



## Policies and procedures

These policies are reviewed regularly in different arenas such as staff and planning meetings and as appropriate by a range of members of our community\*. A major evaluation is carried out annually in September. Any relevant legislation is taken into consideration.

Policy review may result in identifying training required.

Events such as emergency evacuation, serious accident or incident or H&S inspection checks may lead to review of policy and procedure

Next review due January 2027

Signed: (Manager)

Date: 10.1.2026

Signed: (Chair of Committee)

Date: 10.1.2026

\* Our community comprises, staff, parents, children, students, volunteers, other relevant professionals and the Committee.

Dear Parents,

Welcome to the Nursery. Thank you for choosing us to provide childcare and nursery education for your children. Our policies and procedures provide important information about;

- how we provide care for your children
- how we keep your children safe
- the personal records we keep and how we manage it
- when and how we share any information with external agencies

Our policies and procedures are consistent across our provision and in line with the current EYFS requirements. Policies and procedures are written and reviewed annually. Changes are only made to the policies and procedures by the trustees in liaison with the setting manager where risk assessment has indicated that this is required. Policies and procedures are risk assessed and reviewed following any incident that is reportable under RIDDOR. Disciplinary action may be taken where individuals have disregarded policies and procedures.

### **Familiarisation and implementation**

- It is the responsibility of every member of staff, volunteer and student within the setting to adhere to and always implement the policies and procedures.
- The setting manager offers advice and support to staff regarding procedure implementation.
- An overview of policies and procedures is included in induction for individual members of staff, with specific emphasis given to safeguarding procedures.
- Members of staff must sign to say that they are aware of and will adhere to the current policies and procedures.
- Members of staff understand that they must refer to the procedures as they support all aspects of their work within the setting.
- Staff meetings and in-house training events are used as opportunities to focus on procedures as required, and to discuss their implementation.
- Where there is an outbreak of a communicable disease or infection, the relevant procedure is photocopied and displayed for parents' reference during the outbreak.
- Other procedures may be displayed where a situation arises, for example to highlight health and safety concerns such as closing the gate.
- Following implementation of a procedure, such as emergency evacuation or other health and safety procedures, the setting manager will conduct a review as follows:
  - did all members of staff follow the procedure?
  - is further training required on any aspect of implementation?
  - did the procedure fit the circumstance; does it need adapting or changing?

### **Parents**

We inform parents how to access a full set of policies and procedures.

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## Accidents & Incidents

The purpose of this policy is to ensure that when an accident occurs in The Nursery, appropriate action is taken, and accurate information is recorded and communicated.

### Risk Assessment forms

Risk assessment forms are to be filled in on a regular basis to ensure the environment and equipment are safe to use minimising risk to health.

### Opening/closing checklists

These checklists ensure the rooms and outdoor spaces are ready for children and parents to enter and that they are safe to use the following morning.

These forms must be filled in daily. Any faulty equipment or environment flaws will be reported to the management team and written up in our maintenance book. Equipment which we find unsafe to use will be removed immediately.

It is the responsibility of every member of staff to ensure that accidents and injuries are dealt with appropriately and swiftly.

The safety of the children is paramount, every measure will be taken to protect your child from hurting themselves. However sometimes accidents are unavoidable, the following procedure will be carried out in dealing with the situation:

- The child will be comforted and reassured.
- The extent of the injury will be assessed and if necessary, call for medical support or an ambulance.
- If necessary first aid procedures will be carried out by a trained first aider
- Once the accident is dealt with, the parent will be contacted and informed of the accident and if necessary, asked to collect your child or meet us at the hospital.
- A phone call to the parents or carers will always be made following a head injury.

After every accident, however minor:

- A report will be completed, signed, and witnessed.
- The parent is asked to acknowledge the accident report

If medical treatment is required:

- Inform Ofsted immediately – or at least within 14 days (under Standard 14.3 Children Act regulation, inform Ofsted about any significant events)
- Inform Insurance Company
- Contact the Early Years for additional advice/support
- In the case of a head injury.
- Ensure the parent has been phoned to notify.
- Monitor the child throughout the day for any changes in health.

We follow the guidelines of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), the Health & Safety Executive (HSE) and the Statutory Framework for the Early Years Foundation Stage (EYFS) for the reporting of accidents and incidents.

### First aid

100% of staff including students and trainees are paediatric first aid trained. First aid boxes are in each room, visibly labelled with an inventory list which is checked monthly.

The Manager is responsible for making sure that all medical information and emergency contact details on the children's documents/files are up to date and accurate.

When an accident occurs, it is the responsibility of the first aider to determine whether the injury can be dealt with in the setting or if medical assistance is required.

### **Accident & Incident Procedures**

An **accident** is an unfortunate event or occurrence that happens unexpectedly and unintentionally, typically resulting in an injury, for example tripping over and hurting your knee.

An **incident** is an event or occurrence that is related to another person, typically resulting in an injury, for example being pushed over and hurting your knee.

### **Dealing with Accidents or Incidents to Children**

We keep written records of all accidents, incidents, or injuries to a child together with any first aid treatment given. Any event, however minor, is recorded by completion of an accident-incident report, the procedure is the same for both types of events as follows:

- An accident/incident report is completed by a member of staff who witnessed the event.
- The form must be written accurately and clearly.

### **Legal Indemnity of First Aiders**

It is unlikely that first-aid personnel giving assistance to a colleague will become subject to legal action because of deterioration in the colleague's condition. However, the Nursery guards against this possibility by providing, through its insurance policies, indemnification for any member of staff who assists an employee who becomes ill or is injured.

### **First-aid Boxes**

First-aid boxes will be provided within the workplace as required to ensure there are adequate supplies for the nature of the hazards involved. All boxes will comply with BSI standard BS8599. Only specified first-aid supplies will be kept. No creams, lotions or drugs, however seemingly mild, will be kept. The location of first-aid boxes and the name of the person responsible for their upkeep will be clearly indicated.

First-aid boxes will display the:

- Name of the person responsible for upkeep
- Nearest location of further supplies
- Contents of the box and replenishing arrangements
- Location of the accident book.
- First-aid boxes will be maintained and restocked when necessary by authorised personnel. These personnel will be aware of the procedure for re-ordering supplies.

### **Portable First-aid Kits**

Portable first-aid kits (the Trip Bag) will be available for staff members required to take children out on a trips or outings.

## **Attendance and Absence – referring to EYFS statutory Guidance 2025**

We take steps to ensure that children are kept safe, their wellbeing is promoted and that they do not miss out on their entitlements and opportunities. At the very least, good attendance promotes good outcomes for children. In a small minority of cases, good attendance may also lead to early identification of more serious concerns for a child or family.

There are several reasons why a child may be absent from nursery. In most cases it is reasonable to expect that parents tell us as soon as possible, or in the case of appointments and holidays give adequate notice. Parents are advised to contact us within 30 minutes of their expected start time their child to inform us of their child's absence. Designated persons must also adhere to Haringey Safeguarding Children Partnership requirements, procedures and contact protocols for children who are absent or missing from childcare.

- If a child fails to arrive and no contact has been received from their parents, the designated person, contacts them to seek an explanation for the absence and be assured that the child is safe and well.
- Attempts to contact the child's parents or one of the other three named carers continue throughout the day on the first day of absence.
- If no contact is made with the parents and there is no means to verify the reason for the child's absence i.e. through a named contact on the child's registration form, this is recorded as an unexplained absence on the child's personal file and is followed up by the manager each day until contact is made.
- All absences are recorded in the diary with the reason given for the absence, the expected duration and any follow up action taken or required with timescales.
- Attendance records are retained until the next Ofsted inspection following a cohort of children moving on to school.
- If at any time further information comes to light that gives cause for concern, we follow the procedures for responding to safeguarding or child protection concerns.

### **Safeguarding vulnerable children**

- The designated person or key person attempts to contact the parents to establish why the child is absent. If contact is made and a valid reason given, the information is recorded in the child's file.
- Any relevant professionals involved with the child are informed, e.g., social worker/family support worker.
- If contact is made and the designated person is concerned that the child is at risk, the relevant professionals are contacted immediately. The events, conversation and follow-up actions are recorded. If contact cannot be made, the designated person contacts the relevant professionals and informs them of the situation.
- If the child has current involvement with social care, the social worker is notified on the day of the unexplained absence.
- If at any time information comes to light that gives cause for concern, we follow the procedures for responding to safeguarding or child protection concerns.

### **Safeguarding**

- If a child misses three consecutive sessions and it has not been possible to make contact, the designated person calls Social Care and makes a referral if advised.
- If there is any cause for concern i.e., the child has a child protection plan in place or there have been previous safeguarding and welfare concerns, the designated person attempts to contact the child's parent/carer immediately. If no contact is made, the child's absence is logged and Social Care are contacted immediately, and safeguarding procedures are followed.

### **Poor/irregular attendance**

Whilst attendance at nursery is not mandatory, regular poor attendance may be indicative of safeguarding and welfare concerns that should be followed up.

- In the first instance the nursery manager will discuss a child's attendance with their parents to ascertain any potential barriers i.e. transport, working patterns etc and should work with the parent/s to offer support where possible.
- If poor attendance continues and strategies to support are not having an impact, the nursery manager must review the situation and decide if a referral to a multi-agency team is appropriate.
- Where there are already safeguarding and welfare concerns about a child or a child protection plan is in place, poor/irregular attendance at the nursery is reported to the Social Care worker without delay.
- In the case of funded children, the local authority may use their discretion, where absence is recurring or for extended periods, taking into account the reason for the absence and impact on the nursery. The nursery manager is aware of the local authority policy on reclaiming refunds when a child is absent from a setting.

## Administering Medication

We will only administer medication where it would be detrimental to the child's health if not given in the setting. This includes asthma inhalers, emergency lifesaving medications such as EpiPen and Piriton (or similar antihistamine). Where children are well enough to return to nursery but require medication as part of their recovery from illness, we ask parents to administer the medication before/after nursery. If a child has not had a medication before, we advise the parent(s) to keep the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements. Our staff are responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager/ deputy is responsible for the overseeing of administering medication.

### Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Prescription medicine will only be given when prescribed by a doctor and for the person named on the bottle for the stated dose.
- Medicines must be in their original containers with their instructions printed in English.
- Medications must be in-date and prescribed for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol), may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication.
- If we feel that the child will benefit from medical attention rather than non-prescription medication, we will contact the parents and ask them to collect their child and seek medical attention.
- For any non-prescription cream for skin conditions, prior written consent must be obtained from the parent and the onus is on the parent to provide the cream.
- Parents must give prior written permission for the administration of each medication. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - the full name of child and date of birth
  - the name of medication
  - who prescribed it
  - the method of administration
  - the dosage and times to be given in the setting
  - how the medication should be stored and its expiry date
  - any possible side effects that may be expected
  - the signature of the parent, their printed name and the date
- The administration of medicine is recorded accurately in our medication record log each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:
  - name of the child
  - name and strength of the medication
  - date and time of the dose
  - dose given
  - signature of the person administering the medication and a witness who verifies that the medication has been given correctly
  - parent's signature (at the end of the day).



- If the administration of a prescribed medication requires specific training, we will obtain training for members of the staff team.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- We monitor the medication record logs to ensure that medication is been administered correctly.

#### Storage of medicines

- All medication is stored in a cupboard out of the reach of children. Where refrigeration is required, it will be stored inside a marked plastic box within the fridge.
- Medication may be kept in the setting to be administered on a regular or as-and-when-required basis. Keypersons check that any medication held in the setting is in date and return any out-of-date medication to the parent.

## Admissions

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

### Procedures

- We ensure that the existence of our setting is widely advertised in places accessible to all sections of the community.
- We ensure that information about our setting is accessible, using simple plain English, in written and spoken form.
- We arrange our waiting list in birth order. In addition, our policy may take into account:
  - the age of the child, with priority given to children who are eligible for the free entitlement – including eligible two-year-old children;
  - the length of time on the waiting list;
  - the vicinity of the home to the setting;
  - whether any siblings already attend the setting; and
  - the capacity of the setting to meet the individual needs of the child.
- We offer funded places in accordance with the Code of Practice for the Free Entitlement and any local conditions in place at the time.
- Our preschool and its practices are welcoming and make it clear that fathers, mothers, other relations and carers are all welcome.
- Our setting operates in a way that encourages positive regard for and understanding of difference and ability - whether gender, family structure, class, background, religion, ethnicity or competence in spoken English.
- We support children and/or parents with disabilities to take full part in all activities within our preschool.
- We monitor the needs and background of children joining our preschool on the Registration Form, to ensure that no accidental or unintentional discrimination is taking place.
- We share and widely promote our Valuing Diversity and Promoting Equality Policy.
- We consult with families about the opening times of our setting to ensure that we accommodate a broad range of families' needs.
- We are flexible about attendance patterns to accommodate the needs of individual children and families, providing these do not disrupt the pattern of continuity in the setting that provides stability for all the children.
- Failure to comply with the terms and conditions may ultimately result in the provision of a place being withdrawn.

## Allergies or intolerances & Allergic Reactions

We are aware that children may have or develop an allergy resulting in an allergic reaction. Our aims are to ensure allergic reactions are minimised or, where possible, prevented and that staff are fully aware of how to support a child who may be having an allergic reaction.

### procedures

- When children start at the nursery, we ask their parents if their child suffers from any known allergies or intolerances. This information is recorded on the Registration Form.
- If a child has an allergy, we complete a risk assessment form to detail the following:
  - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
  - The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc).
  - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
  - Control measures - such as how the child can be prevented from contact with the allergen.
  - Review measures.
- The risk assessment is shared with all staff.
- A copy of the risk assessment is kept on the child's file and details are also displayed in the kitchen/ kitchenette in both rooms.
- Our staff are made aware of the signs and symptoms of a possible allergic reaction in case of an unknown or first reaction in a child. These may include a rash or hives, nausea, stomach pain, diarrhoea, itchy skin, runny eyes, shortness of breath, chest pain, swelling of the mouth or tongue, swelling to the airways to the lungs, wheezing and anaphylaxis.
- During registration we inform parents that we have a 'No Nuts Policy'. Parents must not send in packed lunches/ snacks that contain nuts.
- Our staff sit down with the children at lunch time and supervise to ensure that children do not share food.
- If a child has an allergic reaction to food, a bee or wasp sting, plant etc. a first-aid trained member of staff will act quickly and administer the appropriate treatment, where necessary. We will inform parents and record the information in the incident book and on the allergy register.
- If an allergic reaction requires specialist treatment, e.g. an EpiPen, then at least two members of staff working directly with the child and the manager will receive specific medical training to be able to administer the treatment to each individual child.
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare requirements of the Early Years Foundation Stage.

### Transporting children to hospital procedures

The nursery manager/staff member must:

- Call for an ambulance immediately if the allergic reaction 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
- 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 and medication.
- 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
- Inform a member of the management team immediately
- Remain calm at all times. 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.

## Children's records and data protection

We have record keeping systems in place that meet legal requirements; the means we use to store and share that information takes place within the framework of the General Data Protection Regulations (GDPR) (2018) and the Human Rights Act (1998). This policy and procedure should be read alongside our Privacy Notice, Confidentiality and Client Access to Records Policy and our Information Sharing Policy.

### Procedures

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

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

### Developmental records

These may include observations of children in the setting, photographs, video clips, samples of their work and summary developmental reports. These are usually kept in the nursery and can be accessed, and contributed to, by our staff, the child and the child's parents.

### Personal records

These may include the following (as applicable):

- Personal details – including the child's registration form and any consent forms.
- Contractual matters – including a copy of the signed parent contract, the child's days and times of attendance, a record of the child's fees, any fee reminders or records of disputes about fees.
- Child's development, health and well-being – including a summary only of the child's EYFS profile report, a record of discussions about every day matters about the child's development health and well-being with the parent.
- Early Support – including any additional focussed intervention provided by our setting (e.g. support for
- behaviour, language or development that needs an SEN action plan) and records of any meetings held.
- Welfare and child protection concerns – including records of all welfare and protection concerns, and our resulting action, meetings and telephone conversations about the child, an Education, Health and Care Plan and any information regarding a Looked After Child.
- Correspondence and Reports – including a copy of the child's 2-Year-Old Progress Check (as applicable), all letters and emails to and from other agencies and any confidential reports from other agencies.
- These confidential records are stored in a lockable file or cabinet, which is always locked when not in use and which our manager keeps secure in an office or other suitably safe place.
- We read any correspondence in relation to a child, note any actions and file it immediately
- We ensure that access to children's files is restricted to those authorised to see them and make entries in them, this being our manager, deputy or designated person for child protection, the child's key person, or other staff as authorised by our manager.
- We may be required to hand children's personal files to Ofsted as part of an inspection or investigation process; or to local authority staff conducting a S11 audit, as long as authorisation is seen. We ensure that children's personal files are not handed over to anyone else to look at.
- Parents have access, in accordance with our Privacy Notice, Confidentiality and Client Access to Records Policy, to the files and records of their own children, but do not have access to information about any other child.
- Our staff will not discuss personal information given by parents with other members of staff, except where it affects planning for the child's needs. Our staff induction programme includes an awareness of the importance of confidentiality in the role of the key person.
- We retain children's records for three years after they have left the setting; except records that relate to an accident or child protection matter, which are kept until a child reaches the age of 21 years or 24 years respectively. These are kept in a secure place.

### **Archiving children's files**

- When a child leaves our setting, we remove all paper documents from the child's personal file and place
- them in a robust envelope, with the child's name and date of birth on the front and the date they left.
- We seal this and place it in an archive box, stored in a safe place (i.e. a locked cabinet) for three years. After three years it is destroyed.
- If data is kept electronically, it is encrypted and stored as above
- Where there were s.47 child protection investigations, we mark the envelope with a star and archive it for 25 years.
- We store financial information according to our finance procedures.

### **Other records**

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

### **Covid-19/influenza/HMPV**

During an outbreak there may be the need to keep additional records as part of outbreak management. A central record of all confirmed cases that affect any member of staff or service user is held. This record does not contain personal details about the individual (unless a member of staff). A record is kept of individual cases of children/families who are self-isolating due to symptoms as per usual record-keeping procedures. In all cases the principles of data protection are maintained.

### **Principles of data protection: lawful processing of data**

Personal data shall be:

- processed lawfully, fairly and in a transparent manner in relation to the data subject
- collected for specified, explicit and legitimate purposes and not further processed in a manner that is not compatible
- adequate, relevant and necessary in relation to the purposes for which they are processed
- accurate, and where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purpose for which they are processed, are erased or rectified without delay
- kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed
- processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures ("integrity and confidentiality") Article 5 of the General Data Protection Regulations (2018)
- Practitioners should process data, record and share information in line with the principles above.

### **General safeguarding recording principles**

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

### **The principles of GDPR and effective safeguarding recording practice are upheld**

- Recording is factual and non-judgemental.
- The procedure for retaining and archiving personal data and the retention schedule and subsequent destruction of data is adhered to.
- Parents/carers and children where appropriate are made aware of what will be recorded and in what circumstances information is shared, prior to their child starting at the setting. Parents/carers are issued with a Privacy notice and should give signed, informed consent to recording and information sharing prior to their child attending the setting. If a parent/carer would not expect their information to be shared in any given situation, normally, they should be asked for consent prior to sharing.
- There are circumstances where information is shared without consent to safeguard children. These are detailed below, but in summary, information can be shared without consent if a practitioner is unable to gain consent, cannot reasonably be expected to gain consent, or gaining consent places a child at risk.
- Records can be accessed by and information may be shared with local authority professionals. If there are significant safeguarding or welfare concerns, information may also be shared with a family proceedings Court or the police. Practitioners are aware of information sharing processes and all families should give informed consent to the way the setting will use, store and share information.
- Recording should be completed as soon as possible and within 5 working days as a maximum for safeguarding recording timescales.

### **Legal framework**

- General Data Protection Regulations (GDPR) (2025)
- Data Protection Act (2023)
- Human Rights Act (1998)

## Children's rights and entitlements

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

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

To be strong means to be:

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

To be resilient means to:

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

To be listened to means:

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

## **Children's safety and security on premises**

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

### **Procedures**

#### Children's personal safety

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

#### Security

- Systems are in place for the safe arrival and departure of children.
- The times of the children's arrivals and departures are recorded.
- The arrival and departure times of adults – staff, volunteers and visitors - are recorded.
- Our systems prevent unauthorised access to our premises.
- Our systems prevent children from leaving our premises unnoticed.
- All visitors are supervised at all times whilst on the premises.
- Our staff check the identity of any contractors before they enter the premises.
- We keep front doors and gates locked shut at all times. Back doors are kept locked shut at all times where they may lead to a public or unsupervised area.
- We have an audio/ video gate entry system installed for parents accessing blue room.
- The personal possessions of staff and volunteers are securely stored during sessions.
- Minimal petty cash is kept on the premises.



## Client access to records

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

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

- If a parent wishes to see the file, a written request is made, which we will acknowledge in writing, informing the parent that an arrangement will be made for him/her to see the file contents, subject to third party consent.
- Information must be provided within 30 days of receipt of request. If the request for information is not clear, the manager must receive legal guidance. In some instances it may be necessary to allow extra time in excess to the 30 days to respond to the request. An explanation must be given to the parent where this is the case. The maximum extension time is 2 months.
- A fee may be charged to the parent for additional requests for the same material, or any requests that will incur excessive administration costs.
- The preschool manager informs the Chairperson and legal advice is sought.
- The Preschool manager goes through the file with the Chairperson and ensure all documents are filed correctly, entries are in date order and that there are no missing pages. They note any information, entry or correspondence or other document which mentions a third party. The preschool manager should always ensure that recording is of good quality, accurate, fair, balanced and proportionate and should have quality assurance processes in place to ensure that files are checked for quality regularly and that any issues are addressed promptly.
- Each of those individuals are written to explaining that the subject of the file has requested sight of the file which contains a reference to them, stating what this is.
- They are asked to reply in writing to the preschool manager giving or refusing consent for disclosure of that material.
- Copies of these letters and their replies are kept on the child's file.
- Agencies will normally refuse consent to share information, and the parent should be redirected to those agencies for a request to see their file held by that agency.
- Entries where you have contacted another agency may remain, for example, a request for permission from social care to leave in an entry where the parent was already party to that information.
- Each family member noted on the file is a third party, so where there are separate entries pertaining to each parent, step-parent, grandparent etc, each of those have to be written to regarding third party consent.
- Members of staff should also be written to, but the preschool reserves the right under the legislation to override a refusal for consent, or just delete the name and not the information.
- If the member of staff has provided information that could be considered 'sensitive', and the staff member may be in danger if that information is disclosed, then the refusal may be granted.
- If that information is the basis of a police investigation, then refusal should also be granted.
- If the information is not sensitive, then it is not in the preschool's interest to withhold that information from a parent. It is a requirement of the job that if a member of staff has a concern about a child and this is recorded; the parents are told this at the start and in most cases, concerns that have been recorded will have been discussed already, so there should be no surprises.
- The member of staff's name can be removed from an entry, but the parent may recognise the writing or otherwise identify who had provided that information. In the interest of openness and transparency, the preschool manager may consider overriding the refusal for consent.
- In each case this should be discussed with members of staff and decisions recorded.
- When the consent/refusals have been received, the preschool manager takes a photocopy of the whole file. On the copy file the document not to be disclosed is removed (e.g. a case conference report) or notes pertaining to that individual in the contact pages blanked out using a thick marker pen.
- The copy file is then checked by the line manager and legal advisors verify that the file has been prepared appropriately, for instance, in certain circumstances redaction may be appropriate, for instance if a child may be damaged by their data being seen by their parent/carer, e.g. if they have disclosed abuse. This must be clarified with the legal adviser.
- The 'cleaned' copy is then photocopied again and collated for the parent to see.

- The preschool manager informs the parent that the file is now ready and invites him/her to make an appointment to view it.
- The preschool manager and the Chair meet with the parent to go through the file, explaining the process as well as what the content records about the child and the work that has been done. Only the persons with parental responsibility can attend that meeting, or the parent's legal representative or interpreter.
- The parent may take a copy of the prepared file away, but it is never handed over without discussion.
- It is an offence to remove material that is controversial or to rewrite records to make them more acceptable. If recording procedures and guidelines have been followed, the material should reflect an accurate and non-judgemental account of the work done with the family.
- If a parent feels aggrieved about any entry in the file, or the resulting outcome, then the parent should be referred to the Complaints procedure for parents and service users.
- The law requires that information held must be accurate, and if a parent says the information held is inaccurate then the parent has a right to request it to be changed. However, this only pertains to factual inaccuracies. Where the disputed entry is a matter of opinion, professional judgement, or represents a different view of the matter than that held by the parent, the preschool retains the right not to change the entry but can record the parent's view. In most cases, a parent would have had the opportunity at the time to state their side of the matter, and this should have been recorded there and then.
- If there are any controversial aspects of the content of a client's file, legal advice must be sought. This might be where there is a court case between parents or where social care or the police may be considering legal action, or where a case has already completed and an appeal process is underway.
- A setting should never 'under-record' for fear of the parent seeing, nor should they make 'personal notes' elsewhere.

### **Further guidance**

The Information Commissioner's Office [www.ico.gov.uk/](http://www.ico.gov.uk/) or helpline 0303 123 1113.

## Confidentiality, recording and sharing information

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

- Staff discuss children's general progress and well-being together in meetings, but more sensitive information is restricted to designated persons and key persons and shared with other staff on a need-to-know basis.
- Members of staff do not discuss children with staff who are not involved in the child's care, nor with other parents or anyone else outside of the organisation, unless in a formal and lawful way.
- Discussions with other professionals should take place within a professional framework, not on an informal basis. Staff should expect that information shared with other professionals will be shared in some form with parent/carers and other professionals, unless there is a formalised agreement to the contrary, i.e. if a referral is made to children's social care, the identity of the referring agency and some of the details of the referral is likely to be shared with the parent/carer by children's social care.
- It is important that members of staff explain to parents that sometimes it is necessary to write things down in their child's file and explain the reasons why.
- When recording general information, staff should ensure that records are dated correctly and the time is included where necessary and signed.
- Welfare/child protection concerns are recorded. Information is clear and unambiguous (fact, not opinion), although it may include the practitioner's thoughts on the impact on the child.
- Records are non-judgemental and do not reflect any biased or discriminatory attitude.
- Not everything needs to be recorded, but significant events, discussions and telephone conversations must be recorded at the time that they take place.
- Recording should be proportionate and necessary.
- When deciding what is relevant, the things that cause concern are recorded as well as action taken to deal with the concern. The appropriate recording format is filed within the child's file.
- Information shared with other agencies is done in line with these procedures.
- Where a decision is made to share information (or not), reasons are recorded.
- Staff may use a computer to type reports, or letters. Where this is the case, the typed document is deleted from the computer and only the hard copy is kept.
- Electronic copy is downloaded onto a disc, labelled with the child's name and stored in the child's file. No documents are kept on a hard drive because computers do not have facilities for confidential user folders.
- The setting is registered with the Information Commissioner's Office (ICO). Staff are expected to follow guidelines issued by the ICO, at <https://ico.org.uk/for-organisations/guidance-index/>
- Additional guidance in relation to information sharing about adults is given by the Social Care Institute for Excellence, at [www.scie.org.uk/safeguarding/adults/practice/sharing-information](http://www.scie.org.uk/safeguarding/adults/practice/sharing-information)
- Staff should follow guidance including Working Together to Safeguard Children (DfE 2018); Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers 2018 and What to do if you're Worried a Child is Being Abused (HMG 2015)

### Confidentiality definition

- Personal information of a private or sensitive nature, which is not already lawfully in the public domain or readily available from another public source, and has been shared in a relationship, where the person giving the information could reasonably expect it would not be shared with others.

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

### **Breach of confidentiality**

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

### **Exception**

- GDPR enables information to be shared lawfully within a legal framework. The Data Protection Act 2018 balances the right of the person about whom the data is stored with the possible need to share information about them.
- The Data Protection Act 2023 contains "safeguarding of children and individuals at risk" as a processing condition enabling "special category personal data" to be processed and to be shared. This allows practitioners to share without consent if it is not possible to gain consent, if consent cannot reasonably be gained, or if gaining consent would place a child at risk.
- Confidential information may be shared without authorisation - either from the person who provided it or to whom it relates, if it is in the public interest and it is not possible or reasonable to gain consent or if gaining consent would place a child or other person at risk. The Data Protection Act 2023 enables data to be shared to safeguard children and individuals at risk. Information may be shared to prevent a crime from being committed or to prevent harm to a child, Information can be shared without consent in the public interest if it is necessary to protect someone from harm, prevent or detect a crime, apprehend an offender, comply with a Court order or other legal obligation or in certain other circumstances where there is sufficient public interest.
- Sharing confidential information without consent is done only in circumstances where consideration is given to balancing the needs of the individual with the need to share information about them.
- When deciding if public interest should override a duty of confidence, consider the following:
  - is the intended disclosure appropriate to the relevant aim?
  - what is the vulnerability of those at risk?
  - is there another equally effective means of achieving the same aim?
  - is sharing necessary to prevent/detect crime and uphold the rights and freedoms of others?
  - is the disclosure necessary to protect other vulnerable people?

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

### **Obtaining consent**

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

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

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

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

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

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

### **Consent**

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

### **Separated parents**

- Consent to share need only be sought from one parent. Where parents are separated, this would normally be the parent with whom the child resides.
- Where there is a dispute, this needs to be considered carefully.
- Where the child is looked after, the local authority, as 'corporate parent' may also need to be consulted before information is shared.

### **Age for giving consent**

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

### **Ways in which consent to share information can occur**

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

### **Further guidance**

Working Together to Safeguard Children (DfE 2025) [www.gov.uk/government/publications/working-together-to-safeguard-children--2](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2)

Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers (HMG 2024) [www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice](https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice)

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

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

## **Epidemic and Pandemic Policy (COVID 19/influenza/hmpv)**

This Policy defines and assists the operating arrangements in place within the setting that assures compliance to the Government and leading bodies requirements with relation to the outbreak of a pandemic. This policy will be reviewed regularly in line with the government guidelines.

The Nursery aims to offer a continuum of extremely 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 minimising the risk of 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 if they do not conflict with this policy.

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 and resources)
- Minimising general contact and mixing
- The use of Protective and Personal Equipment (PPE)
- Testing

### **Children**

#### Attendance

- Only children who are symptom free or have completed the required isolation period should attend the setting.
- Parents / carers must inform the setting and keep their child at home if they or anyone in the same household is showing any of the following symptoms: high temperature, continuous cough, loss of taste or smell or has had a positive test result or been contacted by track at trace.

#### Physical Distancing

- The outdoor space will be utilised as much as possible by all children throughout the day.

#### Education

- EYFS framework will continue to be delivered through play and adult led activities.
- Children will be supported in age-appropriate ways to understand the steps they can take to keep themselves safe including regular hand washing on entry and continuously throughout the day, coughing/ sneezing into an elbow, using a tissue and adopting a catch it, kill it, bin it regime.

#### Hygiene and Infection Control

- Parents to supply children with a labelled water bottle.
- Parents informed to send children to nursery in fresh clean clothes each day.
- No toys or comforters to be brought in from home.
- We may also take temperatures if we feel it is necessary.

### **Staff**

#### Attendance

- Staff should only attend nursery if they are symptom free, have completed the required isolation period or achieved a negative test result.
- All staff have been supplied with a home test kit for the weekly testing scheme.

#### Physical distancing/ Safety.

- Staff will be informed of measures in place and any new or updated policies and procedures.

- In line with the current guidance from Government, our staff will not be required to wear PPE while carrying out general activities with the children, but should continue to wear PPE for intimate care activities e.g., nappy changes and when supporting an ill child who displayed symptoms.
- 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.
- 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, staff will ensure the safety of the children is maintained through continuous risk assessments.
- Staff members should minimise physical contact with each other including handshakes, hugs etc.
- Staff to wear fresh, clean clothes for each session.

### **Training**

- Where possible, meetings and training sessions should be conducted through virtual conferencing/ telephone.
- 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 will be made available to allow their training levels to be maintained as necessary

### **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.
- Only one parent will be permitted to come to drop-off or pick-up.
- Parents will only be allowed in the building where there has been a prior arrangement to support a child with settling in.

### **Communications**

- Parents will 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 must inform the nursery of their circumstances and if they plan to keep their child away.
- Face to face communication between staff and parents will be kept to a minimum until further notice.
- Parents will be informed how they can access tests for their household

### **Visitors**

- We will not allow any non-essential visitors in the building until further notice. We have procedures in place for new parents to be shown around the nursery.

### **Hygiene and Health & Safety**

#### **Hand Washing**

- Children and staff will be required to wash their hands upon arrival.
- Children and staff members will 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 individuals.
- Bodily fluid spills should follow the correct procedures as normal.
- Hand sanitisers will be available in each area of the building for staff to use.

### **Cleaning**

- An enhanced cleaning schedule will 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 will be cleaned and sanitised regularly throughout the day.
- If there are any confirmed cases within the nursery, the premises will be deep cleaned before we re-open to children.

### **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.
- Bodily fluids must be double bagged and disposed of in a bin with a bag, lid, and foot pedal.

### **Laundry**

- All items within the nursery requiring laundering must be washed in line with NHS laundry guidelines.

### **PPE**

- Government guidance is that PPE is not required for general use in early years settings to protect against virus 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 mask, visor, disposable gloves, and apron if a 2-meter distance cannot always be maintained. PPE should be disposed of following government guidelines
- Any parents entering the building must wear a face covering, gloves and shoe coverings.

### **Nursery Room (Environment)**

- We will keep windows open where possible to ensure good levels of ventilation.
- All resources required for play and learning experiences of children should be regularly washed/ disinfected or sterilized. Any resources which are difficult to clean should be removed e.g., soft toys.
- While we aim to try and keep things as normal as possible for the children, we may suspend activities that we feel still pose a high risk of transmission after we have implemented all available control measures.

### **Supplies Procurement & monitoring**

- Procurement and supply monitoring systems will be in place to ensure that a sufficient supply of PPE is available to meet the operational needs of the setting
- Contingency plans are in place to minimise the impact of any shortages of supplies.
- The setting will not be able to operate without essential supplies required for ensuring infection control.

### **Responding to suspected and confirmed cases within the nursery.**

See annex 1 below for information on how we respond to suspected and confirmed cases.

### **Legal framework**

- Legislation and leading authorities which have guided and influenced this policy are:
- Health and Safety at Work Act (1974),
- Health and Safety Executive (HSE),
- Government Briefings,
- Public Health England (PHE) and World Health Organization (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.

## **E-safety (including all electronic devices with imaging and sharing capacity)**

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

### **Procedures**

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

### **Information Communication Technology (ICT) equipment**

- Only ICT equipment belonging to the setting is used by staff.
- The designated person is responsible for ensuring that all computers and tablets have up-to-date virus protection installed.
- Tablets remain on the premises and are stored securely at all times.
- The designated person ensures that safety settings are set to ensure that inappropriate material cannot be accessed.

### **Internet access**

- Children never have unsupervised access to the internet.
- The designated person has overall responsibility for ensuring that children and young people are safeguarded and risk assessments in relation to online safety are completed.

### **Mobile phones, smart watches – staff and visitors**

- Personal mobile phones and internet enabled devices are not used by staff during work hours. This does not include breaks where personal mobiles may be used off the premises or in a safe place e.g., staff room. The designated person completes a risk assessment for where they can be used safely.
- Personal mobile phones are switched off and stored in lockers or a locked office drawer.
- In an emergency, personal mobile phones may be used in the privacy of the office, with permission.
- Our staff and volunteers ensure that family and other people who may need to contact them in an emergency know the nursery telephone number.
- If our members of staff or volunteers take their mobile phones on outings, for use in case of an emergency, they must not make or receive personal calls, or take photographs of children.
- Parents and visitors are requested not to use their mobile phones whilst on the premises. We make an exception if a visitor's company or organisation operates a lone working policy that requires contact with their office periodically throughout the day. Visitors will be advised of a quiet space where they can use their mobile phone, where no children are present.
- Members of staff do not use their personal equipment to take photographs of children.

### **Cameras and videos**

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

### **Cyber Bullying**

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

### **Social media - Staff are expected to:**

- understand how to manage their personal security settings to ensure that their information is only available to people they choose to share information with.
- ensure the organisation is not negatively affected by their actions and do not name the setting.
- be aware that comments or photographs online may be accessible to anyone and should use their judgement before posting.
- be aware that images posted on any of the social networks may still be accessed by others and a permanent record can be made of them, for example, by taking a screen shot of the image with a mobile phone.
- Staff should not accept service users, children and parents as friends due to it being a breach of expected professional conduct.
- Staff observe confidentiality and refrain from discussing any issues relating to work
- Staff should not share information they would not want children, parents or colleagues to view.
- Staff should report any concerns or breaches to the designated person in their setting.
- Staff avoid personal communication, including on social networking sites, with the children and parents with whom they act in a professional capacity. If a practitioner and family are friendly prior to the child coming into the setting, this information is shared with the manager prior to a child attending and a risk assessment and agreement in relation to boundaries is agreed.

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

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

## Fire safety and emergency evacuation

We ensure the highest possible standard of fire precautions are in place. The person in charge and our staff are familiar with the current legal requirements. Where necessary we seek the advice of a competent person, such as our Fire Officer or Fire Safety Consultant. We keep a record of the findings of risk assessment, any actions taken or incidents that have occurred and our fire drills. We ensure our policy is in line with the procedures specific to our building, making reasonable adjustments as required.

### Fire safety risk assessment

- The basis of fire safety is risk assessment, carried out by a 'competent person'.
- The manager has received training in fire safety sufficient to be competent to carry out the risk assessment; this will be written where there are more than five staff and will follow the Government guidance Fire Safety Risk Assessment - Educational Premises (HMG 2006).
- - Our fire safety risk assessment focuses on the following for each area of the setting:
  - Electrical plugs, wires and sockets.
  - Electrical items.
  - Gas boilers.
  - Cookers.
  - Matches.
  - Flammable materials – including furniture, furnishings, paper etc.
  - Flammable chemicals.
  - Means of escape.
  - Anything else identified.

### Fire safety precautions taken

- Emergency routes and exits are indicated by signs
- All escape routes are kept clear at all times
- We ensure that fire doors are clearly marked, never obstructed and easily opened from the inside.
- Fire alarm control panel is tested externally by a competent contractor every six months and tested internally by a competent individual every week.
- Manual fire alarm call points are tested externally by a competent contractor every 12 months and tested internally by a nominated person each week.
- Pictorial operational signs and 'action in event of fire' signage is displayed adjacent to all manual fire alarm call points.
- Automatic fire detectors and fire-fighting appliances are tested externally by a competent contractor every 12 months.
- Emergency escape lighting is tested externally by a competent contractor every 12 months and internally once a month.
- Portable Appliance Testing is carried out annually by a qualified electrician. Any faulty electrical equipment is taken out of use and either repaired or replaced.
- Electrical fixed wiring tests are carried out by a qualified electrician.
- At least one member of staff with relevant fire safety training is on site at all times.
- Smoking is not permitted on the premises
- Supplies/ stores of combustibles are kept to a minimum and clear from ignition sources.
- Appropriate measures are in place for the safe storage and disposal of waste.
- Appropriate management of leads, cables and adaptors.
- Plans are in place to assist any persons that need assistance in the event of an emergency. (Personal emergency evacuation plan)
- Flammable chemicals are kept in original containers, clearly labelled and stored out of the reach of children.
- Our emergency evacuation procedures are explained to new members of staff, volunteers and parents.
- Fire drills are practised at least once every term.

- We record:
  - The date and time of the drill.
  - Number of adults and children involved.
  - How long it took to evacuate.
  - Whether there were any problems that delayed evacuation.
  - Any further action taken to improve the drill procedure.
- Records are kept of fire drills and of the servicing of fire safety equipment.

In developing our evacuation procedures, we have considered the following factors:

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

## **Emergency Evacuation Procedures.**

The fully trained Fire Warden is **Luisa Bellavita**

- On discovering a fire:
  - activate the fire alarm by pushing the button on the nearest manual call point. Call points are located at all external exits in the building.
  - commence evacuation procedures outlined below.
- On hearing the alarm:
  - Calmly gather the children in your care and those nearest to you.
  - The Fire Marshall/ Room lead will assess the danger and nominate the nearest safe exit.
  - Calmly escort your group of children to the nominated exit ensuring children do not run.
  - Do not stop to retrieve any personal items from lockers or cupboards.
  - The Fire Marshall will nominate a member of staff to carry out a headcount upon exit. (Where possible, staff should collect the registration tablet upon exit. However, staff must not put themselves in danger as management can access the relevant information electronically in an emergency.)
  - The Fire Warden will sweep through the building to check for children or visitors left behind.
  - Fire Warden to close all doors on exit.
  - Staff, children and visitors to proceed to the assembly point outside Newbury house.
  - Upon arrival at the assembly point a member of staff must shut the main gate.
  - Nominated staff member must carry out a second headcount upon arrival at the assembly point and inform the Manager if any children, staff or visitors are not accounted for.
  - All staff, children and visitors to remain outside of the building until the Fire Brigade/ Fire Warden deems it safe to return.
  - In the event of a real fire the Manager or Deputy (in the manager's absence) will dial 999, ask for the fire service and confirm the nursery address. A member of the management team will also contact the parents.

## **Legal framework**

- Regulatory Reform (Fire Safety) Order 2023

## Food and drink

We regard snack and lunch times as an important part of our day. Eating represents a social time for children and adults, and helps children to learn about healthy eating. At snack times we aim to provide healthy snacks, which meet the children's individual dietary needs. For children who are staying all day, we ask parents to provide a healthy lunch.

### Procedures

- Before a child starts attending the preschool, we ask parents about their dietary needs, preferences and any allergies or intolerances.
- We record information about each child's dietary needs, preferences and allergies or intolerances in the registration form and parents sign the form to signify it is correct.
- We ask parents to keep us up to date with any changes to their child's dietary requirements, preferences and allergies or intolerances.
- We display current information about children's dietary needs so that all our staff and volunteers are fully informed about them.
- We implement systems to ensure that children only receive food and drink that is consistent with their dietary needs and preferences.
- Care is taken to ensure that children with food allergies or intolerances do not have contact with foods that they are allergic to.
- We do not provide cooked meals or reheat cooked foods.
- Parents provide a packed lunch for children staying all day, we support the parents to understand how to provide a healthy, balanced lunch.
- We provide children bringing packed lunches with plates, cups and age-appropriate cutlery.
- During the session we provide healthy snacks (e.g. crackers, fruit and vegetables) and drink (milk and water).
- We organise lunch and snack times so that they are social occasions in which children and adults participate, children are always in sight and hearing of staff when eating.
- We take care not to provide foods containing nuts or nut products and we are especially vigilant where we have a child who has a known allergy to nuts.
- We use lunch and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- We have fresh drinking water constantly available for the children. We inform the children about how to obtain the water and that they can ask for water at any time during the day.
- In order to protect children with food allergies or intolerances staff supervise lunch time and ensure staff do not share and swapping their food with one another.
- We provide semi-skimmed milk for children aged 2 years and older.
- At least one staff member must be PFA trained (all staff are PFA trained)

### Packed Lunches

- Parents are informed that they should provide a packed lunch if their child is staying for lunch. Hot lunches must be provided in a food flask as we cannot reheat cooked food.
- The Nursery is a '**nut-free zone**'. Parents/ carers **must not** send their child in with any food or snacks containing nuts. Any items containing nuts will be removed from the packed lunch and returned to the parent/carer at the end of the day.
- We encourage all parents to provide a healthy lunch, providing them with information from the EYFS Nutrition Guidance (2025).
- We discourage packed lunches that consist largely of crisps, processed foods, sweet drinks and sweet products such as cakes and biscuits.
- Packed lunches are stored in a cool place; un-refrigerated food is served to children within 4 hours of preparation at home.
- Our staff will sit down and eat their lunch with the children so that the mealtime is a social occasion and children are closely supervised.
- Our staff will supervise and support children by feeding them, when necessary, but we cannot force children to eat.

**Food for play and cooking activities**

- Food for play may include dough, cornflour, pasta, rice, food colourings/ flavourings
- Food for play is risk assessed against the 14 allergens referred and is included in the written risk assessment undertaken for children with specific allergies or intolerances.
- Staff are constantly alert to the potential hazards of food play, in particular choking hazards and signs of previously undetected allergies or intolerances.
- Pulses are not recommended as they can be poisonous raw or present a choking hazard
- Foods that are cooked and used for play, such as play dough, have a limited shelf life.
- Cornflour and cooked pasta are discarded after an activity as there is a high risk of bacteria forming.
- Utensils used for play food are washed thoroughly after use.

**Children's cooking activities**

- Before undertaking any cooking activity with children, members of staff should check for allergies or intolerances and intolerances by checking children's records.
- Children are taught basic hygiene skills such as the need to wash hands thoroughly before handling food, and again after going to the toilet, blowing their nose or coughing.
- The area to be used for cooking is cleaned thoroughly before and after.
- Children are provided with aprons and age-appropriate utensils
- Members of staff encourage children to handle food in a hygienic manner
- Food ready for cooking or cooling is not left uncovered.
- When children take part in cooking activities, they:
  - are supervised at all times;
  - do not have access to the kitchen
  - do not have access to electrical equipment

## **Food hygiene**

We provide and/or serve food for children on the following basis:

- Snacks.
- Packed lunches.

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

### **Procedures**

- The setting manager is responsible for ensuring the requirements in Safer Food Better Business are implemented.
- The setting manager has responsibility for conducting risk assessment based on the 'Hazard Analysis and Critical Control Point' method set out in Safer Food Better Business.
- All staff have an up-to-date certificate in Food Safety.
- Packed lunches are stored in a cool place; un-refrigerated food is served to children within 4 hours of preparation at home.
- Fruit & vegetables served at snack time are washed before preparing
- Food preparation areas are cleaned before and after use.
- There are separate facilities for hand-washing and for washing-up.
- All surfaces are clean and non-porous.
- All utensils, crockery etc. are clean and stored appropriately.
- Waste food is disposed of daily.
- Cleaning materials and other dangerous materials are stored out of children's reach.
- Staff wash their hands before serving food or preparing snacks
- Children do not have access to the kitchen.

### **Reporting of food poisoning**

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

- Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within our setting, the manager will contact the Environmental Health Department to report the outbreak and will comply with any investigation.
- We notify Ofsted as soon as reasonably practicable of any confirmed cases of food poisoning affecting two or more children looked after on the premises, and always within 14 days of the incident.

### **Legal framework**

Regulation (EC) 853/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs



## Health and safety general standards

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

- We aim to make children, parents, staff and volunteers aware of health and safety issues and to minimise the hazards and risks to enable the children to thrive in a healthy and safe environment.
- Our member of staff responsible for health and safety is: **Luisa Bellavita**
- She is competent to carry out these responsibilities.
- She has undertaken health and safety training and regularly updates her knowledge and understanding.
- We display the necessary health and safety poster in: The Kitchen.

### Insurance cover

We have public liability insurance and employers' liability insurance. The certificate for employers' liability insurance is displayed on the parent noticeboards.

### Procedures

#### Awareness raising

- Our induction training for staff and volunteers includes a clear explanation of health and safety issues, so that all adults are able to understand and adhere to our policy and procedures. The induction training covers matters of employee well-being, including safe lifting and the storage of potentially dangerous substances.
- We keep records of these induction-training sessions and new staff and volunteers are asked to sign the records to confirm that they have taken part.
- We explain health and safety issues to the parents of new children, so that they understand the part played by these issues in the daily life of the setting.
- As necessary, health and safety training is included in the annual training plans of staff, and health and safety is discussed regularly at our staff meetings.
- Smoking is not allowed on the premises.
- The use of electronic cigarettes is not allowed on the premises.
- We make children aware of health and safety issues through discussions, planned activities and routines.
- Risk assessment is carried out to ensure the safety of children, staff, parents and visitors. Legislation requires all those individuals in the given workforce to be responsible for the health and safety of premises, equipment and working practices.
- Risk assessments are monitored and reviewed by those responsible for health and safety.
- Risk assessments are written as and when necessary.

#### Entrances and approach to the building

- Entrances and approaches are kept tidy and always uncluttered
- All gates and external fences are childproof and safe
- Front doors are kept shut
- Where possible, entry phones will be used at the entrance gate
- All staff and visitors to the setting sign in and out of the building.
- Back doors/ gates are kept locked and shut if they may lead to a public or unsupervised area, unless this breaches fire safety regulations or other expectations.

#### Group rooms and walkways

- Door handles are placed high or alternative safety measures are in place.
- We take precautions to prevent children's fingers from being trapped in doors.
- We ensure that any blind cords are secured safely and do not pose a strangulation risk for young children.
- All our floor surfaces are checked daily to ensure they are clean and not uneven, wet or damaged. Any wet spills are mopped up immediately.
- Walkways are left clear and uncluttered.
- Windows are opened regularly to ensure flow of air.

#### Electrical/gas equipment

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

#### Storage

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

#### Outdoor area

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

#### Hygiene

- We seek information from the Public Health England to ensure that we keep up-to-date with the latest recommendations.
- Our daily routines encourage the children to learn about personal hygiene.
- We have a daily cleaning routine for the setting, which includes the playrooms, kitchen/kitchenette, rest area, toilets and nappy changing areas. Children do not access the kitchen.
- We have a schedule for cleaning resources and equipment, dressing-up clothes and furnishings.
- The toilet area has a high standard of hygiene, including hand washing and drying facilities and disposal facilities for nappies.
- We implement good hygiene practices by:
  - cleaning tables between activities;
  - cleaning and checking toilets regularly;
  - wearing protective clothing - such as aprons and disposable gloves - as appropriate;
  - providing sets of clean clothes;
  - providing tissues and wipes;

#### Activities, resources and repairs

- The layout of our play equipment allows adults and children to move safely and freely between activities.
- All our equipment is regularly checked for cleanliness and safety, and any dangerous items are repaired or discarded.
- All our materials, including paint and glue, are non-toxic.
- We ensure that sand is clean and suitable for children's play.
- Physical play is constantly supervised.

- We teach children to handle and store tools safely.
- We check children who are sleeping regularly.
- If children fall asleep in-situ, it may be necessary to move or wake them to make sure they are comfortable.
- Children learn about health, safety and personal hygiene through the activities we provide and the routines we follow.
- Any faulty equipment is removed from use and is repaired. If it cannot be repaired it is discarded.

#### Jewellery and accessories

- Our staff do not wear jewellery or fashion accessories, such as belts or high heels, which may pose a danger to themselves or children.
- Parents must ensure that any jewellery worn by children poses no danger; particularly earrings which may get pulled, bracelets which can get caught when climbing or necklaces that may pose a risk of strangulation.
- We ensure that hair accessories are removed before children sleep or rest.

#### Safety of adults

- We ensure that adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment.
- We provide safe equipment for adults to use when they need to reach up to store equipment or to change light bulbs.
- We ensure that all warning signs are clear and in appropriate languages.
- We ensure that adults do not remain in the building on their own.
- We record the sickness of staff and their involvement in accidents. The cause of accidents is assessed immediately and action taken if necessary.
- If a parent or visitor appears to be angry, agitated or possibly hostile;
  - two members of staff will lead them away from the children to an area less open but will shut the door behind them.
  - Staff will offer to discuss the issue of concern and show they recognise the concern
  - If the person makes threats and continues to be angry, members of staff will make it clear that they will be unable to discuss the issue until the person stops shouting or being abusive.
  - Police may be called and we implement the procedure for Threats and abuse towards staff and volunteers

#### Control of substances hazardous to health

- Our staff implement the current guidelines of the *Control of Substances Hazardous to Health Regulations (COSHH)*.
- Personal Protective Equipment (PPE), such as rubber gloves, latex/ vinyl gloves, aprons etc, is available to all staff as needed and stocks are regularly replenished.
- Hazardous substances are stored safely away from the children.
- We carry out a risk assessment for all chemicals used in the setting. This states what the risks are and what to do if they have contact with eyes or skin or are ingested.
- We keep all cleaning chemicals in their original containers.
- We keep the chemicals used in the setting to the minimum in order to ensure health and hygiene is maintained.
- Anti-bacterial soap/hand wash is not normally used, unless specifically advised during an infection outbreak, such as Pandemic flu or Coronavirus.
- Environmental factors are taken into account when purchasing, using and disposing of chemicals.
- All members of staff are vigilant and use chemicals safely.
- Members of staff wear protective gloves when using cleaning chemicals.

#### Legal framework

- Health and Safety at Work Act 2015
- Health and Safety (Consultation with Employees) Regulations 1996
- Management of Health and Safety at Work Regulations 2022
- Regulatory Reform (Fire Safety) Order 2023

Electricity at Work Regulations 2024  
Regulation (EC) No 853/2004 of the European Parliament and of the Council on the hygiene of foodstuffs  
Manual Handling Operations regulations 2015  
Medicines Act (1968)  
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (Amendment) Regulations 2013  
Control of Substances Hazardous to Health Regulations (COSHH) 2006  
First Aid at Work Regulations 2024  
Childcare Act 2016

## Health Policy

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

We promote health through:

- ensuring emergency and first aid treatment is given where necessary;
- ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements;
- identifying allergies or intolerances and preventing contact with the allergenic substance;
- promoting health through taking necessary steps to prevent the spread of infection and taking appropriate action when children are ill
- promoting healthy lifestyle choices through diet and exercise
- pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance
- promoting oral health and hygiene, encouraging healthy eating, healthy snacks and tooth brushing.
- 

We implement the following measures to promote oral health;

- Fresh drinking water is available at all times and easily accessible.
- Only water and milk are served with morning and afternoon snacks.
- Children are offered healthy nutritious snacks at snack time. (Fruit, vegetables & crackers).
- Parents are discouraged from sending in confectionary as a snack or treat.
- Oral hygiene activities are included in planning
- The setting co-ordinates with local oral health and ensure procedures are reviewed regularly, additional guidance from the local team may be added to this procedure.

## Legal references

Medicines Act (1968)

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

Control of Substances Hazardous to Health (COSHH) Regulations (2006)

First Aid at Work Regulations 2024

Food Information Regulations 2019

## Infection Control Policy

We promote the good health of all children attending through maintaining high standards of hygiene and reducing the chances of infection being spread. We follow the health protection in schools and other childcare facilities guidance which sets out when and how long children need to be excluded from settings, when treatment/medication is required and where to get further advice from.

Viruses and infections can be easily passed from person to person by breathing in air containing the virus which is produced when an infected person talks, coughs or sneezes. It can also spread through hand/face contact after touching a person or surface contaminated with viruses.

### Procedures

We follow the guidance below to prevent a virus or infection from spreading around the nursery. Our staff:

- Encourage all children to use tissues when coughing and sneezing to catch germs
- Ensure all tissues are disposed of in a hygienic way and all children and staff wash their hands once afterwards.
- Develop children's understanding of the above and the need for good hygiene procedures in helping them to stay healthy.
- Wear the appropriate Personal Protective Equipment (PPE) when changing nappies, toileting children and dealing with any other bodily fluids. Staff are requested to dispose of these in the appropriate manner and wash hands immediately.
- Clean and sterilise all potties and changing mats before and after each use
- Clean toilets at least daily and check them throughout the day.
- Remind children to wash their hands before eating, after visiting the toilet, playing outside or being in contact with any animal and explain the reasons for this.
- Clean all toys, equipment, soft furnishings, carpets and resources on a regular basis by following a comprehensive cleaning rota and using antibacterial cleanser, steam cleaner or by washing in the washing machine.
- Wash or clean all equipment used by children as and when required, including when the children have placed it in their mouth.
- Follow the sickness and illness policy when children are ill to prevent the spread of any infection in the nursery. Staff are also requested to stay at home if they are contagious.
- Ensure stocks of tissues, hand washing equipment, cleaning materials and sterilising fluid are maintained at all times. These will be increased during the winter months, or when flu and cold germs are circulating.
- Follow Government health guidance on any national outbreak of a virus/ pandemic and keep parents informed of any course of action. Each specific circumstance will differ and to ensure we take the most appropriate action; we will treat each case on an individual basis.
- them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water, but kept away from draughts.
- The child's temperature is taken using an electric forehead thermometer, kept in the first aid box.
- If the child's temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, we ask parents keep children home for 48 hours following the last episode.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.

- We have a list of excludable diseases and current exclusion times. The full list is obtainable from <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities> which includes common childhood illnesses such as measles.

#### Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2019, the GP will report this to Public Health England.
- When we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and contacts Public Health England, and act[s] on any advice given.

#### HIV/AIDS/Hepatitis procedure

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

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

#### Nits and head lice

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

## **Looked after children**

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

### **Services provided to Looked After Children**

#### **Two-year-olds**

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

#### **Three- and four-year-olds**

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

### **Additional Support**

- The designated safeguarding lead and key person liaise with agencies and professionals involved with the child, and his or her family, and ensure appropriate information is gained and shared.
- A meeting of professionals involved with the child is convened by the preschool at the start of a placement. A Personal Education Plan (PEP) for children over 3 years old is put in place within 10 days of the child becoming looked after.
- Following this meeting, a care plan for the child will be completed. The care plan is reviewed after two weeks, six weeks, three months, and thereafter at three to six monthly intervals.
- Regular contact will be maintained with the social worker through planned meetings, which will include contribution to the PEP which is reviewed annually.



## **Making a complaint**

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

### **Procedures**

We are required to keep a written record of any complaints that reach stage two and above, and their outcome. This is to be made available to parents, as well as to Ofsted inspectors on request.

## **Making a complaint**

### **Stage 1**

- If you have a concern about any aspect of our preschool's provision, please discuss your concerns with our manager as soon as possible.
- Most complaints should be resolved amicably and informally at this stage.
- We record the issue, and how it was resolved, in the child's file.

### **Stage 2**

- If this does not have a satisfactory outcome, or if the problem recurs, please provide details of your concerns or complaint in writing.
- If you are not comfortable with making written complaints, we can provide you with a template form. The manager may assist you with completing the form, but you must sign it to confirm that the contents accurately reflect your concern or complaint.
- We keep all information relating to written complaints in the child's personal file. However, if the complaint involves a detailed investigation, our manager may wish to store all information relating to the investigation in a separate file designated for this complaint.
- When the investigation into the complaint is completed, our manager will meet with you to discuss the outcome.
- We will inform you of the outcome of the investigation within 28 days of you making the complaint.
- When the complaint is resolved at this stage, we log the summative points in our Complaint Investigation Record, which is made available to Ofsted on request.

### **Stage 3**

- If you are not satisfied with the outcome of the investigation, you may request a meeting with our manager and the Chair of the Committee. You may have a friend or partner present if you wish.
- An agreed written record of the discussion is made, as well as any decision or action to take as a result. All of the parties present at the meeting sign the record and receive a copy of it.
- This signed record signifies that the procedure has concluded. When the complaint is resolved at this stage, we log the summative points in our Complaint Investigation Record.

### **Stage 4**

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

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

### **Stage 5**

When the mediator has concluded her/his investigations, a final meeting between the parent and our manager and Chair of the Committee is held. The purpose of this meeting is to reach a decision on

the action to be taken to deal with the complaint. The mediator's advice is used to reach this conclusion. The mediator is present at the meeting if all parties think this will help a decision to be reached. A record of this meeting, including the decision on the action to be taken, is made. Everyone present at the meeting signs the record and receives a copy of it. This signed record signifies that the procedure has concluded.

**The role of the Office for Standards in Education, Children's Services and Skills (Ofsted), the Local Safeguarding Children Board and the Information Commissioner's Office.**

- Parents may approach Ofsted directly at any stage of this complaint's procedure. In addition, where there seems to be a possible breach of the setting's registration requirements, it is essential to involve Ofsted as the registering and inspection body with a duty to ensure the Safeguarding and Welfare Requirements of the Early Years Foundation Stage are adhered to.
- Parents can complain to Ofsted by telephone or in writing at:
- Alexandra House 33 Kingsway, London, United Kingdom, WC2B 6SE. 020 7421 6800
- These details are displayed on our parents' notice board.
- If a child appears to be at risk, we follow the procedures set out by Haringey Safeguarding Children's Partnership. (HSCP)
- In these cases, both the parent and our setting are informed and our manager work with Ofsted or Haringey Safeguarding Children Partnership to ensure a proper investigation of the complaint, followed by appropriate action.
- The Information Commissioner's Office (ICO) can be contacted if you have made a complaint about the way your data is being handled and remain dissatisfied after raising your concern with us. For further information about how we handle your data, please refer to the Privacy Notice given to you when you registered your child at our setting. The ICO can be contacted at [icocasework@ico.org.uk](mailto:icocasework@ico.org.uk) or by phone at 0303 123 1113

**Records**

- A record of complaints in relation to our preschool, or the children or the adults working in our setting, is kept for at least three years; including the date, the circumstances of the complaint and how the complaint was managed.
- The outcome of all complaints is recorded in our Complaint Investigation Record, which is available for parents and Ofsted inspectors to view on request.

## Managing Sickness & Illness

We promote the good health of all children attending. To help keep children healthy and minimise infection, we do not expect children to attend nursery if they are unwell. If a child is unwell, it is in their best interest to be in a home environment with adults, they know well rather than at nursery with their peers.

### Procedures for children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – our manager will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water, but kept away from draughts.
- The child's temperature is taken using a forehead thermometer strip, kept in the first aid box.
- If the child's temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, we ask parents keep children home for 48 hours following the last episode.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities> and includes common childhood illnesses such as measles.

### Reporting of 'notifiable diseases'

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

### HIV/AIDS/Hepatitis procedure

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

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

### Nits and head lice

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

# Manual Handling

## Procedures

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

## Guidelines for staff:

- Do not lift heavy objects alone. Seek help from a colleague.
- Bend from the knees rather than the back.
- Do not lift very heavy objects, even with others, that are beyond your strength.
- Use trolleys for heavy items that must be carried or moved on a regular basis.
- Items should not be lifted onto, or from, storage areas above head height.
- Do not stand on objects, other than proper height steps, to reach high objects and never try to over-reach.
- Push rather than pull heavy objects.
- Do not carry heavy objects up or down stairs; or carry large objects that may block your view of the stairs.
- Do not hold babies by standing and resting them on your hips.
- Please note this is not an exhaustive list.
- Managers are responsible for carrying out risk assessment for manual handling operations, which includes lifting/carrying children and lifting/carrying furniture or equipment.

## Legal framework

- Manual Handling Operations Regulations (1992) (Amended 2002)

## Missing child

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

### Procedures

#### Child going missing on the premises

- As soon as it is noticed that a child is missing, the member of staff alerts the Manager/ Deputy who will initiate a search of the premises.
- The register is checked to make sure no other child has also gone astray.
- If the child is found on site, the Manager/ Deputy checks on the welfare of the child and investigates the circumstances of the incident.
- If the child is not found on site, one member of staff searches the immediate vicinity, if there is no sign of the child, the police are called immediately.
- The parent(s) are then called and informed.
- The Manager will contact the Designated Safeguarding Officer to inform them of the situation and seek assistance.

#### Child going missing on an outing

- As soon as it is noticed that a child is missing, the senior member of staff present carries out a headcount.
- One staff member searches the immediate vicinity.
- If the child is not found, the senior staff member on the outing will call the police and then contact the Manager (if not on the outing).
- Our manager contacts the parent(s).
- Our staff will take the other children to the nursery as soon as possible if it is safe to do so. According to the advice of the police, one senior member of staff should remain at the site where the child went missing and wait for the police to arrive.
- The Manager will contact the Designated Safeguarding Officer to inform them of the situation and seek assistance.

#### Recording & reporting

- The Manager/ Deputy will record full details on the incident and send it to the Designated Safeguarding Officer by the end of the day.

#### The investigation

- Ofsted are informed as soon as possible (and at least within 14 days)
- The Designated Safeguarding Officer carries out a full Investigation.
- The Manager and the Designated Safeguarding Officer speak with the parents together and explain the process of the investigation.
- Each member of staff present during the incident completes an incident form which is filed in the child's file. Staff do not discuss any missing child incident with the press.

## **Nappy changing – referring to EYFS Statutory Guidance 2025**

We provide nappy changing facilities in a discrete position, whilst still being within hearing and sight of other staff. We exercise good hygiene practices in order to accommodate children who are not yet toilet trained. No child who may, for any reason, not yet be toilet trained and may be wearing nappies or the equivalent is excluded from participating in our setting. We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

### **Procedures**

- Our key persons regularly check all children in their care who are in nappies or 'pull-ups'; and change nappies as required.
- Children must be changed immediately if their nappy becomes soiled or wet.
- For younger children key persons undertake changing children in their key groups whenever possible.
- Key persons must record all nappy changes detailing the time of the change and whether it was soiled or wet.
- Students and volunteers never change children.
- We encourage young children from two years to wear pull-ups, or other types of trainer pants, in coordination with parents.
- Young children are changed within sight of other staff whilst maintaining their dignity and privacy at all times.
- Each child has their own bag with their nappies or pull-ups.
- Our staff put on disposable gloves and aprons before changing. The changing mat is cleaned after every use. Gloves are not always required for a wet nappy where there is no risk of infection, however, gloves are always available for those staff who choose to wear them. Gloves are always worn for a 'soiled' nappy.
- All our staff are familiar with our hygiene procedures and carry these out when changing nappies.
- Our staff never turn their back on a child or leave them unattended whilst they are on the changing mat.
- We encourage children to take an interest in using the toilet.
- We encourage children to wash their hands, and have soap and towels to hand.
- We do not use anti-bacterial hand wash liquid or soap for young children; young skin is quite delicate and anti-bacterial products kill off certain good bacteria that children need to develop their own natural resistance to infection.
- Older children access the toilet when they need to and are encouraged to be independent.
- We dispose of nappies and pull-ups hygienically. Any faeces in nappies or pull-ups is flushed down the toilet and the nappy or pull up is bagged and put in the bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are bagged for parents to take home.
- We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect and will be a disciplinary matter.

## **No-smoking**

We comply with health and safety regulations and the Safeguarding and Welfare Requirements of the Early Years Foundation Stage in making our setting a no-smoking environment - both indoors and outdoors.

### **Procedures**

- All staff, parents and volunteers are made aware of our No-smoking Policy.
- No-smoking signs are displayed prominently.
- The No-smoking Policy is stated in information for parents and staff.
- We actively encourage no-smoking by having information for parents and staff about where to get help to stop smoking if they are seeking this information.
- Staff who smoke or use e-cigarettes during their scheduled breaks do so in the designated areas off the premises.
- Staff who smoke during their break make every effort to reduce the effects of odour and passive smoking for children and colleagues
- E-cigarettes are not permitted to be used on the premises.
- Smoking is not permitted in any vehicles belonging to the setting.
- Staff are made aware that failure to adhere to this policy and procedures may result in disciplinary action.
- It is a criminal offence for employees to smoke in smoke-free areas, with a fixed penalty of £50 or prosecution and a fine of up to £200.

### **Legal framework**

- The Smoke-free (Premises and Enforcement) Regulations (2020)
- The Smoke-free (Signs) Regulations (2023)

## **Notifiable incident, non-child protection**

We follow the guidelines of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioural incidents between children are not regarded as incidents and there are separate procedures for this.

### **Procedures**

A 'notifiable' incident' could include:

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

The designated health and safety officer:

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

### **Emergency evacuation**

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

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

### **Emergency Closure**

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

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

### **Recording and reporting**

- On discovery of the notifiable incident, the member of staff reports to the appropriate emergency service, fire, police, ambulance, if those services are needed.
- The member of staff ensures that the setting manager and/or deputy are informed (if not on the premises at the time) and that the Management Committee are informed.



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

RIDDOR reportable events include:

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

This may include:

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

The setting manager informs the Management Committee and completes an accident and/or incident record; witness statements are taken as previously detailed.

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

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

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

If an insurance claim is likely:

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

### **Legal framework**

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (As Amended)

The Health and Safety (Enforcing Authority) Regulations 2015

## Promoting inclusion, equality & valuing diversity policy

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

### Aim

The nursery actively promotes inclusion, equality of opportunity and the valuing of diversity.

### Objectives

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

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

We interpret this as consisting of several tasks and processes in relation not only to children but also to parents and visitors in the setting. These tasks and processes include awareness and knowledge of relevant barriers to inclusion for those with a protected characteristic namely: disability; gender reassignment; pregnancy and maternity; race; religion or belief; sexual orientation; sex (gender); age and marriage or civil partnership (in relation to employment)

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

We promote understanding of discrimination through;

### Training and staff development that addresses;

- the causes and effects of discrimination on both adults and children and the long- term impact of discrimination;
- the need to protect children from discrimination and ensure that childcare practice is both accessible and inclusive;
- the need for relevant support to allow children to develop into confident adults with a strong positive self-identity.

### Developing practice that includes:

- An environment which reflects the 'kaleidoscope' of factors that can provide settings with a myriad of influences and ideas for exploring and celebrating difference.
- Ensuring that barriers to inclusion are identified and removed or minimised wherever possible.
- Understanding, supporting and promoting the importance of identity for all children and recognising that this comprises multiple facets which are shaped by a 'kaleidoscope' of factors including British values, 'race'\ethnicity and culture, gender, difference of ability, social class, language, religion and belief, and family form and lifestyle
- Recognising that this 'kaleidoscope' also reflects negative images which may be internalised and negatively affect the development of self-concept, self-esteem, and confidence.
- Promoting a welcoming atmosphere that genuinely appreciate British values, different cultural and personal perspectives, without stereotyping and prejudicing cultures and traditions on raising children, by always involving parents.
- Promoting community cohesion and creating an environment that pre-empts acts of discrimination so that they do not arise.
- Recruitment of staff to reflect cultural and language diversity, disabled staff, and staff of both genders.

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

### **Legal references**

General Data Protection Regulation 2018

Children and Families Act 2014 Part 3

Special Educational Needs and Disability Code of Practice 2024

Disability Equality Duty 2011

Equality Act 2020

Prevent Strategy 2025

### **Further guidance**

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

## Promoting positive behaviour

At The Nursery we believe that children flourish best when their personal, social and emotional needs are understood, supported and met and where there are clear, fair and developmentally appropriate expectations for their behaviour.

As children develop, they learn about boundaries, the difference between right and wrong, and to consider the views and feelings, and needs and rights, of others and the impact that their behaviour has on people, places and objects. The development of these skills requires adult guidance to help encourage and model appropriate behaviours and to offer intervention and support when children struggle with conflict and emotional situations. In these types of situations key staff can help identify and address triggers for the behaviour and help children reflect, regulate and manage their actions. We have a named behaviour coordinator who oversees and advises on the team's responses to challenging behaviour. Our behaviour coordinator is Luisa Bellavita.

### Procedures

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

- attend relevant training to help understand and guide appropriate models of behaviour;
- implement the setting's behaviour procedures including the stepped approach;
- have the necessary skills to support other staff with behaviour issues and to access expert advice, if necessary.

#### Stepped approach

##### Step 1

- We will ensure that EYFS guidance relating to 'behaviour management' is incorporated into relevant policy and procedures;
- All staff are knowledgeable with, and apply the preschool's procedures on Promoting Positive Behaviour;
- Unwanted behaviours are addressed using an agreed and consistently applied approach to deescalate situations.
- Behaviours that result in concern for the child and/or others will be discussed between the key person, the behaviour coordinator and Special Educational Needs Coordinator (SENCO) or/and manager. During the meeting, the key person will use their knowledge and assessments of the child to share any known influencing factors (e.g., new baby, additional needs, illness etc.) in order to place the behaviour into context.
- Appropriate adjustments to practice must within the preschool. If relevant, a risk assessment should be carried out.
- If the adjustments are successful, and the unwanted behaviour does not reoccur or cause concern then normal monitoring can resume.

##### Step 2

- If the behaviour remains a concern, then the key person and SENCO must liaise with parents to try to discover possible reasons for the behaviour and to agree next steps. If relevant and appropriate the views of the child must be sought and considered to help identify a cause.
- If a cause for the behaviour is not known or only occurs whilst in the preschool, then the Preschool Manager/ SENCO must suggest using a focused intervention approach to identify a trigger for the behaviour such as the ABC approach, i.e., Antecedents – what happened before; Behaviour – what was the behaviour observed; Consequences – what happened after the event.
- If a trigger is identified then the SENCO and key person must meet with the parents to plan support for the child through a graduated approach via SEN support.
- Aggressive behaviour by children towards other children will result in a staff member intervening immediately to stop the behaviour and prevent escalation using the agreed initial intervention approach. If the behaviour has been significant or may have a detrimental effect on the child, the parents of the victim of the behaviour and the parents of the perpetrator must be informed. If we have applied a physical intervention, they must follow the guidance as set out below. The designated person completes Safeguarding incident reporting form and contact Ofsted if appropriate. A record of discussions is recorded and parents are asked to sign.

- Parents must also be asked to sign risk assessments where the risk assessment relates to managing the behaviour of a specific child.
- If relevant, actions for dealing with the behaviour at home are agreed with parents and incorporated into the action plan. Other staff are informed of the agreed interventions and help implement the actions. The plan must be monitored and reviewed regularly by the key person/SENCo until improvement is noticed.
- Incidents and intervention relating to unwanted/challenging behaviour by children must be clearly and appropriately logged.

### **Step 3**

If despite applying initial intervention to deescalate situations and focused interventions to identify triggers the child's behaviour continues to occur and/or is of significant concern, the SENCO and key person invite the parents to a meeting to discuss external referral and next steps for supporting the child. It may be agreed that we request support from the Early Help team and/or other specialist services such as the Area SENCO. This will help address most developmental or welfare concerns. If the behaviour is part of other welfare concerns that include a concern that the child may be suffering or likely to suffer significant harm, safeguarding procedures must be followed immediately.

- Advice provided by external agencies is incorporated in the SEN Support Action Plan and regular multi-disciplinary meetings held to review the child's progress.
- If a review determines a statutory assessment may be needed then all relevant documentation must be collected in preparation for an Education Health and Care Assessment which may lead onto an Education, Health and Care Plan.

### **Initial intervention approach**

- We use an initial problem-solving intervention for all situations in which a child or children are distressed or in conflict. All staff use this intervention consistently.
- This type of approach involves an adult approaching the situation calmly, stopping any hurtful actions, acknowledging the feelings of those involved, gathering information, restating the issue to help children reflect, regain control of the situation and resolve the situation themselves.
- High Scope's Conflict Resolution process provides this type of approach but equally any other similar method would be suitable. Periodically the effectiveness of the approach will be checked.

### **Focused intervention approach**

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

### **Use of rewards and sanctions**

- All children need consistent messages, clear boundaries and guidance to intrinsically manage their behaviour through self-reflection and control.
- Rewards such as excessive praise and stickers may provide an immediate change in the behaviour but will not teach children how to act when a 'prize' is not being given or provide the child with the skills to manage situations and their emotions. Instead, a child is taught how to be 'compliant' and respond to meet adult's own expectations in order to obtain a reward (or for fear of a sanction). If used then the type of rewards and their functions must be carefully considered before applying.

- Children should never be labelled, criticised, humiliated, punished, shouted at or isolated by removing them from the group and left alone in 'time out' or on a 'naughty chair'. However, if necessary children can be accompanied and removed from the group in order to calm down and if appropriate helped to reflect on what has happened.

### **Use of physical intervention**

- The term physical intervention is used to describe any forceful physical contact by an adult to a child such as grabbing, pulling, dragging, or any form of restraint of a child such as holding down. Where a child is upset or angry, staff will speak to them calmly, encouraging them to vent their frustration in other ways by diverting the child's attention.
- Staff should not use physical intervention – or the threat of physical intervention, to manage a child's behaviour unless it is necessary to use 'reasonable force in order to prevent children from injuring themselves or others or damage property'(EYFS).'
- If 'reasonable force' has been used for any of the reasons shown above, parents are to be informed on the same day that it occurs. The intervention will be recorded as soon as possible within the child's file, which states clearly when and how parents were informed.
- Corporal (physical) punishment of any kind should never be used or threatened.

### **Physical handling**

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

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

### **Risks**

There are risks associated with any physical intervention and handling of a child. The younger and more vulnerable a child may be, the greater risk to the child of using physical intervention towards them. However, there are also risks to children associated with not intervening physically; for instance, if a practitioner did not take hold of a child by the wrist, they may have run into the path of a fast-moving car. Before intervening physically to protect a child from immediate harm a practitioner needs to decision make in a split second, considering the following factors. This is described as dynamic risk assessment.

- What is the immediate risk to this child if I do not intervene now?
- What might the risks be if I do intervene? If this was my child, what would I want someone looking after them to do in this situation?
- What is the minimum level of intervention that will be effective here? How can I do this as gently as possible for as short a time as possible and how am I going to manage myself to stay calm?

### **Recording**

Any instance of physical intervention is fully recorded immediately and reported to the designated person as soon as possible, ensuring that it is clearly stated when and how parents were informed. Parents are asked to sign a copy of the form which is then kept on the child's file. The designated person decides who will notify the parent and when, ensuring that the parent signs to say they have been notified. An individual risk assessment should be completed after any physical intervention with a child which considers the risks and likelihood of such behaviour re-occurring and how this will be managed. The risk assessment should be agreed and signed by parents.

## **Challenging Behaviour/Aggression by children towards other children**

- Any aggressive behaviour by children towards other children will result in a staff member intervening immediately to challenge and prevent escalation.
- If the behaviour has been significant or may potentially have a detrimental effect on the child, the parents of the child who has been the victim of behaviour and the parents of the child who has been the perpetrator should be informed.
- The designated person will contact children's social services if appropriate, i.e. if a child has been seriously injured, or if there is a reason to believe that a child's challenging behaviour is an indication that they themselves are being abused.
- The designated person will make a written record of the incident, which is kept in the child's file; in line with the *Safeguarding children, young people and vulnerable adults* policy.
- The designated person should complete a risk assessment related to the child's challenging behaviour to avoid any further instances.
- The designated person should meet with the parents of the child who has been affected by the behaviour to advise them of the incident and the setting's response to the incident.
- Ofsted should be notified if appropriate, i.e. if a child has been seriously injured.
- Relevant health and safety procedures and procedures for dealing with concerns and complaints should be followed.
- Parents should also be asked to sign risk assessments where the risk assessment relates to managing the behaviour of a specific child.

## **Challenging unwanted behaviour from adults in the setting**

- We will not tolerate behaviour from an adult which demonstrates a dislike, prejudice and/or discriminatory attitude or action towards any individual or group. This includes negativity towards groups and individuals living outside the UK (xenophobia). This also applies to the same behaviour if directed towards specific groups of people and individuals who are British Citizens residing in the UK.
- Allegations of discriminatory remarks or behaviour including xenophobia made in the setting by any adult will be taken seriously. The perpetrator will be asked to stop the behaviour and failure to do so may result in the adult being asked to leave the premises and in the case of a staff member, disciplinary measures being taken.
- Where a parent makes discriminatory or prejudiced remarks to staff at any time, or other people while on the premises, this is recorded on the child's file and is reported to the preschool manager. The procedure is explained and the parent asked to comply while on the premises. An 'escalatory' approach will be taken with those who continue to exhibit this behaviour. The second stage comprises a letter to the parent requesting them to sign a written agreement not to make discriminatory remarks or behave in a discriminatory or prejudiced manner; the third stage may be considering withdrawing the child's place.

# Privacy Policy

## Introduction

We are committed to ensuring that any personal data we hold about you and your child is protected in accordance with data protection laws and is used in line with your expectations. This privacy notice explains what personal data we collect, why we collect it, how we use it and how we protect it.

## What personal data do we collect?

We collect personal data about you and your child to provide care and learning that is tailored to meet your child's individual needs. We also collect information in order to verify your eligibility for free childcare as applicable.

Personal details that we collect about your child include:

- Your child's name, gender, date of birth, ethnic origin, home address, allergies or intolerances, immunisations, dietary requirements, religion, health and medical information, development needs, and any special educational needs.
- Where applicable we will obtain child protection plans from social care and health care plans from health professionals.
- We will also ask for information about who has parental responsibility for your child and any court orders pertaining to your child.

## Personal details that we collect about you include:

- Your name, home address, occupation, contact information (e.g. phone numbers, email address etc), and family details.
- Your national insurance number. (If you are receiving 15 or 30 hours free childcare)
- Your date of birth. (If you are receiving 15 or 30 hours free childcare)
- Your Local Authority unique reference number (URN). (If you are eligible for 15 hours free childcare for 2 year olds.)
- Your HMRC eligibility code. (If you are eligible for 30 hours free childcare)

We will also collect personal information for other contacts you provide us. This includes emergency contacts and those you have given permission to collect your child from preschool. This information includes; Name, contact number and relationship to you/ your child.

## Why we collect this information and the legal basis for handling your data

We use personal data about you, your child and your emergency contacts in order to provide childcare services and fulfil the contractual arrangement you have entered into. This includes using the data:

- to contact you in case of an emergency
- to support your child's wellbeing and development
- to manage any special educational, health or medical needs of your child whilst at our setting
- to carry out regular assessment of your child's progress and to identify any areas of concern
- to maintain contact with you about your child's progress and respond to any questions you may have
- to verify your eligibility and process your claim for up to 15 hours free childcare for 2 year olds (where applicable)
- to process your claim for the universal offer of up to 15 hours free childcare for all three and four year olds. (where applicable)
- to check your eligibility for early years pupil premium.
- to verify your eligibility and process your claim the extended offer of up to 30 hours free childcare for three and four year olds.(where applicable)
- to keep you updated with information about our service.

With your consent, we will also record your child's activities for their individual learning record. This may include photographs and videos. You will have the opportunity to withdraw your consent at any time, for images taken by confirming so in writing.



We have a legal obligation to process safeguarding related data about your child should we have concerns about their welfare. We also have a legal obligation to transfer records and certain information about your child to the school that your child will be attending.

### **Who we share your data with**

In order for us to deliver childcare services we will also share your data as required with the following categories of recipients:

- Ofsted – during an inspection or following a complaint about our service
- the Local Authority (where you claim up to 30 hours free childcare as applicable)
- the government's eligibility checker (as above)
- the school that your child will be attending
- education, health or social care professionals involved in the care of your child (e.g. health visitors, speech and language therapists, social workers etc)

### **We will also share your data if:**

- we are legally required to do so, for example, by law, by a court or the Charity Commission;
- to enforce or apply the terms and conditions of your contract with us;
- to protect your child and other children; for example by sharing information with social care or the police;
- it is necessary to protect our/or others rights, property or safety

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

#### **How do we protect your data?**

We protect unauthorised access to your personal data and prevent it from being lost, accidentally destroyed, misused, or disclosed by implementing the following measures;

- personal data held in manual files (paper documents) are stored in locked cabinets within the preschool.
- appropriate technical measures are implemented to protect personal data held electronically. (e.g. antivirus, firewalls, software updates, password protection policies.)
- use of locked cabinets to hold relevant personal data for the required period after children have left the preschool.
- personal data we no longer need to hold is securely shredded (for manual files) or deleted (electronic files).

### **How long do we retain your data?**

#### **Registration data** - (including application forms, registration forms, consent forms & contracts)

These forms hold personal data relating to you and your child. We retain this personal data for up to 3 years after your child no longer uses our setting, or until our next Ofsted inspection after your child leaves our setting.

**Children's records** – (including registers, cohort tracker analysis, medication records and accident records). These will be retained in line with the retention periods for Registration data above. (Note: Medication records and accident records may be retained for longer according to legal requirements.) Your child's learning and reflection on learning records are maintained by us and handed to you when your child leaves. If your child's next school/ nursery provider requests any records to be transferred to them, this will be processed in line with our policy for 'Transfer of records to school'.

In some instances (i.e., child protection, or other support service referrals) we are obliged to keep your data for longer to comply with local authority or legal requirements.

**Finance records** – (including invoices, receipts, attendance patterns, start/ leave dates, child's name and date of birth and billing contact details). We retain this information for a period of 6 years to comply with Charity Commission and Companies House legislation pertaining to financial records. All parental declaration forms are retained in line with Local Authority requirements.

### **Automated decision-making**

We do not make any decisions about your child based solely on automated decision-making.

### **Your rights with respect to your data**

You have the right to:

- request access, amend or correct your/your child's personal data
- request that we delete or stop processing your/your child's personal data, for example where the data is no longer necessary for the purposes of processing; and
- request that we transfer your, and your child's personal data to another person or organisation.

If you wish to exercise any of these rights at any time or if you have any questions, comments or concerns about this privacy notice, or how we handle your data please contact Luisa Bellavita using the email address [info@theplaycabin.co.uk](mailto:info@theplaycabin.co.uk). If you continue to have concerns about the way your data is handled and remain dissatisfied after raising your concern with us, you have the right to complain to the Information Commissioner Office (ICO). The ICO can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or [ico.org.uk/](https://ico.org.uk/)

### **Changes to this notice**

We keep this notice under regular review. You will be notified of any changes where appropriate.

## **Risk assessment**

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

Risk assessment means:

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

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

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

This policy is based on the five steps below:

- Identification of a risk: Where is it and what is it?
- Who is at risk: Childcare staff, children, parents, cooks, cleaners etc?
- Assessment as to whether the level of a risk is high, medium, low. This takes into account both the likelihood of it happening, as well as the possible impact if it did.
- Control measures to reduce/eliminate risk: What will you need to do, or ensure others will do, in order to reduce that risk?
- Monitoring and review: How do you know if what you have said is working, or is thorough enough? If it is not working, it will need to be amended, or maybe there is a better solution.

### **Procedures**

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

### **Legal framework**

Management of Health and Safety at Work Regulations Summary (2025)

## Safeguarding children and child protection

This policy aims to provide all members of staff (paid and unpaid), children and their families, with a clear and secure framework for ensuring that all children in the nursery are protected from harm, both while at nursery and when off the premises.

### Procedures

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

- Our designated person who co-ordinates child, young people and vulnerable adult protection issues is: **Luisa Bellavita**.
- When the nursery is open but the designated person is not on site, our designated deputy, – **Eleanore Harrison-Read** is available to discuss safeguarding concerns.
- Our designated officer (a member of the management committee) who oversees this work is: **Vendelin D.**
- The designated person, the suitably trained deputy and the designated officer ensure they have relevant links with statutory and voluntary organisations with regard to safeguarding.
- The designated person and deputy understand the HSCP safeguarding procedures, attend relevant HSCP training at least every two years and refresh their knowledge of safeguarding at least annually.
- We ensure all staff are trained to understand our safeguarding policies and procedures and that parents are made aware of them too.
- All staff understand that safeguarding is their responsibility.
- All staff have an up-to-date knowledge of safeguarding issues, are alert to potential indicators and signs of abuse and neglect and understand their professional duty to ensure safeguarding and child protection concerns are reported to the children's social care team. They receive updates on safeguarding at least annually.
- All staff are confident to ask questions in relation to any safeguarding concerns and know not to just take things at face value but can be respectfully sceptical.
- All staff understand the principles of early help (as defined in Working Together to Safeguard Children, 2023,) and are able to identify those children and families who may be in need of early help and enable them to access it.
- All staff understand thresholds of significant harm and how to access services for families, including those for families who are below the threshold for significant harm, according to arrangements published by the Haringey Safeguarding Children Partnership.
- All staff understand their responsibilities under the General Data Protection Regulation and the Data Protection Act 2018, and understand relevant safeguarding legislation, statutory requirements and local safeguarding partner requirements and ensure that any information they may share about parents and their children with other agencies is shared appropriately and lawfully.
- We will support families to receive appropriate early help by sharing information with other agencies in accordance with statutory requirements and legislation.
- We will share information lawfully with safeguarding partners and other agencies where there are safeguarding concerns.
- We will be transparent about how we lawfully process data.
- All staff understand how to escalate their concerns in the event that they feel either the local authority and/or their own organisation has not acted adequately to safeguard and know how to follow local safeguarding procedures to resolve professional disputes between staff and organisations.
- All staff understand what the nursery expects of them in terms of their required behaviour and conduct, and follow our policies and procedures on positive behaviour, online safety (including use of cameras, tablets and mobile phones), whistleblowing and dignity at work.
- Children have a key person to build a relationship with, and are supported to express any worries, concerns or complaints that they may have in an age-appropriate way.
- All staff understand our policy on promoting positive behaviour and follow it in relation to children showing aggression towards other children.

- Adequate and appropriate staffing resources are provided to meet the needs of children.
- Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.
- Enhanced Disclosure and Barring Service (DBS) and barred lists checks and other suitability checks are carried out for staff and volunteers prior to their post being confirmed, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.
- Where applications are rejected based on information disclosed, applicants have the right to know and to challenge incorrect information.
- Enhanced criminal records checks are carried out on anyone living or working on the premises
- Volunteers must:
  - be aged 17 or over
  - be considered competent and responsible
  - receive a robust induction and regular supervisory meetings;
  - be familiar with all the settings policies and procedures
  - be fully checked for suitability if they are to have unsupervised access to children at any time.
- Information is recorded about staff qualifications, and the identity checks and vetting processes that have been completed including:
  - the DBS reference number;
  - the date the disclosure was obtained; and
  - details of who obtained it.
- All staff and volunteers are informed that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).
- From 31 August 2018, staff and volunteers in childcare settings that are not based on domestic premises are **not** required to notify their line manager if anyone in their household (including family members, lodgers, partners etc.) has any relevant convictions, cautions, court orders, reprimands or warnings or has been barred from, or had registration refused or cancelled in relation to any childcare provision or have had orders made in relation to care of their children. For childminders and childcare provided from domestic settings they will be required to notify if anyone in their household has any relevant convictions, court orders or reprimands or had registration refused or cancelled in relation to childcare provision or have had certain Orders made in relation to the care of their children in accordance with the Childcare Disqualification and Childcare Regulations 2018, and Disqualification under the Childcare Act guidance effective from 31 August 2018.
- Staff receive regular supervision, which includes discussion of any safeguarding issues, and their performance and learning needs are reviewed regularly.
- In addition to induction and supervision, staff are provided with clear expectations in relation to their behaviour [outlined in the employee handbook].
- We notify the Disclosure and Barring Service of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of a child protection concern.
- Procedures are in place to record the details of visitors to the setting.
- Security steps are taken to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.
- Steps are taken to ensure children are not photographed or filmed on video for any other purpose than
 

to record their development or their participation in events organised by us. Parents sign a consent form and have access to records holding visual images of their child. Any images of children are held securely and in a locked filing cabinet when not in use. Staff do not use personal cameras or filming equipment to record images.
- Personal mobile phones are not used where children are present.
- Any personal information is held securely and in line with data protection requirements and guidance from the ICO.
- The designated person in the setting has responsibility for ensuring that there is an adequate online safety policy in place.

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

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

### **Responding to suspicions of abuse**

- We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.
- We ensure that all staff have an understanding of the additional vulnerabilities that arise from Special educational needs and/or disabilities, plus inequalities of race, gender, language, religion, sexual orientation or culture, and that these receive full consideration in relation to child, young person or vulnerable adult protection.
- When children are suffering from physical, sexual or emotional abuse, or experiencing neglect, this may be demonstrated through:
  - significant changes in their behaviour;
  - deterioration in their general well-being;
  - their comments which may give cause for concern, or the things they say (direct or indirect disclosure);
  - changes in their appearance, their behaviour, or their play;
  - unexplained bruising, marks or signs of possible abuse or neglect; and
  - any reason to suspect neglect or abuse outside the setting.
- We understand how to identify children who may be in need of early help, how to access services for them
- We understand that we should refer a child who meets the s17 Children Act 1989 child in need definition to local authority children's social work services
- We understand that we should refer any child who may be at risk of significant harm to local authority children's social work services.
- We are aware of the 'hidden harm' agenda concerning parents with drug and alcohol problems and consider other factors affecting parental capacity and risk, such as social exclusion, domestic violence, radicalisation, mental or physical illness and parent's learning disability.
- We are aware that children's vulnerability is potentially increased when they are privately fostered and when we know that a child is been cared for under a private fostering arrangement, we inform our local authority's social care team.
- We are prepared to take action if we have concerns about the welfare of a child who fails to arrive at a session when expected. The designated person will take immediate action to contact the child's parent to seek an explanation for the child's absence and be assured that the child is safe and well. If no contact is made with the child's parents and the designated person has reason to believe that the child is at risk of significant harm, the relevant professionals are contacted immediately and the HSCP procedures are followed. If the child has current involvement with social care the social worker is notified on the day of the unexplained absence.
- We are aware of other factors that affect children's vulnerability such as, abuse of children who have special education needs and/ or disabilities; fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, such as through internet abuse; Female Genital Mutilation and radicalisation; that may affect, or may have affected, children and young people using our provision.

- We are aware of social factors that affecting children's vulnerability including; social exclusion; domestic violence and controlling or coercive behaviour; mental illness; drug and alcohol abuse (substance misuse); parental learning disability and radicalisation.
- In relation to radicalisation and extremism we follow the Prevent Duty guidance for England and Wales published by the Home Office and the HSCP procedures on responding to radicalisation.
- The designated person completes online Channel training, online Prevent training and attends local WRAP training where available to ensure they are familiar with the local protocol and procedures for responding to concerns about radicalisation. All staff complete online Channel training.
- We are aware of the mandatory duty that applies to teachers and health workers to report cases of Female Genital Mutilation to the police. We are also aware that early years practitioners should follow local authority published safeguarding procedures to respond to FGM and other safeguarding issues, which involves contacting police if a crime of FGM has been or may be about to be committed.
- We also make ourselves aware that some children and young people are affected by gang activity, by complex, multiple or organised abuse, through forced marriage or honour based violence or may be victims of child trafficking. While this may be less likely to affect young children in our care, we may become aware of any of these factors affecting older children and young people who we may come into contact with.
- If we become concerned that a child may be a victim of modern slavery or human trafficking we will refer to the National Referral Mechanism, as soon as possible and refer and/or seek advice to the local authority children's social work service and/or police.
- We will be alert to the threats children may face from outside their families, such as that posed by organised crime groups such as county lines and child sexual exploitation, online use and from within peer groups and the wider community.
- Where we believe that a child in our care or that is known to us may be affected by any of these factors we follow the procedures below for reporting child protection and child in need concerns and follow the HSCP procedures.
- Where such indicators are apparent, the child's key person makes a dated record of the details of the concern and discusses what to do with the member of staff who is acting as the designated person. The information is stored on the child's personal file.
- In the event that a staff member or volunteer is unhappy with the decision made of the designated person in relation to whether to make a safeguarding referral they must follow escalation procedures.
- We refer concerns about children's welfare to the local authority children's social care team and co-operate fully in any subsequent investigation. NB In some cases this may mean the police or another agency identified by Haringey Safeguarding Children Partnership.
- We respond to any disclosures sensitively and appropriately and take care not to influence the outcome either through the way we speak to children or by asking questions of children (although we may check out/clarify the details of what we think they have told us with them).
- We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or school children on work placement, young employees or young parents. Where abuse or neglect is suspected we follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account in an age appropriate way, but the setting may override the young person's refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.
- All staff are also aware that adults can also be vulnerable and know how to refer adults who are in need of community care services.
- All staff know that they can contact the NSPCC whistleblowing helpline if they feel that our organisation and the local authority have not taken appropriate action to safeguard a child and this has not been addressed satisfactorily through organisational escalation and professional challenge procedures.
- We have a whistleblowing policy in place.

- Staff/volunteers know they can contact the organisation Public Concern at Work for advice relating to whistleblowing dilemmas.

### **Recording suspicions of abuse and disclosures**

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

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

We follow the HSCP procedures for recording and reporting. These are attached to this policy.

### **Escalation Process**

- If we feel that a referral made has not been dealt with properly or that concerns are not being addressed or responded to, we will follow the HSCP escalation process.
- We will ensure that staff are aware of how to escalate concerns.
- We will follow local procedures published by the HSCP or safeguarding partners to resolve professional disputes.

### **Informing parents**

- Parents are normally the first point of contact. Concerns are normally discussed with parents to gain their view of events, unless it is felt that this may put the child or other person at risk, or may interfere with the course of a police investigation, or may unduly delay the referral, or unless it is otherwise unreasonable to seek consent. Advice will be sought from social care, or in some circumstances police, where if necessary.
- Parents are informed when we make a record of concerns in their child's file and that we also make a note of any discussion we have with them regarding a concern.
- If a suspicion of abuse warrants referral to social care, parents are informed at the same time that the referral will be made, except where the procedures of the Haringey Safeguarding Children Partnership does not allow this, for example, where it is believed that the child may be placed at risk.
- This will usually be the case where the parent is the likely abuser or where sexual abuse may have occurred.
- If there is the possibility that that advising a parent beforehand may place a child at greater risk, (or interfere with a police response) the designated person should consider seeking advice from children's social work services, about whether or not to advise parents beforehand, and should record and follow the advice given.

### **Liaison with other agencies and multi-agency working**

- We work within the Haringey Safeguarding Children Partnership guidelines.
- The current version of 'What to do if you're worried a child is being abused' is available for parents and staff and all staff are familiar with what they need to do if they have concerns.
- We have procedures for contacting the local authority regarding child protection issues and concerns about children's welfare, including maintaining a list of names, address and telephone



to ensure that in any emergency, it is easy for the nursery and the children's social care team to work well together.

- We notify Ofsted of any incident or accident and any changes in our arrangements that may affect the well-being of children or where an allegation of abuse is made against a member of staff (whether the allegations relate to harm or abuse committed on our premises or elsewhere). Notifications to Ofsted are made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made.
- Contact details for the National Society for the Prevention of Cruelty to Children (NSPCC) are also kept.

### **Allegations against staff and persons in position of trust**

- We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the setting, or anyone living or working on the premises occupied by the setting, which may include an allegation of abuse.
- We ensure that all staff volunteers and anyone else working in the setting knows how to raise concerns that they may have about the conduct or behaviour of other people including staff/colleagues.
- We differentiate between allegations and concerns/complaints about the quality of care or practice. We have a separate process for responding to complaints.
- We respond to any inappropriate behaviour displayed by members of staff, volunteer or any other person living or working on the premises, which includes:
  - Inappropriate sexual comments;
  - excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or inappropriate sharing of images.
- We will recognise and respond to allegations that a person who works with children has:
  - behaved in a way that has harmed a child, or may have harmed a child
  - possibly committed a criminal offence against or related to a child
  - behaved towards a child or children in a way that indicates they may pose a risk of harm to children.
- We respond to any concerns raised by staff and volunteers who know how to escalate their concerns if they are not satisfied with our response
- We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting, may have taken, or is taking place by first recording the details of any such alleged incident.
- We refer any such allegation immediately to a senior manager within the organisation and the Local Authority Designated Officer (LADO) as necessary to investigate and/or offer advice:

*Finola Owens 0208 489 2968 or [lado@haringey.gov.uk](mailto:lado@haringey.gov.uk)*

- We also report any such alleged incident to Ofsted (unless advised by LADO that this is unnecessary
- due to incident not meeting the threshold), as well as what measures we have taken. We are aware that it is an offence not to do this.
- We cooperate entirely with any investigation carried out by the children's social care in conjunction with the police.
- Where the management team, children's social care team and LADO agree it is appropriate in the circumstances, the member of staff or volunteer will be suspended for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place, but is to protect the staff, as well as children and families throughout the process. Where it is appropriate and practical and agreed with LADO, we will seek to offer an alternative to suspension for the duration of the investigation, if an alternative is available that will safeguard children and not place the affected staff or volunteer at risk.

### **Disciplinary action**

Where a member of staff or volunteer has been dismissed due to engaging in activities that caused concern for the safeguarding of children or vulnerable adults, we will notify the Disclosure and Barring

Service of relevant information, so that individuals who pose a threat to children and vulnerable groups can be identified and barred from working with these groups.

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

### **Training**

- All staff attend face to face training with an outside agency annually to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse (including child sexual exploitation) and neglect and that they are aware of the local authority guidelines for making referrals. Training also covers extra familial threats such as online risks, radicalisation and grooming, and how to identify and respond to families who may be in need of early help, and organisational safeguarding procedures. Training for all staff is updated annually. New staff are required to complete DfE online training (DfE 2025) as part of their induction.
- Designated persons receive appropriate training, as recommended by the Haringey Safeguarding Children Partnership, every two years and refresh their knowledge and skills at least annually.
- We ensure that all staff know the procedures for reporting and recording any concerns they may have about the provision.
- We ensure all staff receive updates on safeguarding via emails, newsletters, online training and/or discussion at staff meetings at least once a year.
- All staff training is recorded on the Single Central Record.

### **Planning**

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

### **Curriculum**

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

### **Confidentiality**

- All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Haringey Safeguarding Children Partnership and in line with the GDPR, Data Protection Act 2018, and Working Together 2018.

### **Support to families**

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

## **Procedure for raising a Safeguarding & Child Protection concern**

### **1. If you have a concern about a child / young person's wellbeing based on;**

- Something the child / parent has told you
- Something you have noticed about the child's behaviour, health or appearance
- Something another professional said or did

Even if you think your concern is minor, the DSL may have more information that, together with what you know, represents a more serious worry about a child.

It is never your decision alone how to respond to concerns, no matter how small.

### **2. Decide whether you need to find out more by asking the child or their parent to clarify your concerns, being careful to use open questions:**

- .....beginning with words like: 'how', 'why', 'where', 'when', 'who'?

### **3. Make a written record as soon as possible after the event, noting:**

- Name of the child
- Date, time and place
- Who else was present
- What was said / what happened / what you noticed. (For example; speech, behaviour, mood, drawings, games or appearance)
- If child or parent spoke, record their words rather than your interpretation
- Analysis of what you observed and why it is a cause for concern.

### **4. Hand your written concern to the DSL or Deputy DSL immediately.** (Always within one working day)

### **5. DSL/ Deputy DSL to follow attached procedures.**

## **Legal framework**

### *Primary legislation*

- Children Act (1989 s47)
- Protection of Children Act (1999)
- Care Act (2014)
- The Children Act (2004 s11)
- Children and Social Work Act 2017
- Safeguarding Vulnerable Groups Act (2006)
- Counter-Terrorism and Security Act (2015)
- General Data Protection Regulations (GDPR) (2018)
- Data Protection Act 2018
- Modern Slavery Act 2015
- Sexual Offences Act (2003)
- Serious Crime Act (2015)
- Criminal Justice and Court Services Act (2000)
- Human Rights Act (1998)
- Equalities Act (2010)
- Equalities Act (2006)
- Disabilities Discrimination Act (1985)
- Freedom of Information Act (2000)

## **Further Guidance**

Working Together to Safeguard Children

Statutory Framework for the Early Years Foundation Stage 2025

What to Do if You're Worried a Child is Being Abused

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

Keeping Children Safe in Education

Education Inspection Framework (Ofsted 2025)

The framework for the assessment of children in need and their families

The Common Assessment Framework

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

Information sharing advice for safeguarding practitioners

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

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

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

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

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

Safeguarding Children from Abuse Linked to a Belief in Spirit

Safeguarding Children in whom Illness is Fabricated or Induced

Safeguarding Disabled Children: Practice Guidance (DfE)

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

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

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

## Safer Recruitment

At The Nursery we are committed to ensuring that all staff, including students, volunteers and any agency staff are suitable to work with or be in regular contact with children.

### Procedures

#### Advertising

- We ensure all recruitment literature includes details of our commitment to equal opportunities and our safe recruitment procedures; including the requirement for an enhanced DBS check and at least two independent references for every new employee. We also include the need for an additional criminal records check (or checks if more than one country) for anyone who has lived or worked abroad.
- All adverts include information on how candidates can access a job description and person specification (if they are not included with the advert).
- We welcome applications from all sections of the community. Applicants will be considered on the basis of their suitability for the post, regardless of disability, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, sex, age, marriage or civil partnership. Applicants will not be placed at a disadvantage by our imposing conditions or requirements that are not justifiable.
- We work towards offering equality of opportunity by using non-discriminatory procedures for staff recruitment and selection.

#### Interviews

- We shortlist all suitable candidates against a pre-set specification.
- At least 2 people are involved in the interview panel.
- At the start of each interview, the panel check the Photo ID, qualifications, proof of address and right to work in the UK for each candidate.
- During the interview the panel will explore any gaps in employment and also outline the physical and mental demands of the role.
- Candidates are given a score for their answers, including a score for their individual experience and qualifications.
- Every shortlisted candidate is also required to take part in a supervised practical exercise which will involve spending time in the nursery, interacting with the children.
- The manager and deputy will then select the most suitable person for the position, taking into account the scores for the interview and the needs of the nursery.

#### Starting work

- The successful candidate will be offered the position subject to at least two references from previous employment or, in the case of a newly qualified student, their tutor and a personal or professional reference. These references will be taken up BEFORE employment commences. This may be verbal initially and then followed up with a written reference which will form part of their personnel file.
- All qualifications will be checked and copies taken for their personnel files where applicable
- All new starters, other than those who have registered for the continuous updating service (see below), will be subject to an enhanced Disclosure and Barring Service (DBS) check. This will be initiated before the member of staff commences work in the nursery and they will not have unsupervised access to any child or their records before this check comes back clear.
- An additional criminal records check (or checks if more than one country) should also be made for anyone who has lived or worked abroad.
- We record and retain details about the individual including staff qualifications, identity checks carried out and the vetting process completed. This will include the disclosure and barring service reference number, the date the disclosure was obtained and details of who obtained it. We do not retain copies of the disclosure itself once the employment decision is taken.
- There may be occasions when a DBS check is not clear but the individual is still suitable to work with children. This will be treated on an individual case basis and at the manager's/management committee's discretion taking into account the following:
  - seriousness of the offence or other information

- accuracy of the person's self-disclosure on the application form
  - nature of the appointment including levels of supervision
  - age of the individual at the time of the offence or other information
  - the length of time that has elapsed since the offence or other information
  - relevance of the offence or information to working or being in regular contact with children.
- If the individual has registered on the DBS system since 17 July 2013, managers may use the update service with the candidate's permission instead of carrying out an enhanced DBS check. The status check is carried out after checking their identity and viewing their original enhanced DBS certificate to ensure that it does not reveal any information that would affect their suitability for the post.
  - New starters are required to sign to state that they have no criminal convictions, court orders or any other reasons that disqualify them from working with children or unsuitable to do so.
  - All new members of staff will undergo an induction period during which time they will read and discuss the key nursery policies and procedures and be assigned a 'mentor/ buddy' who will introduce them to our routines.
  - During their induction period all new staff will receive training on how to safeguard children in their care and follow the Safeguarding Children/Child Protection policy and procedure, emergency evacuation procedures, equality policy and health and safety issues.
  - The new member of staff will have regular meetings with the manager during their induction period to discuss their progress, and identify and support/or further training required.

### **Ongoing support and checks**

- All staff are responsible for notifying the manager in person if any there are any changes to their circumstances that may affect their suitability to work with children (staff suitability status will also be checked through an annual 'disclosure form'. This includes any incidents occurring outside the nursery. Staff will face disciplinary action should they fail to notify the manager **immediately**.
- The annual disclosure form also includes a health questionnaire to ensure management have knowledge of any changes that may require support or additional resources to help staff to carry out their day-to-day duties. This will also be discussed at staff supervisions/review meetings. Management may require this more regularly where health circumstances change.
- The nursery manager / management committee will review any significant changes to an individual's circumstances that may suggest they are no longer suitable to work with children and take appropriate action to ensure any unsuitable or potentially unsuitable employee does not have unsupervised contact with children until the matter is resolved.
- Every member of staff will have one supervision/ review meeting each term. This will provide a more formal opportunity for the manager and member of staff to discuss training needs, workload, key children, record keeping and performance.
- The manager and deputy will be responsible for any support the staff team may require between these reviews. This includes mentor support, one-to-one training sessions, ongoing supervision, work-based observations and constructive feedback
- The nursery will provide appropriate opportunities for all staff to undertake professional development and training to help improve the quality of experiences provided for children.
- We obtain consent from our staff and volunteers to carry out on-going status checks of the Update Service to establish that their DBS certificate is up-to-date for the duration of their employment with us.  
For those employees who are not on the DBS update service, we carry out a new DBS check every 3 years.
- Where we become aware of any relevant information, which may lead to the disqualification of an employee, we will take appropriate action to ensure the safety of children. In the event of disqualification, that person's employment with us will be terminated. Where employment is due to someone becoming unsuitable/ disqualified, we notify the DBS, even if they resign prior to dismissal.
- The manager completes Safer recruitment training and keeps up to date with legislation and best practice.
- The Nursery is committed to recruiting, appointing and employing staff in accordance with all relevant legislation and best practice.

## Student placements

We recognise that qualifications and training make an important contribution to the quality of the care and education we provide. As part of our commitment to quality, we offer placements to students undertaking early years qualifications and training. We also offer placements for school pupils on work experience.

### Procedures

- We require students on qualification courses to meet the Suitable Person requirements of the Early Years Foundation Stage and have a satisfactory enhanced DBS check with barred list check(s).
- We require students in our preschool to have a sufficient understanding and use of English to contribute to the well-being of children in our care.
- We require schools, colleges or universities placing students under the age of 17 years with us to vouch for their good character.
- We supervise students under the age of 17 years at all times and do not allow them to have unsupervised access to children.
- Students undertaking qualification courses who are placed in our setting on a short-term basis are not counted in our staffing ratios.
- Students and apprentices, over the age of 17, who are undertaking a level 3 qualification may be considered to be counted in the ratios if our manager deems them to be suitably qualified and experienced.
- We take out employers' liability insurance and public liability insurance, which covers both students and voluntary helpers.
- We require students to keep to our Confidentiality, recording and sharing information policy.
- We co-operate with students' tutors in order to help students to fulfil the requirements of their course of study.
- We provide students, at the first session of their placement, with a short induction on how our setting is managed, how our sessions are organised and our policies and procedures.
- We communicate a positive message to students about the value of qualifications and training.
- We make the needs of the children paramount by not admitting students in numbers that hinder the essential work of the setting.
- We ensure that trainees and students placed with us are engaged in genuine early years training, which provides the necessary background understanding of children's development and activities.

## Supervision of children on trips and visits

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

### Procedures

- All off site activity has a clearly identified educational purpose with specific learning and development outcomes.
- The setting manager contacts the venue and requests a current copy of the Group Visit Risk Assessment. The manager will also check to ensure that there have not been any recent outbreaks of E. coli.
- The setting manager shares the Group Visit Risk Assessment with staff and allocates roles for staff on the day.
- Management will visit all new venues before any planned trip to carry out their own risk assessment and devise a plan of action for the day.
- Parents are required to attend with their children on trips and visits.
- Parents are responsible for their own children.
- Where a parent is not able to attend, but would like the child to attend, parents must complete a consent form giving us permission to take their child. The child will be allocated to a member of staff in line with ratios for children on outings. Limited places are available for children attending without parents due to required ratios.
- Where parents have undergone vetting with us as volunteers, they may be included in the adults to child ratio and have children allocated to them.
- We ensure all children wash their hands thoroughly after touching animals.
- We remind children not to put their hands in their mouth after touching animals
- We encourage parents to wash shoes thoroughly after farm visits
- Staff, parents or volunteers who are or may be pregnant should avoid contact with pregnant ewes and may want to consult their own GP before the visit.
- Trips and visits are recorded in the outings record book kept in the setting, stating:
  - The date and time of the outing.
  - The venue and mode of transport used.
  - The names of the staff members assigned to each of the children.
  - The time of return.
- We take a mobile phone on trips, as well as supplies of tissues, wipes, spare clothing and nappies, first aid kit, snacks and water.
- We take a list of children with us with contact numbers of parents, as well as an accident book and a copy of our Missing Child Policy.
- We provide children with badges or 'high viz' vests to wear that contain the name and setting telephone number – but not the name of the child.
- Records are kept of the vehicles used to transport children, with named drivers and appropriate insurance cover.
- We ensure that seat belts are worn whilst travelling in vehicles and that booster seats and child safety seats are used as appropriate to the age of the child.
- As a precaution, we ensure that children do not eat when travelling in vehicles.
- We ensure that contracted drivers are from reputable companies, are DBS checked, do not have unsupervised access to the children and are not included in the ratios.



## Supporting children with Special Educational Needs & Disabilities

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

We use the SEND Code of Practice (2015) definition of Special Educational Needs and Disability:

*'A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.'*

*A child of compulsory school age or a young person has a learning difficulty or disability if he or she:*

- has a significantly greater difficulty in learning than the majority of others of the same age, or*
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.*

### Statement of intent

We are committed to the inclusion of all children at our preschool. We ensure all children are cared for and educated to develop to their full potential alongside their peers through positive experiences. We enable them to share opportunities and experiences and develop and learn from each other. We provide a positive and welcoming environment where children are supported according to their individual needs and we work hard to ensure no child is discriminated against or put at a disadvantage as a consequence of their needs. Each child's needs are unique and we do not attempt to categorise children.

We are committed to working in partnership with parents in order to meet each child's individual needs and develop to their full potential. We are committed to working with any child who has a special educational need and/or disability and making reasonable adjustments to enable every child to make full use of the preschool's facilities. All children have a right to a broad and well-balanced early learning environment.

We undertake a Progress Check of all children at age two in accordance with the Code of Practice (2015) and statutory framework for EYFS.

We will also undertake an assessment at the end of the Early Years Foundation Stage for any children that remain with us in the final term of the year in which they turn five, as per the statutory framework for EYFS.

We will work closely with the child's parents and any relevant professionals if we identify any areas where a child's progress is less than expected to establish if any additional action is required. This may include:

- Liaising with any professional agencies
- Reading any reports that have been prepared
- Attending any review meetings with the local authority/professionals
- Observing each child's development and assessing such observations regularly to monitor progress.

All new children will be given a full settling in period when joining the preschool according to their individual needs. We will:

- Recognise each child's individual needs and ensure all staff are aware of, and have regard for, the Special Educational Needs Code of Practice (2015)
- Ensure that all children are treated as individuals/equals and are supported to take part in every aspect of the preschool day according to their individual needs and abilities
- Include all children and their families in our provision
- Identify the specific needs of children with special educational needs and/or disabilities and meet those needs through a range of strategies
- Ensure that children who learn at an accelerated pace e.g., 'most able' are also supported
- Encourage children to value and respect others
- Provide well informed and suitably trained practitioners to help support parents and children with special educational difficulties and/or disabilities

- Develop and maintain a core team of staff who are experienced in the care of children with additional needs and identify a Special Educational Needs and Disabilities Co-ordinator (SENCO) who is experienced in the care and assessment of children with additional needs. Staff will be provided with specific training relating to SEND and the SEND Code of Practice
- Monitor and review our practice and provision and, if necessary, make adjustments, and seek specialist equipment and services where required
- Challenge inappropriate attitudes and practices
- Promote positive images and role models during play experiences of those with additional needs wherever possible
- Celebrate diversity in all aspects of play and learning
- Work in partnership with parents and other agencies in order to meet individual children's needs, including the education, health and care authorities, and seek advice, support and training where required
- Share any statutory and other assessments made by the preschool with parents and support parents in seeking any help they or the child may need

Our Special Education Needs and Disabilities Co-ordinators (SENCO) are **Luisa Bellavita** and

The role of the SENCO in our setting includes:

- ensuring all practitioners in the setting understand their responsibilities to children with SEND and the setting's approach to identifying and meeting SEND
- advising and supporting colleagues
- ensuring parents are closely involved throughout and that their insights inform action taken by the setting
- liaising with professionals or agencies beyond the setting
- taking the lead in implementing the graduated approach and supporting colleagues through each stage of the process.

We will:

- Designate a named member of staff to be the SENCO and share their name/role with all staff and parents
- Have high aspirations for all children and support them to achieve their full potential
- Develop respectful partnerships with parents and families
- Ensure parents are involved at all stages of the assessment, planning, provision and review of their child's care and education and include the thoughts and feelings voiced by the child, where possible/appropriate
- Signpost parents and families to our Local Offer in order to access local support and services
- Undertake formal Progress Checks and Assessments of all children in accordance with the SEND Code of Practice January (2015) / statutory framework for the EYFS (2021)
- Provide a statement showing how we provide for children with special educational needs and/or disabilities and share this with staff, parents and other professionals
- Ensure that the provision for children with SEN and/or disabilities is the responsibility of all members of staff in the preschool through training and professional discussions
- Set out in our inclusive admissions practice on how we meet equality of access and opportunity
- Make reasonable adjustments to our physical environment to ensure it is, as far as possible suitable for children and adults with disabilities using the facilities
- Provide a broad, balanced, aspirational early learning environment for all children with SEN and/or disabilities and differentiated activities to meet all individual needs and abilities
- Liaise with other professionals involved with children with special educational needs and/or disabilities and their families, including transition arrangements to other settings and schools. (See our transitions policy).
- Use the graduated response system to assess, plan, do and review to ensure early identification of any SEND
- Ensure that children with special educational needs and/or disabilities and their parents are consulted at all stages of the graduated response, taking into account their levels of ability

- Review children's progress and support plans and work with parents to agree on further support plans
- Provide privacy of children with special educational needs and/or disabilities when intimate care is being provided
- Raise awareness of any specialism the setting has to offer, e.g., Makaton trained staff
- Ensure the effectiveness of our SEN/disability provision by collecting information from a range of sources e.g. additional support reviews, Education, Health and Care (EHC) plans, staff and management meetings, parental and external agencies' views, inspections and complaints. This information is collated, evaluated and reviewed annually
- Provide a complaints procedure and make available to all parents in a format that meets their needs e.g. Braille, audio, large print, additional languages
- Monitor and review our policy and procedures annually.

### **Effective assessment of the need for early help**

We are aware of the process for early help and follow the following procedure:

Local agencies should work together to put processes in place for the effective assessment of the needs of individual children who may benefit from early help services. Children and families may need support from a wide range of local agencies. Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These early help assessments should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.

The early help assessment should be undertaken by a lead professional who should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services. The lead professional role could be undertaken by a General Practitioner (GP), family support worker, teacher, health visitor and/or special educational needs coordinator. Decisions about who should be the lead professional should be taken on a case-by-case basis and should be informed by the child and their family.

For an early help assessment to be effective:

- The assessment should be undertaken with the agreement of the child and their parents or carers. It should involve the child and family as well as all the professionals who are working with them;
- A teacher, GP, health visitor, early years' worker or other professional should be able to discuss concerns they may have about a child and family with a social worker in the local authority. Local authority children's social care should set out the process for how this will happen; and
- If parents and/or the child do not consent to an early help assessment, then the lead professional should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral into local authority children's social care may be necessary.

If at any time it is considered that the child may be a child in need as defined in the Children Act 1989, or that the child has suffered significant harm, or is likely to do so, a referral should be made immediately to local authority children's social care. This referral can be made by any professional

### **Graduated Approach**

We follow the SEND Code of Practice (2015) recommendation that, in addition to the formal checks above, we adopt a graduated approach to assessment and planning, led and coordinated by a SENCO. Good practice of working together with parents, and the observation and monitoring of children's individual progress, will help identify any child with special educational needs or disability. This graduated approach will be led and coordinated by our SENCO and appropriate records will be kept according to the Code of Practice.

### **Assess**

In identifying a child as needing SEND support, the key person, working with the SENCO and the child's parents, will carry out an analysis of the child's needs. This initial assessment will be reviewed regularly to ensure that support is matched to need. Where there is little or no improvement in the child's progress, more specialist assessment may be called for from specialist teachers or from health,

social services or other agencies beyond the setting. Where professionals are not already working with the setting, the SENCO will contact them, with the parents' agreement.

### **Plan**

Where it is decided to provide SEND support, and having formally notified the parents, the key person and the SENCO, in consultation with the parents, will agree the outcomes they are seeking, the interventions and support to be put in place, the expected impact on progress, development or behaviour, and a clear date for review. Plans will take into account the views of the child.

The support and intervention provided will be selected to meet the outcomes identified for the child, based on reliable evidence of effectiveness, and provided by practitioners with relevant skills and knowledge. Any related staff development needs are identified and addressed. Parents will be involved in planning support and, where appropriate, in reinforcing the provision or contributing to progress at home.

### **Do**

The child's key person will be responsible for working with the child on a daily basis. With support from the SENCO, they will oversee the implementation of the intervention agreed as part of SEN support. The SENCO will support the key person in assessing the child's response to the action taken, in problem solving and advising on the effective implementation of support.

### **Review**

The effectiveness of the support and its impact on the child's progress will be reviewed in line with the agreed date. The impact and quality of the support will be evaluated by the key person and the SENCO in full consultation with the child's parents and taking into account the child's views. Information will be shared with parents about the impact of the support provided.

### **Education and Health Plan (EHC)**

Some children and young people may require an EHC needs assessment in order to decide whether it is necessary to develop an EHC plan. The purpose of an EHC plan is to make adjustments and offer support to meet the special educational needs of the child, to secure the best possible outcomes for them across education, health and social care.

The local authority will conduct the EHC needs assessment and take into account a wide range of evidence, including:

- evidence of the child's developmental milestones and rate of progress
- information about the nature, extent and context of the child's SEND
- evidence of the action already being taken by us as the early years provider to meet the child's SEND
- evidence that, where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided
- evidence of the child's physical, emotional and social development and health needs, drawing on relevant evidence from clinicians and other health professionals and what has been done to meet these by other agencies.

We will then work with the local authority and other agencies to ensure that the child receives the support they need to gain the best outcomes.

### **Record Keeping**

Children's plans, records of progress and reviews etc. are confidential and kept in a lockable cupboard. We liaise and share information with other professionals involved with children with SEND and their families.

### **Transition**

We will liaise with the child's next school to exchange and share information about the child and their progress to ensure the transition is as smooth as possible. With the parent/carers consent we will:

- Arrange a planning meeting to share strategies and ways of working, which will include any resources used.

- Encourage the parent/carer to visit the new school with the child so that the environment becomes more familiar.
- Pass on any reports and records.
- Review the SEN support being provided or the EHC plan if necessary.

We will review this policy annually to ensure it continues to meet the needs of the children/parents and our preschool.

#### **Legal framework**

- The SEND Code of Practice 2023
- Children and Families Act 2014 (Part 3)
- Equality Act 2015
- Working Together to Safeguard Children (2025)
- Statutory Framework for the EYFS (2025)

## Terrorist threat/ attack and lock down policy

On very rare occasions it may be necessary to seal off the premises so that it cannot be entered from the outside. This will ensure that children, staff and visitors are safe in situations where there is a hazard in the vicinity.

Lockdown procedures should be seen as a sensible and proportionate response to any external or internal incident which has the potential to pose a threat to the safety of staff and children in the nursery. Procedures should aim to minimise disruption to the learning environment whilst ensuring the safety of all children and staff.

Lockdown procedures may be activated in response to any number of situations, but some of the more typical might be:

- A reported incident or disturbance in the local community (with potential to pose a risk to staff and children in the nursery)
- An intruder on the nursery premises (with potential to pose a risk to staff and children in the nursery)
- A warning being received regarding a risk locally, of air pollution (smoke plumes, gas cloud etc.)
- A major fire or explosion in the vicinity of the nursery – as long as it is safer staying in the premises than leaving.

### Partial Lockdown

Staff will be notified that partial lock down procedures are to take place immediately by spoken instructions delivered by the manager (or deputy in the managers' absence).

This may be as a result of a reported incident / civil disturbance in the local community with the potential to pose a risk to staff and children in the nursery. It may also be as a result of a warning being received regarding the risk of air pollution, etc.

- All outside activity to cease immediately. If children are outside, staff must calmly direct them to join the other children into the nursery.
- External doors to be locked.
- All staff, children and visitors to remain in building.
- Movement may be permitted within the building, dependent upon circumstances but this must be supervised by a member of staff. All situations will be different. Once all staff and children are safely inside, the manager (or deputy in the managers absence) will conduct an on-going and dynamic risk assessment based on advice from the Emergency Services or the Local Authority. 'Partial lockdown' is a precautionary measure that puts the nursery in a state of readiness (whilst retaining a degree of normality) should the situation escalate.

### Full Lockdown

Staff will be notified that full lock down procedures are to take place immediately by use of a whistle been blown repeatedly. This signifies an immediate threat to the nursery and may be an escalation of a partial lockdown. The aim of a full lockdown is for the nursery and its rooms to appear empty. All staff to follow the **CLOSE** procedure.

- Close all windows and doors
- Lock Up
- Out of sight and minimise movement
- Stay silent and avoid drawing attention
- Endure. Be aware you may be in lock down for some time.
- The lockdown alarm/ signal will sound
- All staff, children and any visitors will remain in the area they are in, if safe to do so. If the children are outside, staff must promptly and calmly direct children to an area inside the nursery that is away from doors and windows
- Staff to close/lock and screen doors where it is safe to do so.
- All individuals will keep away from the windows and doors and children will be positioned out of sight so they are not placed at risk.

- Lights to be turned off and any mobile phones to be turned off/set to silent.
- Manager (or deputy in his/her absence) to take register and ensure all children, staff and visitors are accounted for.
- No one should move around in the building
- Staff to support children to remain calm and quiet
- The manager (or deputy in his/her absence) will manage the situation dependant on the situation and the information available. As appropriate, the nursery should establish communication with the Emergency as soon as possible.
- If necessary, parents should be notified as soon as it is feasible to do so.
- Staff to remain in lock down positions until informed by the Manager (or deputy in his/her absence) or a verified emergency service staff that there is an all clear.
- A bell will be rung to signal the end of the lock down.

### **Move to Evacuation**

At any point during the lockdown, the fire alarm may sound. This is a cue to evacuate the building. Staff and children to follow the evacuation procedures. Staff should continue to be vigilant with regards to the original communications around why the nursery was entering a lockdown.

### **Staff Roles**

- Manager (or deputy in the managers' absence) makes the decision to move to lockdown (full/partial). Lockdown alarm/signal is then activated.
- Manager (or deputy in the managers' absence) to take responsibility for managing the lockdown situation. This will include allocating specific roles and responsibilities in line with the procedure.
- Manager (or deputy in the managers' absence) to liaise with relevant Emergency Services.
- Manager and deputy to close/lock external doors where it is safe to do so.
- Staff to close/ lock and screen internal/ nursery room doors.

### **Communication with parents**

If necessary, parents will be notified as soon as it is practical to do so via text and email. Depending on the type and severity of the incident, parents may be asked NOT to collect their children from nursery as it may put them and their child at risk. Children will not be released to parents during a lock down. Parents will be asked not to call the nursery as this may tie up emergency lines. If the end of the day is extended due to the lock down, parents will be notified and will receive information about the time and place children can be picked up.

### **Post incident action**

- Team meeting to evaluate how the incident was managed.
- Review/ update procedures if necessary.
- Provide additional communications to the parents where necessary.

### **Lock down drills**

Lock down practices will take place twice in each year. Monitoring of practices will take place and staff debriefed for positive reinforcement or to identify required improvements.

### **Legal framework**

- Health and Safety at Work Act (2015)
- Evacuation Safety in the Workplace

## **The role of the key person and settling-in**

At The Nursery, we believe that children settle best when they have a key person to relate to, who knows them and their parents well, and who can meet their individual needs. We are committed to the key person approach, which benefits the child, the parents, the staff and the nursery. It encourages secure relationships, which support children to thrive, give parents confidence and make the setting a happy place to attend or work in. The key person role is set out in the Safeguarding and Welfare Requirements of the Early Years Foundation Stage. Each child must have a key person. These procedures set out a model for developing a key person approach that promotes effective and positive relationships for children.

### **Procedures**

- We allocate a key person when the child starts.
- The key person's responsibilities include;
- helping children to settle into the nursery.
- working with the parents to plan and deliver a personalised plan for the child's well-being, care and learning.
- acting as the key contact for the parents.
- preparing developmental records and for sharing information on a regular basis with the child's parents to keep those records up-to-date, reflecting the full picture of the child in our setting and at home.
- having links with other carers involved with the child and co-ordinating the sharing of appropriate information about the child's development with those carers.
- encouraging positive relationships between children in her/his key group, spending time with them as a group each day.
- planning activities to meet the child's needs within the setting and will
- helping parents to understand the child's needs so that they can continue the support their child's learning at home.
- We promote the role of the key person as the child's primary carer in our nursery, and as the basis for establishing relationships with other adults and children.

### **Settling-in**

- Before a child starts to attend our nursery, we use a variety of ways to provide his/her parents with information. These include written information (welcome booklet, website, email updates, policies and procedures), displays about activities available within the setting and pre-start 'stay and play' visits.
- The key person welcomes and looks after the child and his/her parents at the child's first session and during the settling-in process.
- We use pre-start visits and the first session at which a child attends to explain and complete the child's registration records with his/her parents.
- When a child starts to attend, we explain the process of settling-in with his/her parents and jointly decide on the best way to help the child to settle into the nursery.
- We expect that the parent, carer or close relative, will stay for most of the session during the first week, gradually taking time away from their child; increasing this time until their child is settled.
- Younger children will take longer to settle in, as will children who have not previously spent time away from home. Children who have had a period of absence may also need their parent to be on hand to re-settle them.
- We judge a child to be settled when they have formed a relationship with their key person; for example, the child goes to them for comfort, and seems pleased to be with them. The child is also familiar with where things are and is pleased to see other children and participate in activities.
- When parents leave, we ask them to say goodbye to their child and explain that they will be coming back, and when.
- We recognise that some children will settle more readily than others, but that some children who appear to settle rapidly are not ready to be left. We expect that the parent will honour the commitment to stay for at least the first week, or possibly longer, until their child can stay happily without them.



- We do not believe that leaving a child to cry will help them to settle any quicker. We believe that a child's distress will prevent them from learning and gaining the best from the setting.
- We reserve the right not to accept a child into the setting without a parent or carer if the child finds it distressing to be left. This is especially the case with very young children.
- Within the first four to six weeks of starting, we discuss and work with the child's parents to begin to create their child's record of achievement.

### **The progress check at age two**

- The key person carries out the progress check at age two in accordance with any local procedures that are in place and referring to the guidance *A Know How Guide: The EYFS progress check at age two*.
- The progress check aims to;
- review a child's development in the three prime areas of the EYFS
- ensure that parents have a clear picture of their child's development
- enable practitioners to understand the child's needs and, with support from practitioners, enhance development at home
- identify areas where a child is progressing well and identify any areas where progress is less than expected
- describe actions we will take to address any developmental concerns (working with other professionals as appropriate)

## **Transfer of records to school**

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

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

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

The procedure guides this process and determines what information we can and cannot share with a receiving school or setting. Prior to transferring information, we will establish the lawful basis for doing so (see our Privacy Notice).

### **Procedures**

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

- It is the designated person's responsibility to ensure that records are transferred and closed in accordance with the archiving procedures, set out below.
- If Haringey Safeguarding Children Partnership retention requirements are different to the setting, the designated person will liaise with the Chair, and seek legal advice if necessary.

#### **Development and learning records**

- The key person prepares a summary of achievements in the prime and specific areas of learning and development
- This record refers to any additional languages spoken by the child and their progress in all languages.
- The record also refers to any additional needs that have been identified or addressed by the setting and any action plans.
- The record also refers to any special needs or disability and whether early help referrals, or child in need referrals or child protection referrals, were raised in respect of special educational needs or disability, whether there is an Action Plan (or other relevant plan, such as CIN or CP, or early help) and gives the name of the lead professional.
- The summary shared with schools should also include whether the child is in receipt of, or eligible for EYPP or other additional funding.
- The record contains a summary by the key person and a summary of the parents' view of the child.
- The document may be accompanied by other evidence such as photos or drawings that the child has made.
- The setting will use the local authority's assessment summary format or transition record, where these are provided.
- Whichever format of assessment summary is used, it should be completed and shared with the parent prior to transfer.

#### **Transfer of confidential safeguarding and child protection information**

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

concerns that a child may be at risk of significant harm or that a child may be in need under Section 17 of the Children Act,) if consent is withheld the information will most likely need to be shared anyway. It is important that any decisions made to share or not share with or without consent are fully recorded.

- For any safeguarding or welfare concerns that resulted in an early help referral being made, and if consent to share is withheld, legal advice is sought prior to sharing.
- If the level of a safeguarding concern has not been such that a referral was made for early help, or to children's social work services or police, the likelihood is that any concerns were at a very low level and if they did not meet the threshold for early help, they are unlikely to need to be shared as child abuse data with a receiving setting, however, the designated person should make decisions on a case-by-case basis, seeking legal advice is necessary.
- The designated person should check the quality of information to be transferred prior to transfer, ensuring that any information to be shared is accurate, relevant, balanced and proportionate. Parents can request that any factual inaccuracies are amended prior to transfer.
- If a parent wants to see the exact content of the safeguarding information to be transferred, they should go through the subject access request process. It is important that a child or other person is not put at risk through information being shared.
- If no referrals have been made for early help or to children's social work services and police, there should not normally be any significant information which is unknown to a parent being shared with the receiving school or setting.
- If a parent has objections or reservations about safeguarding information being transferred to the new setting, or if it is unclear what information should be included, the designated person will seek legal advice.
- Prior to sharing the information with the receiving setting the designated person should check Haringey Safeguarding Children Partnership retention procedures and if it becomes apparent that the HSCP procedures are materially different to our procedures this is brought to the attention of the Chair, who will agree how to proceed.
- If a child protection plan or child in need plan is in place, Child welfare and protection summary is also photocopied and a copy is given to the receiving setting or school, along with the date of the last professional meeting or case conference.
- If a S47 investigation has been undertaken by the local authority a copy of the child welfare and protection concern summary form is given to the receiving setting/school.
- Where a CAF/early help assessment has been raised in respect of welfare concerns, the name and contact details of the lead professional are passed on to the receiving setting or school.
- If the setting has a copy of a current plan in place due to early help services being accessed, a copy of this should be given to the receiving setting, with parental consent.
- Where there has been a S47 investigation regarding a child protection concern, the name and contact details of the child's social worker will be passed on to the receiving setting/school, regardless of the outcome of the investigation.
- Where a child has been previously or is currently subject to a child protection plan, or a child in need plan, the name and contact details of the child's social worker will be passed onto the receiving setting/school, along with the dates that the relevant plan was in place for.
- This information is posted (by 'signed for' delivery) or taken to the school/setting, addressed to the setting's or school's designated person for child protection and marked confidential. Electronic records must only be transferred by a secure electronic transfer mechanism, or after the information has been encrypted.
- Parent/carers should be made aware what information will be passed onto another preschool using the Privacy notice.
- Copies of the last relevant initial child protection conference/review, as well as the last core group or child in need minutes can be given to the setting/school.
- The preschool manager must review and update the Child welfare and protection summary, checking for accuracy, proportionality, and relevance, before this is copied and sent to the setting/school.
- The preschool manager ensures the remaining file is archived in line with the procedures set out below.

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

**Archiving children's files**

- Paper documents are removed from the child's file, taken out of plastic pockets and placed in a robust envelope, with the child's name and date of birth on the front and the date they left.
- The designated person writes clearly on the front of the envelope the length of time the file should be kept before destruction.
- This is sealed and placed in an archive box and stored in a safe place i.e. a locked cabinet for three years or until the next Ofsted inspection conducted after the child has left the setting, and can then be destroyed.
- For web-based or electronic children's files, the designated person must also use the archiving procedure, and records details of what needs to be retained/destroyed. The designated person must make arrangements to ensure that electronic files are deleted/retained as required in accordance with the required retention periods in the same way as paper based files.
- Health and safety records and some accident records pertaining to a child are stored in line with required retention periods.

## Uncollected child – referring to EYFS Statutory Guidance 2025

In the event that a child is not collected by an authorised adult by their expected collection time, and there has been no contact from the parent, or there are concerns about the child's welfare, we put into practice the procedures described below.

### Procedure

- The child's file and the nursery diary are checked for any information about changes to the child's attendance pattern.
- If no information is available, parents are contacted using the home, mobile or work numbers on file.
- If this is unsuccessful, we will contact the adults who are authorised to collect the child from nursery.
- If we are unable to reach the parents or the adults who are authorised to collect, we will contact the emergency contacts provided.
- All reasonable attempts will be made to contact the parents or nominated carers.
- The child will not be released to anyone other than the parents or those authorised to collect.
- If no-one collects the child within 1 hour of their expected collection time and there is no named contact who can be reached, the Designated Safeguarding Lead will contact the local authority children's social care team on **0208 489 4470** (8:45am – 4:45pm) or the out of hours duty officer on **0208 489 0000**.
- Where appropriate, the Designated Safeguarding Lead will also notify the police.
- The child stays at the nursery in the care of two of our workers, one of whom will be our manager or deputy manager.
- Members of staff do not:
  - go off the premises to look for parents
  - leave the premises to take the child home or to a carer
  - offer to take the child home with them to care for them in their own home until contact with the parent is made.
- We ensure that the child is not anxious, and we do not discuss our concerns in front of them.
- A full written report of the incident is recorded in the child's file.
- Depending on circumstances, we reserve the right to charge parents for the additional hours worked.
- Ofsted may be informed on 0300 123 1231

## **Whistle blowing – referring to the EYFS Statutory Guidance 2025**

This whistle-blowing policy is intended to cover serious concerns that fall within the Public Interest Disclosure Act 1998. It is intended to support all staff, students and volunteers. We are committed to running our business with honesty and integrity and within the restraints of the law. As such whilst legislation protects you from suffering a detriment at work if you take a matter to a relevant outside body, we would hope that you would feel able to bring any concerns you may have to the attention of the Manager or a Member of the Management Committee with confidence that any such concern would be dealt with appropriately and swiftly and without any fear of reprisal, even if your belief of wrongdoing turns out to be unfounded as the result of a thorough investigation.

The legal position

Employees and workers who make a 'protected disclosure' are protected from being treated badly or being dismissed as a result of the disclosure. The Act offers protection to any person who makes a disclosure relating to the following serious offences:-

- Criminal offences,
- Risks to health and safety,
- Failure to comply with a legal obligation,
- A miscarriage of justice,
- Abuse of a child
- Environmental damage.

For a disclosure to be protected it must be made to an appropriate body. For example, disclosing a health and safety issue to the Health and Safety Executive is likely to be protected, but not if the concern was disclosed to the media.

### **Organisation procedures**

We are committed to the highest possible standards of operation. In line with that commitment we encourage you to consider raising the matter with the Manager or a Member of the Management Committee before taking the matter to an outside body. We will take all such concerns seriously and you will have no need to fear victimisation, subsequent discrimination or disadvantage. All such concerns raised will be thoroughly investigated and appropriate action taken accordingly.

### **Safeguarding complainants**

We recognise that the decision to report a concern can be a difficult one to make and we will support you during the process. We will not tolerate any harassment or victimisation (including informal pressures) and will take appropriate action to protect you when you raise a concern to us in good faith. Every effort will be made to keep the identity of the whistle blower who makes a disclosure under this policy confidential, at least until a formal investigation is under way. In order to ensure that a fair investigation can take place the whistle blower will also be expected to keep the fact that they have raised a concern, the nature of the concern and the identity of those involved confidential. It may be that during an investigation, disciplinary or legal proceedings that the Nursery no longer maintains the whistle blowers confidentiality. If that does occur then the Nursery will endeavour to notify the whistle blower in advance.

### **Untrue allegations**

If you make an allegation that is not corroborated by the investigation, no action will be taken against you. If, however, you knowingly raise a false allegation, or raise an allegation maliciously, or for personal gain; disciplinary action may be taken against you, and dependent upon the circumstances, it may be treated as Gross Misconduct.

### **Procedures.**

#### **STEP 1**

Put your concerns in writing giving names, dates and places where possible. Please include the reason why you are particularly concerned with the situation.

## **STEP 2**

You should normally raise your concerns with your line Manager. However, there may be situations where this is not appropriate e.g.

- You believe the manager may be implicated in the malpractice
- The manager is closely connected with the person(s) implicated in your concerns
- You have previously raised your concerns informally with the manager and nothing has been done

In such situations, you must raise your concerns directly with a member of the management committee. You will find contact details for all members of the management committee in the office next to Blue Room.

## **STEP 3**

The management committee will lead any internal investigations into a concern raised. Where concerns are raised directly with an external organisation the committee will comply with the relevant policies and procedures (including response times)

## **STEP 4**

We will provide a written response to the complainant within 14 days outlining the outcome of the investigation and any actions taken as a result of it. Depending on the nature of the concern and the method by which it is raised we may need longer to investigate the matter thoroughly. Where this is the case we will notify you of expected timescales and progress in writing.

Where the complainant is not satisfied with the outcome and actions implemented and you have expressed this to the management committee,

Where you find it necessary to raise your concerns directly with an outside body, your disclosure is only protected where it is raised with the appropriate body

- You can blow the whistle to a legal advisor, your local MP or any other 'prescribed person'.
- Ofsted provides guidance on how to make complaints about a provider: [Complaints procedure - Ofsted - GOV.UK \(www.gov.uk\)](#).
- Rarely will any whistleblowing reports made directly to the media be protected under whistleblowing law

The Public Interest Disclosure Act (1998) protects whistleblowers from negative treatment or unfair dismissal. If you feel you have been treated unfairly following a disclosure, you may choose to speak to the NSPCC on The Whistleblowing Advice Line 0800 028 0285 or to Protect, a UK-based charity dedicated to whistleblowing cases, on 020 3117 252

## **Working in partnership with parents and other agencies**

We actively promote partnership with parents and recognise the importance of working in partnership with other agencies to promote the well-being of children and their families. This includes signposting parents to support as appropriate.

### **Working in Partnership with Parents (Families)**

- We believe that parents are children's first and most enduring educators and our practice aims to involve and consult parents on all aspects of their child's well-being.
- We also recognise the important role parents must play in the day-to-day organisation of the preschool.
- Parents are provided with written information about the preschool, including the preschool's safeguarding actions and responsibilities under the Prevent Duty
- Parents are made to feel welcome in the setting
- There is a clear expectation that parents will participate in settling their child at the commencement of a place according to an agreed plan.
- There is sufficient opportunity for parents to share necessary information with staff and this is recorded and stored to protect confidentiality.
- Key persons support parents in their role as the child's first and most enduring educators.
- Key persons regularly meet with parents to discuss their child's progress and to share concerns if they arise.
- Key persons work with parents to carry out an agreed plan to support a child's special educational needs.
- Key persons work with parents to carry out any agreed tasks where a child protection plan is in place.
- Parents are involved in the social and cultural life of the setting and actively contribute.
- As far as possible the service is provided in a flexible way to meet the needs of parents without compromising the needs of children.
- Parents are involved in regular assessment of their child's progress, including the progress check at age two.
- There are effective means for communicating with parents on all relevant matters and the Complaints procedure for parents and service users is referred to when necessary.
- Every effort is made to provide an interpreter for parents who speak a language other than English and to provide translated written materials.
- Information about a child and their family is kept confidential within the setting. The exception to this is where there is cause to believe that a child may be suffering, or is likely to suffer, significant harm, or where there are concerns regarding their child's development that need to be shared with another agency. Parental permission will be sought unless there are reasons not to, to protect the safety of the child.
- Parental consent is sought to administer medication, take a child for emergency treatment, take a child on an outing and take photographs for the purposes of record keeping.
- Parents' views are sought regarding changes in the delivery of the service
- There are opportunities for parents to take active roles in supporting their child's learning in the preschool: informally through helping out or activities with their child, or through structured projects engaging parents and staff in their child's learning.
- We provide opportunities for parents to contribute their own skills, knowledge and interests to the activities of the preschool.
- We welcome the contributions of parents; in whatever form these may take.
- We support families to be involved in activities that promote their own learning and well-being; informing parents about relevant conferences, workshops and training.

### **Partnership and signposting to other agencies**

- We are committed to ensuring effective partnership with other agencies including:
- local authority early years services about the EYFS, training and staff development
- local programmes regarding delivering children's centres or the childcare element of children's centres



- social welfare departments regarding children in need and children who need safeguarding or for whom a child protection plan is in place
- child development networks and health professionals to support children with disabilities and special needs
- local community organisations and other childcare providers
- Ofsted and Committee contact details are made available to other agencies who have a complaint that cannot be resolved with the Preschool Manager in the first instance, or where a parent is concerned that the EYFS welfare standards are not being maintained.
- Procedures are in place for sharing of information about children and families with other agencies, as out in the Confidentiality, recording and sharing information policy.
- Information shared by other agencies (third party information) is also kept in confidence and not shared without consent from that agency.
- When working in partnership with staff from other agencies, individuals are made to feel welcome in the setting and professional roles are respected.
- Staff follow the protocols for working with agencies, for example on child protection.
- Staff from other agencies do not have unsupervised access to the child they are visiting in the preschool and do not have access to any other children during their visit.
- Staff do not casually share information or seek informal advice about any named child/family.
- We consult with and signpost to local and national agencies who offer a wealth of advice and information promoting staff understanding of issues facing them in their work and who can provide support and information for families. For example, ethnic/cultural organisations, drug/alcohol agencies, welfare rights advisors or organisations promoting childcare and education, or adult education.

## **Schools**

We work in partnership with schools to assist children's transition to school.

## **Legal references**

Childcare Act 2006

Education Act 2016