one
* Use a calm tone of voice at all times, to explain or instruct, so that the child can follow our words without feeling threatened or uncomfortable
* We will not use sarcastic words or phrases so as not to demean the children and affect their self-esteem (be careful of nicknames you use, ensure they are appropriate)
* Refrain from using any racist or sexual language
* Speak with respect to other adults at all times, even if we disagree with them

**All professionals we will:**

* Avoid gossip about adults or children when in the work place, and take active steps to divert any conversations away from this if it is happening in the nursery.
* Maintain confidentiality about anything we see or hear in the nursey.
* Remember that we work as part of a team, contributing as well as learning from others. We all take part in building up a strong workforce to enable us to provide the best possible learning opportunities for the children.
* Treat everyone with respect.
* Dress appropriately, uniform tops are provided; we ask that all practitioners wear trousers to work and comfortable shoes.
* Behave in a positive way despite personal problems that may be occurring at home, especially in front of the children.

The use of abusive language that offends other employees will not be tolerated and will result

in disciplinary action.

The company reserve the right to carry out spot checks or searches of employee’s or their vehicles within the setting boundaries if they suspect that pilfering has taken place.

Staff are not permitted to smoke in their work uniform in any circumstances. Staff will be subject to disciplinary procedures if they do so. Staff should also have regard to the smell of smoke. If a staff member chooses to smoke in their lunch break they must do so at the start of their break, not in their uniform, to ensure that the smell of smoke disperses before they return to the children.

**24 - Disciplinary and Grievance Procedure for Employees**

This procedure is designed to help and encourage all employees to achieve and maintain standards of conduct, attendance and job performance. Cygnets Nursery is committed to ensuring that all staff at the nursery should be treated in a fair, consistent and sensitive way.

***Minor disagreements***

Informal action will be considered, where appropriate, to resolve minor disagreements among pre-school staff. This can be achieved at a regular staff management meeting or informally by discussion.

***Disciplinary Procedure***

Where there is a more serious situation which arises, when a dispute cannot be resolved in an informal way or the manager or room leader is dissatisfied with the conduct or activities of an employee, a formal disciplinary procedure will take place.

Misconductwhich may warrant action under the appropriate stage of the disciplinary procedure includes:

* Poor timekeeping or persistent lateness.
* Unauthorized absence from work.
* Wilful failure to comply with a reasonable instruction from a member of senior management
* Persistent minor breaches of health and safety requirements
* Foul or abusive language.
* Sexual or racial harassment which is not sufficiently serious to fall into the category of ‘gross misconduct’.

The list is not exclusive or exhaustive and there may be other matters which are sufficiently serious to warrant categorization and consideration as either ‘misconduct’ or ‘gross misconduct’

Any disciplinary matter will normally be dealt with using the following procedure. At every stage the employee will be given reasonable notice that a disciplinary hearing is due to take place to give them the opportunity to prepare their case, they should be given the opportunity to be accompanied by a member of staff if they wish to do so.

Disciplinary matters will be dealt with in three stages:

* Oral warning
* Written warning
* Notice of dismissal

*Oral Warning*

1. The employee will be interviewed by the Manager and the complaint explained.

1. The employee will be given the opportunity to fully explain her case.
2. After consideration by the Manager and if a warning is considered to be appropriate, the employee will be:
* Told what corrective action should be taken.
* Given a reasonable length of time to rectify matters.
* Given appropriate training if such needs have been identified, and given time to implement.
* Informed of any mitigating circumstances that have been taken into consideration when reaching the decision.
* Given a warning that if improvements are not made, then further action will be taken.
* Informed that they may appeal against the decision within 5 days.

The employee will be advised that this is the first stage of formal procedure. A record of the improvement note will be kept for **3 months** and after that period of time it will considered spent - subject to achieving and sustaining satisfactory performance.

***Formal written warning***

If further action is necessary the employee will be interviewed and given the opportunity to state her case.

If there is a need for disciplinary action a letter will be sent to the employee.

* The letter will contain the reason for the reprimand.
* Explain the corrective action required and the time given to improve.
* Training needs that have been identified and the timescales for implementation.
* Warn that if improvements are not made in the time frame given further disciplinary action will be taken, this could result in a final written warning, which if ignored could result in dismissal.
* Explain that an appeal could be made against the decision within 5 days.

***Final written warning***

If further action is necessary the employee will be interviewed and given the opportunity to state her case, within 1 week.

A letter will be sent to the employee.

* The letter will contain the reason for the reprimand.
* Explain the corrective action required and the time given to improve.
* Training needs that have been identified and the timescales for implementation.
* Warn that if improvements are not made in the time given further disciplinary action will be taken which could result in dismissal.
* Explain that an appeal could be made against the decision within 5 days.

***Dismissal***

If the employee fails to make the agreed improvements then the employee will be interviewed as before and if the decision is to dismiss, the employee will be given the notice of dismissal, stating reasons and given the details of the right of appeal.

If progress is satisfactory, within the time given to rectify matters the record of warnings will be removed from the employees file.

***Gross Misconduct***

If after investigation it is confirmed that an employee has committed an offence of the following nature (the list is not exhaustive), the normal consequence will be dismissal without notice or payment in lieu of notice:

* Theft or fraud
* Ill treatment of children
* Assault
* Malicious damage
* Gross carelessness which threatens the health and safety of others
* Serious incapability at work brought on by use of drugs or alcohol
* A serious breach of confidence

While the alleged gross misconduct is being investigated, the employee may be suspended, during which time she will be paid their normal pay rate. Any decision to dismiss will be taken by the employer only after full investigation.

***Appeals***

At each stage of the disciplinary procedure the employee has a right of appeal and that appeal must be made in writing to the Manager.

The procedure will be informal and the employee may have a friend/colleague to speak for them.

* The employee will state why they are dissatisfied and may be questioned.
* The Manager will be asked for their point of view and may be asked questions.
* Witnesses may be heard and questioned by Manager.
* The Manager will consider the matter and make a decision.

A written record will be kept.

**Grievance Procedure**

***Informal grievance***

If an employee has a grievance it should be discussed in the first instance with the Room leader. If the grievance persists it should be brought to the attention of the Manager for further discussion. The employee is entitled to have a colleague present. Employees’ grievances will be treated seriously and will be resolved as quickly as possible.

A grievance is a complaint by an employee about any aspect of her employment, e.g. nature or range of duties, conditions of service, relationships with other staff. The grievance must be one that lies within the powers of the management of the nursery to resolve, e.g. it cannot be about matters determined by national legislation.

***Formal grievance***

If the matter is serious and the employee wishes to raise the matter formally, the grievance should be set out in writing. If the grievance is against the manager and the employee feels unable to speak to her directly, she should talk to the Room leader or put it in writing.

***Grievance hearing***

The Manager or Room leader will call the employee to a meeting to discuss the grievance, within 5 days of the grievance being received. The employee has the right to be accompanied by a colleague.

After the meeting the Manager or Room leader will give you a decision in writing within 24 hours.

***Appeal***

If the employee is unhappy about the decision and wishes to appeal she should let the Manager/ Room leader know.

The employee will be invited to a meeting, within 5 days and the appeal will be heard by the Manager and Room leader. The employee has the right to have a colleague present.

After the meeting the Manager/Room leader will give a decision, within 24 hours. The decision will be final.