



Mary Tadros policies and procedures Autumn 2022

Policies and procedures are essential to help us/me provide good quality provision that is compliant with the Statutory Framework for the Early Years Foundation Stage (EYFS). They do this by explaining to any parents about the type of childcare I offer and what actions I take in practice to achieve this.

DISCLAIMER – The Early Years and Childcare team will try to keep this information accurate and up to date, we accept no responsibility for issues arising from the information contained in this document. We are not responsible for the contents or reliability of links to other websites and does not necessarily endorse any views expressed within them.

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Safeguarding children and child protection, young people and vulnerable adults

Including managing allegations of abuse against myself

Policy statement

I will work with children, parents and the community to ensure the rights and safety of children young people and vulnerable adults and to give them the very best start in life. My safeguarding policy is based on the three key commitments

Procedures

I carry out the following procedures to ensure I meet my commitments and duty of care, which incorporates responding to child protection concerns.

Key commitment 1

I am 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 my service delivery.

Assistants and volunteers

- I am responsible for child, young person or adult protection issues and for liaison with statutory and voluntary organisations with regard to safeguarding
- I am trained to understand the safeguarding policies and procedures and parents are made aware of them too.
- I understand the Local Safeguarding Partners procedures. I attend relevant Hounslow Safeguarding Children's Partnership / Local Safeguarding Partners training at least every two years and refresh my knowledge of safeguarding at least annually.
- I will keep to my statutory ratios to meet the needs of children.
- I understand the principles of early help (as defined in *Working Together to Safeguard Children*, 2022) and I am able to identify those children and families who may be in need of early help and enable them to access it.
- I understand the thresholds of significant harm and understand how to access services for families.
- I will support families to receive appropriate early help by sharing information with other agencies in accordance with statutory requirements and legislation.
- I will share information lawfully with local safeguarding partners and other agencies where there are safeguarding concerns.
- I will be transparent about how I lawfully process data.

- I understand how to escalate concerns in the event that I feel the local authority has not acted adequately to safeguard and know how to follow local safeguarding procedures to resolve professional disputes.
- Children are supported to articulate any worries, concerns or complaints that they may have in an age-appropriate way.
- I understand my policy on promoting positive behaviour and follow it in relation to children showing aggression towards other children
- I abide by Ofsted requirements in respect of references, and the Disclosure and Barring service. I am responsible to ensure that no disqualified person or unsuitable person lives on the premises or has access to the children.
- Volunteers do not work unsupervised.
- I have procedures for recording the details of visitors to my home.
- I take security steps to ensure that I have control over who comes into the provision so that no unauthorised person has unsupervised access to the children.
- I take steps 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 me. 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.
- Personal mobile phones are not used where children are present.
- I understand my responsibilities under the UK General Data Protection Regulations and the circumstances under which I share information about you and your child with other agencies.
- I am also aware that adults can also be vulnerable and know how to refer adults who are in need of community care services.

Key commitment 2

I am committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in 'What to do if you're worried a child is being abused' (HMG 2015) and the Care Act 2014.

Responding to suspicions of abuse and disclosures:

- I acknowledge that abuse of children can take different forms - physical, emotional, sexual and as neglect.
- When children are suffering from physical, sexual or emotional abuse, or may be 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 of my home.
- I understand how to identify children who may be in need of early help, how to access services for them.
 - I understand that I should refer a child who meets the s17 Children Act 1989 child in need definition to local authority children's social work services.
 - I understand that I should refer any child who may be at risk of significant harm to local authority children's social work services.
 - I am 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.
 - I am aware that children's vulnerability is potentially increased when they are privately fostered and when I know that a child is being cared for under a private fostering arrangement, I inform my local authority children's social care team.
 - I am prepared to take action if I have concerns about the welfare of a child who fails to arrive when expected. I 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. If no contact is made with the child's parents and I have reason to believe that the child is at risk of significant harm, the relevant professionals are contacted immediately, and Hounslow Safeguarding Children's Partnership / Local Safeguarding Partners procedures are followed. If the child has current involvement with social care the social worker is notified on the day of the unexplained absence.
 - I take into account factors affecting parental capacity, such as social exclusion, domestic violence, radicalisation parent's drug or alcohol abuse, mental or physical illness or parent's learning disability.
 - I am aware of other factors that affect children's vulnerability that may affect, or may have affected, children and young people using my provision such as abuse of disabled children, fabricated or induced illness, child abuse linked to beliefs in spirit possession, sexual exploitation of children such as through internet abuse and Female Genital Mutilation, Breast Ironing and radicalisation or extremism that may affect or may have affected children and young people using my provision.

- I also make myself 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 my care I may become aware of any of these factors affecting older children and young people who I may come into contact with.
- Where I believe a child in my care or known to me may be affected by any of these factors I follow the procedure for reporting child protection concerns.
- Where such evidence is apparent, I make a dated record of the details of the concern.
- I refer concerns to the local authority children's social care department and co-operate fully in any subsequent investigation.

NB In some cases this may mean the police or another agency identified by the Hounslow Safeguarding Children's Partnership / Local Safeguarding Partners

- I take care not to influence the outcome either through the way I speak to children or by asking questions of children.
- I take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include young parents. Where abuse is suspected, I follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account, but I 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.
- I am aware of the mandatory duty that applies to early years practitioners, to report cases of Female Genital Mutilation to the police.
- I am prepared to take action if I have concerns about the welfare of a child who fails to arrive 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 Hounslow Safeguarding Children's Partnership / Local Safeguarding Partners policies are followed. If the child has current involvement with social care the social worker is notified on the day of the unexplained absence.
- I understand my responsibilities for identifying and acting on emerging needs and early help needs and how to access services for them.

Recording suspicions of abuse and disclosures

- Where a child makes comments to me, that gives cause for concern (disclosure), observes signs or signals that gives cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect, I will:
 - listen to the child, offer reassurance and give assurance that I will take action;
 - I do not question the child; although it is OK to ask questions for the purposes of clarification
 - make 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 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.

- Where the Hounslow Safeguarding Children's Partnership / Local Safeguarding Partners stipulates the process for recording and sharing concerns, I include those procedures alongside this procedure and follow the steps set down by the Hounslow Safeguarding Children's Partnership / Local Safeguarding Partners

Making a referral to the local authority social care team

- The Children's, Family assessment notification (CFAN) format contains procedures for making a referral to the local children's social care team.
- For advice when you have a concern that a child maybe being abused call Hounslow Children's services Front door 020 8583 6600

Escalation process

- I have the right to terminate the contract with immediate effect
- If I feel that a referral made has not been dealt with properly or that concerns are not being addressed or responded to, I will call Hounslow Children's Services Front Door
- I will ensure that any assistants are aware of how to escalate concerns.

- I will follow local procedures published by the Hounslow Safeguarding Children's Partnership / Local Safeguarding Partners to resolve professional disputes.

Informing parents

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

Liaison with other agencies and multi-agency working

- I work within the Hounslow Safeguarding Children's Partnership / Local Safeguarding Partners.
- I have the current version of 'What to do if you're worried a child is being abused' for parents and I am familiar with what to do if they have concerns.
- I have procedures for contacting the local authority on child protection issues, and concerns about children's welfare, including maintaining a list of names, addresses and telephone numbers of social workers, to ensure that it is easy, in any emergency, for me and social services to work well together.
- I will notify the registration authority (Ofsted) of any incident or accident and any changes in my arrangements which may affect the well-being of children or where an allegation of abuse is made against me, and any specific procedures such as responding to concerns about radicalisation or extremism (whether the allegations relate to harm or abuse committed on my 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.

Allegations against myself and anyone living working or volunteering on my premises and persons in position of trust

- I ensure that all parents know how to complain about my behaviour or actions or anyone living or working on the premises occupied by myself, which may include an allegation of abuse.
- Parents whose concerns or views are controversial to the EYFS Early years Foundation stages Guidance and therefore a stumbling block to my efforts to fruitfully implement the guidance will be subject to the termination of my childcare services and contract with immediate effect, they will not be eligible for any refunds when child not attending setting.
- I refer any such complaint immediately to the Safeguarding Advice and Allegations Management (SAAM) the Duty systems includes Child Protection Chairs who are the people who take part in the SAAM Duty structure. They identify designed officer (DO) cases
- Duty desk on: **0208 583 5730**
- It may be that if it is clear from the onset that the matter is complex and would require meetings, in that case the Duty person will advise if the LADO in the local authority will have to become involved, however the majority of enquiries are straight forward and can be dealt with by the duty staff member on the day.
- LADO **020 8583 4933 / 3423**
- I differentiate between allegations, and concerns about the quality of care or practice and complaints and have a separate process for responding to complaints. Depending on the nature of the complaints all complaints will be judged in accordance with the EYFS Early Years Foundation Stage.
- I respond to any inappropriate behaviour displayed by myself 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.
- I will recognise and respond to allegations that suggest I or people living within my home 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.

- I follow the guidance of the Hounslow Safeguarding Children's Partnership and London Child Protection procedures when responding to any complaint that I or a member of my household, has abused a child.
- I also report any such alleged incident to Ofsted, (unless advised by LADO that this is unnecessary due to the incident not meeting the threshold), as well as what measures I have taken. I am aware that it is an offence not to do this.
- I co-operate entirely with any investigation carried out by children's social care in conjunction with the police.
- Where children's social care and Ofsted agree it is appropriate in the circumstances, I could 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 me, as well as children and families throughout the process.

Key commitment 3

I am committed to promoting awareness of child abuse issues throughout my service and promoting children's rights to be strong, resilient and listened to.

Training

- I receive training in accordance with that recommended by the Hounslow Safeguarding Children's Partnership / Local Safeguarding Partners, every two years and refresh my knowledge and skills at least annually.
- Being aware of pertinent safeguarding issues in the community and incorporating these into any policy updates or training for any assistants.

Planning

- Where possible I would position myself to allow for constant supervision.

Curriculum

- I introduce key elements of keeping children safe into my programme to promote the personal, social and emotional development of all children in accordance with the current EYFS , so that they may grow to be *strong, resilient and listened to* and that they develop an understanding of why and how to keep safe.
- I create a culture of value and respect for the individual, having positive regard for children's heritage arising from their colour, ethnicity, gender, development, additional needs, languages spoken at home, cultural and social background.

- I 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 Hounslow Safeguarding Children's Partnership / Local Safeguarding Partners and in line with the UK GDPR, Data Protection Act 2018, and Working Together 2022. I am aware of the UK GDPR 2018 regulations and I do not use that as a reason not to share information about the welfare, health or wellbeing of a child.

Support to families

- I believe in building trusting and supportive relationships with families
- I make clear to parents my role and responsibilities in relation to child protection, such as for the reporting of concerns, providing information, monitoring of the child, and liaising at all times with the local children's social care team.
- I will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
- I will engage with any child in need plan or early help plan as agreed.
- I follow the Child Protection Plan as set by the child's social care worker in relation to the designated role and tasks in supporting that child and their family, subsequent to any investigation.
- If any child with a known child protection plan at the setting has a safeguarding concern raised or is absent without explanation, this will be referred to their Social Worker with urgency and as soon as possible.
- 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 policy and Client Access to Records procedure and only if appropriate under the guidance of the Local Safeguarding Children Board.
- My 'Safeguarding children young people and vulnerable adults' policy is available to parents and carers as appropriate including displaying on the early years and childcare setting website (if applicable).

There are Four categories of abuse: physical abuse, emotional abuse, sexual abuse and neglect, however good practice incorporates a fifth area of domestic abuse.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative and non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child (this used to be called Munchausen's Syndrome by Proxy, however is now more usually referred to as fabricated or induced illness).

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child, such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only for meeting the needs of another person. It may feature age – or developmentally-inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing or shelter, including exclusion from home or abandonment; failing to protect a child from physical and emotional harm or danger; failure to ensure adequate supervision, including the use of inadequate care-takers; or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Domestic abuse

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behavior is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behavior.

Coercive behavior is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

(Definitions taken from Working Together to Safeguard Children 2021)

Indicators of abuse and what you might see

It is vital that I and any assistants are aware of the range of behavioural indicators of abuse and report any concerns to the designated person. I am aware that it is my responsibility to report concerns. It is not my responsibility to investigate or decide whether a child has been abused.

A child who is being abused and/or neglected may:

- have bruises, bleeding, burns, fractures or other injuries
- show signs of pain or discomfort
- look unkempt and uncared for
- change their eating habits
- have difficulty in making or sustaining friendships
- showing signs of emotional/mental ill health
- appear fearful
- be reckless with regard to their own or other's safety
- self-harm
- frequently be absent or arrive late
- show signs of not wanting to go home
- display a change in behaviour – from quiet to aggressive, or happy-go-lucky to withdrawn

- become disinterested in play activities
- be constantly tired or preoccupied
- be wary of physical contact
- display sexual knowledge or behaviour beyond that normally expected for their age.

I understand that there are indicators of child abuse; however, these should not be considered as a definitive list, but used when considering the possibility of abuse in children.

Further Guidance

- Working Together to Safeguard Children (HMG, 2022)
- What to do if you're Worried a Child is Being Abused (HMG, 2015)
- Framework for the Assessment of Children in Need and their Families (DoH 2000)
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HMG 2008)
- Hidden Harm – Responding to the Needs of Children of Problem Drug Users (ACMD, 2003)
- Information Sharing: Advice for Practitioners providing Safeguarding Services (DfE 2018)
- Disclosure and Barring Service: www.gov.uk/disclosure-barring-service-check
- Revised Prevent Duty Guidance for England and Wales (HMG, 2015)
- Inspecting Safeguarding in Early Years, Education and Skills Settings, (Ofsted, 2019)
- To have regard for Keeping Children Safe in Education, (HMG, 2022)

Looked after children

Policy statement

I am committed to providing quality provision based on equality of opportunity for all children and their families. I'm committed to doing all I can to enable 'looked after' children in my care to achieve and reach their full potential.

Children become 'looked after' if they have either been taken into care by the local authority, or have been accommodated by the local authority (a voluntary care arrangement). Most looked after children will be living in foster homes, but a smaller number may be in a children's home, living with a relative or even placed back home with their natural parent(s).

I recognise that children who are being looked after have often experienced traumatic situations; physical, emotional or sexual abuse or neglect. However, I also recognise that not all looked after children have experienced abuse and that there are a range of reasons for

children to be taken into the care of the local authority. Whatever the reason, a child's separation from their home and family signifies a disruption in their lives that has an impact on their emotional well-being. Most local authorities do not place children under five with foster carers who work outside the home; however, there are instances when this does occur or where the child has been placed with another family member who works.

I place emphasis on promoting children's right to be strong, resilient and listened to. My policy and practice guidelines for looked after children are based on two important concepts: attachment and resilience. The basis of this is to promote secure attachments in children's lives, as the foundation for resilience. These aspects of well-being underpin the child's responsiveness to learning and enable the development of positive dispositions for learning. For young children to get the most out of educational opportunities they need to be settled enough with their carer to be able to cope with further separation, a new environment and new expectations made upon them.

Principles

- The term 'looked after child' denotes a child's current legal status; this term is never used to categorise a child as standing out from others. I do not refer to such a child using acronyms such as LAC.
- I offer places for funded two-year-olds who are in care to ensure they receive their entitlement to early learning. In such cases, the child should have been with the foster carer for at least two months and show signs of having formed a secure attachment to the carer, and the placement with me will last a minimum of three months.
- I offer places for funded three and four-year-olds who are in care to ensure they receive their entitlement to early education. I expect that a child will have been with a foster carer for a minimum of one month and that they will have formed a secure attachment to the carer. I expect that the placement with me will last a minimum of six weeks.
- Where a child who normally attends with me is taken into care and is cared for by a local foster carer, I will continue to offer the placement for the child.

Procedures

- I will be the key person for a looked after child and will ensure I have the support and training necessary to meet the looked after child's needs.
- I will liaise with agencies, professionals and practitioners involved with the child and his or her family and ensure that appropriate information is gained and shared.
- I recognise the role of the local authority children's social care department as the child's 'corporate parent' and the key agency in determining what takes place with the child. Nothing changes, especially with regard to the birth parent's or foster carer's role in

relation to my service, without prior discussion and agreement with the child's social worker.

- At the start of a placement there is a professional's meeting to determine the objectives of the placement and draw up a care plan that incorporates the child's learning needs. This plan is reviewed after two weeks, six weeks and three months. Thereafter at three to six monthly intervals.
- The care plan needs to consider issues for the child such as:
 - their emotional needs and how they are to be met;
 - how any emotional issues and problems that affect behaviour are to be managed;
 - their sense of self, culture, language(s) and identity – and how this is to be supported;
 - their need for sociability and friendship;
 - their interests and abilities and possible learning journey pathway; and
 - how any special needs will be supported.
- In addition the care plan will also consider:
 - how information will be shared with the foster carer and local authority (as the 'corporate parent') as what information is shared with whom and how it will be recorded and stored;
 - what contact the child has with his/her birth parent(s) and what arrangements will be in place for supervised contact. If this is to be at my home, when, where and what form the contact will take will be discussed and agreed;
 - what written reporting is required;
 - wherever possible, and where the plan is for the child to return home, the birth parent(s) should be involved in planning; and
 - with the social worker's agreement, and as part of the plan, the birth parent(s) should be involved in the activities that include parents, such as outings and fun-days etc alongside the foster carer.
- The settling-in process for the child is agreed. It should be the same as for any other child, with the foster carer taking the place of the parent, unless otherwise agreed. It is even more important that the 'proximity' stage is followed until it is visible that the child has formed a sufficient relationship with his or her key person for them to act as a 'secure base' to allow the gradual separation from the foster carer. This process may take longer in some cases, so time needs to be allocated for it to take place without causing further distress or anxiety to the child.
- In the first two weeks after settling-in, the child's well-being is the focus of observation, their sociability and their ability to manage their feelings with or without support.

- Further observations about communication, interests and abilities will be noted to form a picture of the whole child in relation to the Early Years Foundation Stage prime and specific areas of learning and development.
- Concerns about the child will be noted in the child's file and discussed with the foster carer.
- If the concerns are about the foster carer's treatment of the child, or if abuse is suspected, these are recorded in the child's file and reported to the child's social care worker according to my safeguarding children procedure.
- Regular contact should be maintained with the social worker through planned meetings that will include the foster carer.
- The transition to school will be handled sensitively. I will pass on relevant information and documentation with the agreement of the child's social worker as detailed in the care plan.

Further guidance

- Guidance on the Education of Children and Young People in Public Care (DfEE 2000)
- Who Does What: How Social Workers and Carers can Support the Education of Looked After Children (DfES 2005)
- Supporting Looked After Learners - A Practical Guide for School Governors (DfES 2006)

Private Fostering

Parents have often made arrangements for their children to be cared for by other people for temporary periods of time. For example, young people and their parents may need a breathing space apart; children may come from abroad for their education or children may have been sent to the UK out of fear for their safety in their country of origin. These arrangements may be called Private Fostering. The children are not in the care of the local authority but live with families by a private arrangement between their parents and their carers.

Regulations for Private Fostering

What most people don't realise is that the local authority has a duty to ensure that children who are privately fostered are being properly cared for. This is done by social workers assessing and monitoring the homes where the children are living, until the children reach the age of 16 or move back to live with their parents.

What should you do if you suspect a child is privately fostered?

If you know of, or suspect a child living in Hounslow is being privately fostered, please call Children's Services Front Door on: **020 8583 6600** or Fostering Duty on **020 8583 3426**. By doing so you are ensuring that the privately fostered child will be visited by a social worker to ensure that they are safe and well cared for. The private foster carer will also be offered practical and financial advice and support.

Safeguarding and welfare Requirement: Child Protection

The safeguarding policy and procedures must include an explanation of the action to be taken in the event of an allegation being made against myself and cover the use of mobile phones and cameras.

Online Safety Including the use of mobile phones and cameras

To ensure my online safeguarding practice is in line with statutory requirements and best practice I will access the guidance 'Safeguarding children and protecting professionals in early years settings: online safety considerations'. Furthermore, I will share with my assistants if relevant the 'Online Safety Guidance for Practitioners' guidance (please refer to further guidance section).

Policy statement

I will take steps to ensure that there are effective procedures in place to protect children, young people, and vulnerable adults from the unacceptable use of mobile phones and cameras.

Procedures

Information Communication Technology (ICT) equipment

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

Internet access

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

- tell a grown up if something makes me unhappy on the internet
- The childminder will also seek to build children's resilience in relation to issues they may face in the online world, and will address issues such as staying safe, having appropriate friendships, asking for help if unsure, not keeping secrets as part of social and emotional development in age appropriate ways.
- If a second hand computer is purchased or donated to the setting, the childminder will ensure that no inappropriate material is stored on it before children use it.
- All computers for use by children are located in an area clearly visible to the childminder or their assistants.
- Children are not allowed to access social networking sites.
- The childminder should report any suspicious or offensive material, including material which may incite racism, bullying or discrimination to the Internet Watch Foundation at www.iwf.org.uk.
- Suspicions that an adult is attempting to make inappropriate contact with a child on-line is reported to the National Crime Agency's Child Exploitation and Online Protection Centre at www.ceop.police.uk.
- The childminder ensures that any assistants have access to age-appropriate resources to enable them to assist children to use the internet safely.
- If the childminder or assistants become aware that a child is the victim of cyber-bullying, they discuss this with their parents and refer them to sources of help, such as the NSPCC on 0808 800 5000 or www.nspcc.org.uk, or Childline on 0800 1111 or www.childline.org.uk.

Email

- Children are not permitted to use email in the setting. Parents and any assistants are not normally permitted to use setting equipment to access personal emails.
- The childminder or any assistants do not access personal or work email whilst supervising children.
- The childminder sends personal information by encrypted email and share information securely at all times.

Use of mobile phones

Mobile phones have a place in my setting, They are often the only means of contact available in child-minding settings and can be helpful in ensuring children are kept safe.

To protect children, I will:

- Only use mobile phones appropriately and ensure any assistant or work colleague have a clear understanding of what constitutes misuse and know how to minimise the risk.
- Ensure the use of a mobile phone does not detract from the quality of supervision and care of children.
- Ensure all mobile phone use is open to scrutiny.
- Ensure the use of mobile phones on outings is included as part of the risk assessment, for example, how to keep personal numbers that may be stored on the phone safe and confidential.

Cameras and videos

- Photographs and recordings of children are only taken for valid reasons, i.e. to record their learning and development, or for displays.
- Where parents request permission to photograph or record their own children at special events, permission will first be gained from all parents for their children to be included.
- Photographs and recordings of children are only taken of children if there is written permission to do so.

Further guidance

- NSPCC and CEOP *Keeping Children Safe Online* training: www.nspcc.org.uk/what-you-can-do/get-expert-training/keeping-children-safe-online-course/
- Safeguarding Children and Protecting Professionals in Early Years Settings Online Safety Considerations for Managers:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/776470/UKCIS_Early_Years_Online_Safety_Considerations_for_Managers.pdf
- Safeguarding Children and Protecting Professionals in Early Years Settings Online Safety Guidance for Practitioners:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/776473/UKCIS_Early_Years_Online_Safety_Guidance_for_Practitioners_1.pdf
- Early Years practitioners: using cyber security to protect your settings:
<https://www.ncsc.gov.uk/guidance/early-years-practitioners-using-cyber-security-to-protect-your-settings>

Safeguarding and Welfare Requirement: Child Protection

Providers must have and implement a policy, and procedures, to safeguard children.

Uncollected child

Policy statement

In the event that a child is not collected by an authorised adult at the end of a session/day, I put into practice agreed procedures. These ensure the child is cared for safely by me. The child will continue to receive the high standard of normal care in order to cause as little distress as possible.

I inform parents/carers of my procedures so that, if they are unavoidably delayed, they will be reassured that their children will be properly cared for.

Procedures

- Parents of children starting with me are asked to provide the following specific information which is recorded on my Registration Form:
 - Home address and telephone number - if the parents do not have a telephone, an alternative number must be given, perhaps a neighbour or close relative.
 - Place of work, address and telephone number (if applicable).
 - Mobile telephone number (if applicable).
 - Names, addresses, telephone numbers and signatures of adults who are authorised by the parents to collect their child from me, for example a friend or grandparent.
 - Who has parental responsibility for the child.
 - Information about any person who does not have legal access to the child.
- On occasions when parents are aware that they will not be at home or in their usual place of work, they inform me in writing of how they can be contacted.
- On occasions when parents or the persons normally authorised to collect the child are not able to collect the child, they provide me with written details of the name, address and telephone number of the person who will be collecting their child. I agree with parents how to verify the identity of the person who is to collect their child.
- Parents are informed that if they are not able to collect the child as planned, they must inform me so that I can begin to take back-up measures. I provide parents with my contact telephone number. **[insert your telephone number]**.

- I inform parents that I apply my child protection procedures in the event that their children are not collected from me by an authorised adult after my service has closed. If a child is not collected at the end of the session/day, I follow the following procedures:
 - The child's file is checked for any information about changes to the normal collection routines.
 - If no information is available, parents/carers are contacted at home or at work.
 - If this is unsuccessful, the adults who are authorised by the parents to collect their child from me – and whose telephone numbers are recorded on the Registration Form – are contacted.
 - All reasonable attempts are made to contact the parents or nominated carers.
 - The child does not leave the premises with anyone other than those named on the Registration Form or in their file.
 - If no-one collects the child after my service has closed within 30 minutes and there is no-one who can be contacted to collect the child, I apply the procedures for uncollected children.
 - If the children's social care team is unavailable I will contact the local police
 - I contact my local authority children's social care team:
 020 8583 6600 (telephone number)

This will be the out of hours duty officer:

020 8583 2222 (telephone number)

- After an additional 15 minutes if the child has not been collected, I will contact the above statutory agencies again
- The child stays with me until the child is safely collected either by the parents or by a social care worker.
- Social Care will aim to find the parent or relative if they are unable to do so, the child will become looked after by the local authority.
- A full written report of the incident is recorded in the child's file.
- Depending on circumstances, I reserve the right to charge parents for the additional hours worked.
- Ofsted may be informed:
 0300 123 1231 (telephone number)

Attendance/ Absence

Attendance records will be monitored regularly. This attendance policy supports should be used in line with our safeguarding policy if a child's attendance is becoming a concern.

- We will inform parents about this process.
- Ensure children are signed in/ recorded on the registers promptly.
- The childminder will listen to absence calls, read absence emails.
- Bring together registers, late records, absence calls - produce the list of children absent with no explanation
- We will then start first day calling for children absent without explanation; we will call everyone on the contact list until we get an answer. We will leave messages if there is a voicemail option. However, we will not leave it at that.
- We might get an overseas ring tone and consider if the family are taking a holiday, they haven't informed us about?
- We will call the contact list at least twice.
- By this stage, if we have a good contact list (4 numbers minimum) we probably have a reply.
- If we have been unsuccessful at receiving a reply, we will consider whether any children have additional agency support, such as a social worker, and we will contact them.
- Make a prompt home visit.
- If we cannot get an answer, we will refer immediately to Hounslow Children's services Front Door/ Police and request a welfare call (if we can see family inside the home avoiding our knock, we will not refer - unless we think the children are at risk of significant harm).

Children / Families accessing free entitlement places

What should I do if a child registers for a free entitlement place and he/she does not show up on the first day?

If you have claimed the free entitlement for a child who does not attend on the first day contact the parent/ carer to ask if the child will still be taking up the place. Find out the date they intend to start instead, if at all, and then make the appropriate adjustment via the claims process later in the term.

However, if the parent/ carer keeps giving you a start date (or you are unable to contact them) and they do not show up by the end of the second week, you must write to the parent/ carer to inform them that their free entitlement place has been withdrawn. Copies of all correspondence should be kept in the child's records (in compliance with United

Kingdom General Data Protection Regulation (UK-GDPR)). Ensure that make an adjustment via the claims process.

The steps we will take for unnotified absences of children with a free entitlement place

In addition to the procedure above

1. Ask the parent/carer for the child's expected return date.
2. If the child still does not return on the expected date, we will follow up with another telephone call and if the family are known to services, we will inform the support worker that the child has still not returned.
3. Work with the support worker to try and re-engage the child again.
4. If the child still does not return, we will agree with the support worker what the funding end date should be. This is to give services any additional time they need to try and re-engage the family. Once the date has been agreed, we will send a letter to the family to inform them that the free entitlement place has been withdrawn.
5. If we do re-engage with the parent, we will discuss/ consider a reduction in the number of sessions per week or a change in the session times if it would help with the child's attendance. We will make every effort to encourage and support improved attendance.
6. The parent/carer will be advised that any further absences may result in the funding being withdrawn. We will continue monitoring attendance and contact the support worker if the absence continues or the attendance remains low.
7. NB: If you are aware that the child's place was brokered via the 2 Year Old Early Learning Officer please contact her and follow the steps above.

If funding is withdrawn- we will be paid for a 2 week notice period from when a decision has been made to withdraw the entitlement.

What is an acceptable number of weeks a child may take a holiday and still receive the entitlement?

Term time (non-stretched offer) – It is not acceptable for a child to take a holiday during term time just as it is in schools.

All year round (stretched offer) – it is acceptable for a child to take up to 6 weeks holiday over a twelve month period.

If there is an exceptional circumstance, please contact Early Education Funding Team to discuss.

Children's Services:

- If the child/ren are open to Children's Services and have an allocated Social Worker- 020 8583 6600 (option 2 followed by option 1)

- If worried about a child, to report concerns- 020 8583 6600 (option 2 followed by option 3)
- Email: childrensocialcare@hounslow.gov.uk

Out of hours (after 5pm weekdays or weekends)- 020 8583 2222.

For further information please contact

Early Education Funding Team

earlyyearsandchildcare@hounslow.gov.uk

020 8583 6421

Free Entitlement and Brokerage Support Officer

Nicola West

nicola.west@hounslow.gov.uk

020 8583 2635

Safeguarding and welfare Requirement: Child Protection

Providers must have and implement a policy, and procedures, to safeguard children.

Missing child

Policy statement

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

Procedures

Child going missing on the premises

- I will call the police and reports the child as missing and then call the parent.
- I will carry out a thorough search of the building and garden.
- The register is checked to make sure no other child has also gone astray.
- Doors and gates are checked to see if there has been a breach of security whereby a child could wander out.
- I will talk to any co-workers to find out when and where the child was last seen and record this.

Child going missing on an outing

This describes what to do when I have taken the children on an outing,

- As soon as it is noticed that a child is missing, I will carry out a headcount to ensure that no other child has gone astray. I will search the immediate vicinity but will not search beyond that.
- I will contact the police and report the child as missing.
- I will contact the parent, who makes their way to me.
- I will take the remaining children back to my home.
- In an indoor venue, I will contact the venue's security who will handle the search and contact the police if the child is not found.
- I may be advised by the police to stay at the venue until they arrive.

The investigation

- I will remain calm and not let the other children become anxious or worried.
- I will write an incident report detailing:
 - The date and time of the report.
 - When the child was last seen in the group/outing.
 - What has taken place in the group or outing since the child went missing.
 - The time it is estimated that the child went missing.
- A conclusion is drawn as to how the breach of security happened.
- If the incident warrants a police investigation, I will co-operate fully. In this case, the police will handle all aspects of the investigation, including interviews. Children's social care may be involved if it seems likely that there is a child protection issue to address.
- The incident is reported under RIDDOR arrangements (see the Reporting of Accidents and Incidents policy); the local authority Health and Safety Officer may want to investigate and will decide if there is a case for prosecution.
- The insurance provider is informed.
- I will seek legal advice on how to handle social media requests and refer to the following guidance <https://www.gov.uk/government/publications/handling-media-attention/handling-media-attention-after-a-major-incident>

Safeguarding and welfare Requirement: Health

Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date.

Administering medicines**Policy statement**

While it is not my policy to care for sick children, who should be at home until they are well enough to return to my care, I will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. I notify my insurance provider of all required conditions, as laid out in my insurance policy.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

I am responsible for the correct administration of medication to children, This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

Procedures

- Children taking prescribed medication must be well enough to attend.
- Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor) and be for the named child in attendance.
- NB Children's paracetamol (un-prescribed) is administered only for children under the age of one year with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- Children's non-prescribed medication can be given (using my professional judgement) if a blanket consent is in place and signed by the parents and parents have been informed and are on route to collect their child.

- Children's prescribed medicines are stored in their original containers stored according to directions, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. Upon receiving the medication, I will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - full name of child and date of birth;
 - name of medication and strength;
 - who prescribed it;
 - dosage to be given;
 - how the medication should be stored and expiry date;
 - any possible side effects that may be expected should be noted; and
 - signature, printed name of parent and date.
- The administration is recorded accurately each time it is given and is signed by myself. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records:
 - name of child;
 - name and strength of medication;
 - the date and time of dose;
 - dose given and method; and is
 - signed by myself; and is
 - verified by parent signature at the end of the day.
- I use the *PACEY Medication Record* for recording administration of medicine and comply with the detailed procedures set out in that publication.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- I will ensure any medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in my home. I will check that any medication held to administer on an as and when required basis or on a regular basis, is in date and return any out-of-date medication back to the parent.
- If the administration of prescribed medication requires medical knowledge, individual training will be completed by a health professional or directly by the child's parent/carer
- 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 me what

they need. However, this does not replace vigilance in knowing and responding when a child requires medication.

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

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is my responsibility. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around my home, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions I will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining my role
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, I will complete a risk assessment
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning home the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles.

Safeguarding and welfare Requirement: Health

The childminder must promote the good health of children attending. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

Managing children who are sick, infectious, or with allergies

(Including reporting notifiable diseases)

Policy statement

I provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic substance.

Procedures for children who are sick or infectious

- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – I will call the parents and ask them to collect the child, or send a known carer to collect on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- Temperature is taken using _____(please specify method of measuring temperature)
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning with them, I can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning and until well enough to attend.
- Public Health England's definition that *Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period*. Therefore, unless there are other concerns, children do not need to be collected immediately after one bout of suspected diarrhoea. After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- I have a list of excludable diseases and current exclusion times. The full list is obtainable <https://www.publichealth.hscni.net/publications/guidance-infection-control-schools-and-other-childcare-settings-0> and includes common childhood illnesses such as measles.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to Public Health England.
- When I become aware, or are formally informed of the notifiable disease, I will inform Ofsted and act on any advice given by the Public Health England.

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.
- Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is rinsed and either bagged for parents to collect or laundered.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with the clinical waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
- Children do not share tooth brushes which are also soaked weekly in sterilising solution.

Nits and head lice

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

Procedures for children with allergies

- When parents start their children at the service they are asked if their child suffers from any known allergies. This is recorded on the registration form.
- If a child has an allergy, a risk assessment form is completed 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.
- This form is kept in the child's personal file
- Parents train me in how to administer special medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within my home.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

Insurance requirements for children with allergies and disabilities

- The insurance will automatically include children with any disability or allergy but certain procedures must be strictly adhered to as set out below. For children living with life threatening conditions, or requiring invasive treatments; written confirmation from my insurance provider must be obtained to extend the insurance.

Oral medication

Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to my insurance provider.

- Oral medications must be prescribed by a GP or Dentist or have manufacturer's instructions clearly written on them.
- The provider must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- I must have the parents or guardians' prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to my insurance provider.

Life saving medication & invasive treatments

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

- The provider must have:
 - a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
 - written consent from the parent or guardian allowing me to administer medication; and
 - proof of training in the administration of such medication by the child's GP, a district

nurse, children's nurse specialist or a community paediatric nurse.

- Copies of all three letters relating to these children must first be sent to the insurance provider.
- For any children with special needs children - children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.
- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP or dentist.
- Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.
- Copies of all letters relating to these children must first be sent to the Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- If I am unsure about any aspect, I contact my Insurance Department details of my insurance provider.

Recording and reporting of accidents and incidents

Policy statement

I 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.

This policy will provide the childminder and parents information and guidance in the case of an emergency occurring.

In responding to an emergency, the aim will always be to ensure:

- Rapid and appropriate response is taken
- Accurate information is relayed to parents and emergency services regarding the incident (if applicable)
- Normal setting routine is maintained as far as possible, offering continuity to the children
- Immediate support and clear guidance are offered by the childminder

Procedures

Accident Record:

- is kept in a safe and secure place;
- is accessible and
- is reviewed at least bi-annually to identify any potential or actual hazards.

Reporting accidents and incidents

- Ofsted is notified as soon as possible, but at least within 14 days, of any instances which involve:
 - food poisoning affecting two or more children looked after on my premises;
 - a serious accident or injury to, or serious illness of, a child in my care and the action I take in response; and
 - the death of a child in my care.
- Local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, while in my care and I act on any advice given by those agencies.
- Any food poisoning affecting two or more children or adults on my premises is reported to the local Environmental Health Department.
- I meet my legal requirements in respect of the safety of the public by complying with RIDDOR. I report to the Health and Safety Executive:

- Any specified injuries including injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
- Any death, of a child or adult, that occurs in connection with a work-related accident.
- Any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident but could have done; such as a gas leak.

Incident book

- I have ready access to telephone numbers for emergency services, including the local police. Where I am responsible for the premises I have contact numbers for the gas and electricity emergency services, and a carpenter and plumber. Where I rent premises I ensure I have access to the person responsible and that there is a shared procedure for dealing with emergencies.
- I ensure that I carry out all health and safety procedures to minimise risk and that I know what to do in an emergency.
- On discovery of an incident, I report it to the appropriate emergency services – fire, police, ambulance – if those services are needed.
- If an incident occurs before any children arrive, I risk assess this situation and decide if the premises are safe to receive children. I may decide to offer a limited service or not offer.
- Where an incident occurs whilst the children are in my care and it is necessary to evacuate the premises, I follow the procedures in my Fire Safety and Emergency Evacuation Policy or, when on an outing, the procedures identified in the risk assessment for the outing.
- I keep an incident record for recording major incidents, including some of those that are reportable to the Health and Safety Executive as above.
- These incidents include:
 - a break in, burglary, or theft of personal or my property;
 - an intruder gaining unauthorised access to my premises;
 - a fire, flood, gas leak or electrical failure;
 - an attack on an adult or child on my premises or nearby;
 - any racist incident involving families on my premises;
 - a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after
 - the death of a child or adult; and
 - a terrorist attack, or threat of one.
 - a pandemic or epidemic

- In the incident record I record the date and time of the incident, nature of the event, who was affected, what was done about it or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also recorded.
- In the unlikely event of a terrorist attack, I follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families.
- In the unlikely event of a child dying on my premises, through cot death in the case of a baby for example, the emergency services are called, and the advice of these services are followed.
- The incident book is not for recording issues of concern involving a child. This is recorded in the child's own file.

The following procedure also applies if I am requested to activate the plan by the Local Government communications:

1. Gather the children into one large group, they will be transported to safety.
Dependent upon the situation the large group may be left with one or two adults whilst another adult deals with the emergency if applicable.
1. Children will be reassured.
2. Ensure all adults involved are aware of the situation.
3. I must remain calm
4. Assess the situation:
 - Make sure everyone is safe
 - What is the disruption?
 - Who is affected?
 - How has it affected you?
 - Will anyone else be affected by it?
 - Could it escalate into a larger incident potentially affecting others?
5. Determine if service can continue to be provided.
6. Parents will be called at the first available opportunity.
7. Contact any contractors/partner organisations to inform them of the situation.
8. Contact any other service who are involved in the delivery of my service and inform them of the situation.
9. Ensure that you keep in regular contact with my families.

Evacuation

In the event of evacuation if safe to do so children will proceed to the fire safety point, however if this is not safe then children will be escorted to the _____.

Dealing with people's reactions

I accept that the children's parents may be frightened, distressed and angry dependent upon the type of incident. I understand that any adults involved in the incident may also be affected by the incident. If I share all policies with parents/carers, the situation will be easier for all because there will be an understanding of working within a framework of mutual trust and understanding.

Training:

I will brief or train myself or any assistants on their role in the prevention, management and response to incidents. I will ensure that all assistants, volunteers and students are aware of the procedures in place and what is expected of them.

Setting closure

The decision to close the setting is not taken lightly and will be made based on the assessment of a number of factors and information which may include weather and travel circumstances, access to and condition of the setting, infection outbreaks and availability of appropriate levels of qualified staff. Ultimately the decision to open or close the setting will be made by the _____ and every effort will be made to contact all assistants, parents and carers as soon as is practicably possible.

I will use a risk measurement table format to assess the key risks to business before and during a closure. The risk assessment will detail the risk factors, likelihood and impact.

- If a decision to close is made all parents and carers will be contacted by text or telephone accordingly.
- The decision for ongoing closures will be assessed on a daily basis.
- An up to date record of emergency contact details for each child and assistants will be kept in the setting.

Actions to be taken after the incident

- Evaluate the incident, how it was dealt with and were the policies and procedures in place followed.
- Identify any improvements that could be made in the future.
- Draw up an action plan of any changes to be made to the current procedures in place.
- I will evaluate processes and make necessary adjustments to ensure future effectiveness.

Valuing diversity and inclusion and promoting equality

Policy statement

I will ensure that my service is fully inclusive in meeting the needs of all children. I recognise that children and their families come from diverse backgrounds. All families have needs and values that arise from their social and economic, ethnic and cultural or religious backgrounds. Children grow up in diverse family structures that include two parent and one parent families; some children have two parents of the same sex. Some children have close links with extended families of grandparents, aunts, uncles and cousins while others may be more removed from close kin or may live with other relatives or foster carers. Some children have needs that arise from disability or impairment or may have parents that are affected by disability or impairment.

Some children come from families who experience social exclusion or severe hardship; some have to face discrimination and prejudice because of their ethnicity, the languages they speak, their religious or belief background, their gender or their impairment.

I understand that these factors affect the well-being of children and can impact on their learning and attainment.

I am committed to anti-discriminatory practice to promote equality of opportunity and valuing diversity for all children and families. I aim to:

- provide a secure and accessible environment in which all my children can flourish and in which all contributions are considered and valued;
- include and value the contribution of all families to my understanding of equality and diversity;
- provide positive non-stereotyping information about gender roles and diverse family structures, diverse ethnic and cultural groups and disabled people;
- improve my knowledge and understanding of issues of anti-discriminatory practice, promoting equality and valuing diversity;
- challenge and eliminate discriminatory actions;
- make inclusion a thread that runs through all of the activities; and
- foster good relations between all communities.

Admissions

My service is open to all members of the community.

- I advertise my service widely.
- I reflect the diversity of my society in my publicity and promotional materials.
- I provide information in clear, concise language, whether in spoken or written form.
- I base my admissions policy on a fair system.
- I ensure that all parents are made aware of my equal opportunities policy.
- I do not discriminate against a child or their family, or prevent entry to my service, on the basis of a protected characteristic as defined by the Equalities Act 2010. These are:
 - disability;
 - race;
 - gender reassignment;
 - religion or belief;
 - sex;
 - sexual orientation;
 - age;
 - pregnancy and maternity; and
 - marriage and civil partnership.
- I do not discriminate against a child with a disability or refuse a child entry to my service for reason relating to disability.
- I develop an action plan to ensure that people with impairments can participate successfully in the services offered by me and in the curriculum offered.
- I take action against any discriminatory behaviour by parents whether by:
 - direct discrimination – someone is treated less favourably because of a protected characteristic e.g. preventing families of some racial groups from using the service;
 - indirect discrimination - someone is affected unfavourably by a general policy e.g. children must only speak English;
 - association – discriminating against someone who is associated with a person with a protected characteristic e.g. behaving unfavourably to someone who is married to a person from a different cultural background; or
 - perception – discrimination on the basis that it is thought someone has a protected characteristic e.g. assuming someone is gay because of their mannerism or how they speak.
- Displaying of openly discriminatory and possibly offensive materials, name calling, or threatening behaviour are unacceptable on or around the premises and will be dealt with in the strongest manner.

- I will not tolerate behaviour from an adult who demonstrates dislike or prejudice towards individuals who are perceived to be from another country (xenophobia).

Training

- I seek out training opportunities to enable me to develop anti-discriminatory and inclusive practices, which enable all children to flourish.
- I ensure I am confident and fully trained in administering relevant medicines and performing invasive care procedures when these are required.
- I review my practices to ensure that I am fully implementing my policy for promoting equality, valuing diversity and inclusion.

Curriculum

The curriculum offered encourages children to develop positive attitudes about themselves as well as to people who are different from themselves. It encourages children to empathise with others and to begin to develop the skills of critical thinking.

My environment is as accessible as possible for all visitors and service users. If access to my service is found to treat disabled children or adults less favourably then I make reasonable adjustments to accommodate the needs of disabled children and adults.

Valuing diversity in families

- I welcome the diversity of family lifestyles and work with all families.
- I encourage children to contribute stories of their everyday life
- I encourage mothers, fathers and other carers to take part
- For families who speak languages in addition to English, I will develop means to ensure their full inclusion.
- I take positive action to encourage disadvantaged and under-represented groups to use my service.

Food

- I work in partnership with parents to ensure that dietary requirements of children that arise from their medical, religious or cultural needs are met.
- I help children to learn about a range of food, and of cultural approaches to mealtimes and eating, and to respect the differences among them.

Supporting children with special educational needs

Policy statement

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

- I have regard for the Special Educational Needs and Disability Code of Practice (2015).
- I ensure my provision is inclusive to all children with special educational needs.
- I support parents and children with special educational needs.
- I identify the specific needs of children with special educational needs at the earliest opportunity and meet those needs through a range of SEN strategies.
- I work in partnership with parents and other agencies in meeting individual children's needs.
- I monitor and review my policy, practice and provision and, if necessary, make adjustments.

Procedures

- I act as the Special Educational Needs & Disability Co-ordinator (SENDCO) for the children.
- I ensure that my inclusive admissions practice ensures equality of access and opportunity.
- I use the graduated approach system for identifying, assessing and responding to children's special educational needs.
- I work closely with the parents of children with special educational needs to create and maintain a positive partnership.
- I ensure that parents are informed at all stages of the assessment, planning, provision and review of their children's education.
- I provide parents with information on sources of independent advice and support.
- I liaise with other professionals involved with children with special educational needs and disabilities and their families, including in connection with transfer arrangements to other settings and schools.
- I provide a broad, balanced and differentiated curriculum for all children with special educational needs.
- I use a system of planning, implementing, monitoring, evaluating and reviewing action plans for children with special educational needs and disabilities.

- I have systems in place for supporting children based on a continuous cycle of 'assess, plan, do and review', which is applied in increasing detail and frequency to ensure that children progress.
- I have systems in place for working with other agencies through each stage of the, Early Years and Statutory Assessment to agree on an Individual Learning Plan for the child. I use the Children and Family Assessment Notification
- I raise awareness of any specialism that I offer, e.g. Makaton training via the family service directory.

British values

Policy statement

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

Under the Equality Act 2010, which underpins standards of behaviour and incorporates both British and universal values, I have a legal obligation not to directly or indirectly discriminate against, harass or victimise those with protected characteristics. I make reasonable adjustments to procedures, criteria and practices to ensure that those with protected characteristics are not at a substantial disadvantage.

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

Procedures

British Values

The fundamental British values of *democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs* are already implicitly embedded in the 2021 EYFS and are further clarified below, based on the *Fundamental British Values in the Early Years* guidance (Foundation Years 2015):

- ***Democracy***, or making decisions together (through the prime area of Personal, Social and Emotional Development)

- As part of the focus on self-confidence and self-awareness, practitioners encourage children to see their role in the bigger picture, encouraging them to know that their views count, to value each other's views and values, and talk about their feelings, for example, recognising when they do or do not need help.
- Practitioners support the decisions that children make and provide activities that involve turn-taking, sharing and collaboration. Children are given opportunities to develop enquiring minds in an atmosphere where questions are valued.
- **Rule of law, or understanding that rules matter** (through the prime area of Personal, Social and Emotional Development)
 - Practitioners ensure that children understand their own and others' behaviour and its consequence.
 - Practitioners collaborate with children to create rules and the codes of behaviour, for example, the rules about tidying up, and ensure that all children understand rules apply to everyone.
- **Individual liberty, or freedom for all** (through the prime areas of Personal, Social and Emotional Development, and Understanding the World)
 - Children should develop a positive sense of themselves. I provide opportunities for children to develop their self-knowledge, self-esteem and increase their confidence in their own abilities, for example through allowing children to take risks on an obstacle course, mixing colours, talking about their experiences and learning.
 - Practitioners encourage a range of experiences that allow children to explore the language of feelings and responsibility, reflect on their differences and understand I are free to have different opinions, for example discussing in a small group what they feel about transferring into Nursery or Reception Class.
- **Mutual respect and tolerance, or treating others as you want to be treated** (through the prime areas of Personal, Social and Emotional Development, and Understanding the World)
 - Practitioners create an ethos of inclusivity and tolerance where views, faiths, cultures and races are valued and children are engaged with the wider community.
 - Children should acquire tolerance, appreciation and respect for their own and other cultures; know about similarities and differences between themselves and others, and among families, faiths, communities, cultures and traditions.
 - Practitioners encourage and explain the importance of tolerant behaviours, such as sharing and respecting other's opinions.
 - Practitioners promote diverse attitudes and challenge stereotypes, for example, sharing stories that reflect and value the diversity of children's experiences and

providing resources and activities that challenge gender, cultural or racial stereotyping.

▪ ***In my service it is not acceptable to:***

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

Prevent Strategy

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

Legal framework

Counter-Terrorism and Security Act 2015

General Safeguarding and welfare Requirement: Safety

Providers must have a clear and well-understood policy, and procedures for assessing any risks to children's safety, and review risk assessments regularly.

Risk assessment**Policy statement**

I believe that the health and safety of children is of paramount importance. I make my service a safe and healthy place for children, parents and visitors by assessing and minimising the hazards and risks to enable the children to thrive in a healthy and safe environment.

The basis of this policy is risk assessment follow five steps as follows:

- Identification of risk: Where is it and what is it?
- Who is at risk: children, parents,
- Assessment as to the level of risk as high, medium, low. This is both the risk of 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

- My 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 practice, and to demonstrate how they are managing risks if asked by parents and/or carers and inspectors;
 - checking for and noting hazards and risks indoors and outside, and in my premises and for 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.
- I maintain lists of health and safety issues, which are checked daily before I open as well as those that are checked on a weekly and termly basis when a full risk assessment is carried out.

General Safeguarding and welfare Requirement: Health

The provider must promote the good health of children attending

Safety and suitability of premises, environment and equipment: Safety

Providers must take reasonable steps to ensure the safety of children, and others on the premises

Health and safety general standards**Policy statement**

I believe that the health and safety of children is of paramount importance. I make my home a safe and healthy place for children and parents

- I aim to make children, parents 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.
- I am responsible for health and safety

Insurance cover

I have public liability insurance and employers' liability insurance. The certificate for public liability insurance is displayed in:

Procedures**Awareness raising**

- Health and safety issues are explained to the parents of new children so that they understand the part played by these issues in the daily practice
- Children are made aware of health and safety issues through discussions, planned activities and routines.

Windows

- Low level windows are made from materials that prevent accidental breakage or are made safe.
- Windows above the ground floor are secured so that children cannot climb through them.

Doors

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

Floors

- All floor surfaces are checked daily to ensure they are clean and not uneven, wet or damaged.

Electrical/gas equipment

- All electrical/gas equipment conforms to safety requirements and is checked regularly.
- My boiler/electrical switch gear/meter cupboard is not accessible to the children.
- Fires, heaters, electric sockets, wires and leads are properly guarded and the children are taught not to touch them.
- There are sufficient sockets to prevent overloading.

Storage

- All resources and materials from which children select are stored safely.
- All equipment and resources are stored or stacked safely to prevent them accidentally falling or collapsing.

Outdoor area

- My outdoor area is securely fenced.
- My outdoor area is checked for safety and cleared of rubbish before it is used.
- Where water can form a pool on equipment, it is emptied before children start playing outside.
- All outdoor activities are supervised at all times.

Hygiene

- I seek information from the Environmental Health Department and the Health Authority to ensure that I keep up-to-date with the latest recommendations.
- My daily routines encourage the children to learn about personal hygiene.
- I have a daily cleaning routine
- The toilet area has a high standard of hygiene including hand washing and drying facilities and the disposal of nappies.
- I implement good hygiene practices by:
 - cleaning tables between activities;
 - cleaning and checking toilets regularly;
 - providing tissues and wipes; and
 - ensuring individual use of flannels, towels and toothbrushes.

Activities and resources

- Before purchase or loan, equipment and resources are checked to ensure that they are safe for the ages and stages of the children currently attending.
- All equipment is regularly checked for cleanliness and safety and any dangerous items are repaired or discarded.

- All materials, including paint and glue, are non-toxic.
- Sand is clean and suitable for children's play.
- Physical play is constantly supervised.
- Children are taught to handle and store tools safely.
- I check the children who are sleeping to ensure they are safe. Being safe includes ensuring that cots/bedding are in good condition and suited to the age of the child, and that infants are placed down to sleep safely in line with latest government safety guidance.
- Children learn about health, safety and personal hygiene through the activities I provide and the routines I follow.
- Any faulty equipment is removed from use and is repaired. If it cannot be repaired, it is discarded.

Further guidance:

- Sudden infant death syndrome (SIDS): <https://www.nhs.uk/conditions/baby/caring-for-a-newborn/reduce-the-risk-of-sudden-infant-death-syndrome/>

Risk assessment

Below is a guideline to help you complete your own home-based specific risk assessment based on the Health and Safety Executive 5 step risk assessment. If you provide overnight care, you will need to conduct an additional risk assessment for this.

| Kitchen | | | | |
|--|--|---|--|--|
| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing/ have done? | Step 3. What further action did you take? | Step 4 Frequency of checks |
| Spot hazards by walking around your setting and looking for what could be a danger. Get down on your hands and knees to see your setting from the child's point of view. | Write in this column what accident could happen. Consider the likelihood of it happening and whether the injury is likely to be minor or serious injury. | List what you have already put in place or what you are going to do to remove or minimize the hazard. Make sure you put the date when you completed the action. | Use this column if you realised you could improve on an aspect of safety OR you had to review the previous column following a specific incident or accident (put a date) | Indicate here how often you should check. <ul style="list-style-type: none"> Once, because the risk has been completely removed? Before children arrive? Ongoing throughout the day? Weekly? Monthly? |
| Oven and hob | Children - danger of burning or scalding themselves. | | | |
| Children using high chairs not strapped in | Falls | | | |
| Baby walkers in use | Falls | <i>Baby walkers should not be used because.....</i> | | |

| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing/ have done? | Step 3. What further action did you take? | Step 4 Frequency of checks |
|--|---|--|--|-------------------------------|
| Overhanging leads and pan handles | Children - danger of burning or scalding themselves. | | | |
| No safety catches on cupboards and drawers that are in reach of children | Children - Access to dangerous substances including cleaning products, dishwasher tablets plastic bags, knives and alcohol. Children also in danger of trapping fingers. | | | |
| Fire Blanket not wall mounted and or placed inappropriately. <i>Please note it is not mandatory to have a fire blanket but to have fire detection equipment.</i> | Everyone - risk of fire. | | | |
| Hazardous products not stored above head height | Children - access to dangerous substances including cleaning products, dishwasher tablets plastic bags, knives and alcohol. | | | |
| Refrigerator not kept between 4-5° C and the freezer not at -18°C | Everyone - incorrect storage of food which could lead to ill health | | | |
| Food stored inappropriately in the fridge i.e raw meat stored above uncovered food items. | Everyone - cross contamination which could lead to food poisoning or allergic reaction | | | |
| Not washing hands before the preparation of food and after handling raw meat | Everyone - cross contamination which could lead to ill health | | | |

| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing/ have done? | Step 3. What further action did you take? | Step 4 Frequency of checks |
|--|---|--|--|-------------------------------|
| Food preparation surfaces and chopping boards not cleaned thoroughly | Everyone - cross contamination which could lead to food poisoning or allergic reaction | | | |
| Dish cloths, tea towels and mop heads not cleaned and changed regularly | Everyone - ill health as they harbour germs and bacteria. | | | |
| Rubbish bins not closed or emptied regularly and kept clean. | Children may have access to sharp edges, hazardous waste products or mouldy food Everyone - health risk and children having access to inappropriate items. | | | |
| Not reheating food correctly or cooking food to the correct temperature | Everyone - harmful bacteria remains in the food causing food poisoning. | | | |
| Floor not kept clean | Children are particularly at risk of contamination and poisoning. | | | |
| Floor not kept clean | Children – if small objects are left within reach it is natural for young children to eat them causing poisoning/ choking risk and risk of ill health. | | | |
| Using food that has passed the 'used by date' | Everyone - ill health | | | |
| Not stock rotating food (Placing new food items in front of food already purchased) | Everyone due to food possibly being used after 'use by date' causing ill health | | | |

| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing/ have done? | Step 3. What further action did you take? | Step 4 Frequency of checks |
|--|--|--|--|-------------------------------|
| Reheating babies bottles | Babies - ill health if bottles are not sterilised Babies - scalding. Heating in microwave ovens can heat milk unevenly. | | | |
| Spillages either through water play activities or accidental | Everyone - slips and falls | | | |
| Children gaining access to the kitchen | Adults – adults trip over children (and pets) resulting in falls or spillages of sometimes very hot items. | | | |
| Children gaining access to the kitchen | Children – climbing and falling (if left unsupervised) | | | |

Living room/dining room including play area

| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing? | What further action is necessary? | Step 4 Frequency of checks |
|---|---|---|--|---------------------------------------|
| Climbing routes (for example floor sofa seat, sofa back, window ledge, curtain, and bookshelf). | Children love to climb! But may not be able to get down again. Risk of falling. | | | |
| Hot drinks in the home | Children - Scalding. | | | |
| Fireguards not in place or fitted securely | Children - burning themselves or falling against the hearth | | | |
| Plug sockets <i>13-amp power sockets made to BS 1363 incorporate a shutter mechanism, which prevents inappropriate access to the live connectors. RoSPA therefore does not consider it necessary to recommend the use of socket covers</i> Monitor children around plug sockets to prevent inappropriate use. | Children - possible electrocution | | | |
| Overloaded plug sockets | All - fire hazard, trip hazard, electrocution hazard | | | |
| Trailing wires | Children could pull on these or chew on the wires causing electrocution | | | |
| Having access to plug in air fresheners or other types of air fresheners including pot pourri | Children at risk of poisoning / allergic reactions or potential choking hazard | | | |

| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing/ have done? | Step 3. What further action did you take? | Step 4 Frequency of checks |
|--|--|--|--|-------------------------------|
| Cords trailing from blinds or curtains | Children - possibility of hanging/strangulation | | | |
| Glass in the home 1 metre from floor level not displaying the British Kite mark logo. Safety film needs to be attached to the glass. | Children - cuts if glass /window was smashed | | | |
| Windows can open wider than 4 inches or 10 cms. | Children could fall out, climb out or unauthorised access of premises | | | |
| Toys left on the floor / cluttered untidy floor | Everyone - tripping hazard and potential blocking of escape routes | | | |
| Inappropriate toys for ages of the children | Children – various, including choking hazards | | | |
| Toys that are broken, have sharp edges, or small detachable parts | Children - could cause cuts or injuries Could cause a choking hazard | | | |
| Cluttered layout of the furniture | Children could trip and fall against furniture if there is not enough space for their play | | | |
| Not fixing tall cupboards, bookcases to the wall. | Everyone (particularly children) – cupboards, bookcases or falling on top of yourselves | | | |
| Radiators becoming too hot (safe temperature is between 19-21° C) | Everyone - risk of burning | | | |

| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing/ have done? | Step 3. What further action did you take? | Step 4 Frequency of checks |
|---|---|--|--|-------------------------------|
| Room temperature either too hot or cold | Children as they do not regulate their own body temperatures, as a result may become ill | | | |
| Tablecloth overhanging edge of Table | Children could pull on this resulting in heavy or hot objects falling on them | | | |
| Loose floor coverings/mats | Potential tripping hazard for all | | | |
| Potentially harmful houseplants | Children could cause skin irritation or poisoning if ingested | | | |
| Drinks near electrical items | Everyone - electrocution | | | |
| Not having a well-stocked first Aid kit | Everyone – delay in the administering treatment | | | |
| Items in first aid kit out of date | Everyone – ineffective | | | |
| Cigarette smoke | Childminders are in breach of requirements to smoke whilst childminding. Risk of a multitude of adverse health effects from tobacco smoke. | | | |
| Alcohol | Children – alcoholic poisoning Adults – intoxicated – children insufficiently supervised – leading to increased risk of injury for children and prosecution of adults. | | | |

| Hall and stairs | | | | |
|--|---|---------------------------------------|-----------------------------------|-------------------------------|
| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing? | What further action is necessary? | Step 4 Frequency of checks |
| Stair gates not in place and fastened securely | Babies and toddlers - falling down the stairs, and /or gaining access to inappropriate areas | | | |
| Stair gates relied upon for providing security to children over 24 months | Children over 24 months. Stair gates are not usually effective for children older than 24 months. | | | |
| Front door | Children could leave or unauthorised access of premises | | | |
| Front door locked and keys are not kept in easy reach for adult | Everyone - escape route can not be accessed easily / quickly | | | |
| Door bolts within a child's reach | Adults could be locked out of the premises | | | |
| Smoke detectors not checked weekly or replacement batteries not accessible | Everyone - high risk of fire being undetected. Risk of smoke inhalation or fatality | | | |
| Plug sockets – see earlier advice | Children - possible electrocution | | | |
| Loose rugs/doormats | Potential tripping hazard for all | | | |
| Free hanging/standing full length mirrors not fixed securely to walls | Children could pull down/on top of themselves causing cuts and other injuries | | | |
| Cupboard under the stairs is accessible and may contain hazardous items | Children – various. | | | |
| Stairs have clutter left lying on them | All - Trip hazard | | | |

Bathroom and toilet

| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing? | What further action is necessary? | Step 4 Frequency of checks |
|--|--|---|--|---|
| Having access to cleaning products | Children - risk of poisoning | | | |
| Having access to razors or other sharp or dangerous materials | Children - cutting themselves | | | |
| Waste bin not securely closed or emptied regularly | Children - pick up infection, sharps, etc. | | | |
| Toilet and wash basins not cleaned regularly | Everyone - harmful bacteria and germs causing ill health | | | |
| Not washing hands after using the toilet or changing nappies | Everyone - harmful bacteria and germs causing ill health | | | |
| Step not available for younger children if appropriate | Child could fall getting on or off the toilet | | | |
| Nappy changing area not cleaned after each use. | Everyone - harmful bacteria and germs causing ill health | | | |
| Water too hot | Everyone - risk of burns and scolds | | | |
| Not having separate flannels or towels | Children - cross contamination causing ill health | | | |
| Unlocked medicine cabinet within children's reach | Children – overdosing/poisoning – potential fatality | | | |
| Easy access for younger children to the bathroom without supervision | Toilets are a drowning hazard, especially for children under three | | | |
| Lock too low on bathroom door | Children may lock themselves inside the bathroom | | | |

| Sleeping area | | | | |
|--|--|---------------------------------------|-----------------------------------|-------------------------------|
| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing? | What further action is necessary? | Step 4 Frequency of checks |
| Cords trailing from blinds or curtains | Children- possibility of hanging/strangulation | | | |
| Strings bags or dressing gown belts positioned too close or on the cot | Children- possibility of hanging/strangulation | | | |
| Pendulum light fittings with long length flex, above a cot/bed within children's reach | Children – electrocution/burns/strangulation – potential fatality. | | | |
| Plug sockets – see earlier advice | Children - possible electrocution | | | |
| Overloaded plug sockets | Everyone - fire hazard | | | |
| Trailing wires | Children could pull on these or chew on the wires causing electrocution | | | |
| Having access to plug in air fresheners or other types of air fresheners including pot pourri | Children at risk of poisoning / allergic reactions or potential choking hazard | | | |
| Glass in the home 1 metre from floor level not displaying the British Kite mark logo. Safety film needs to be attached to the glass. | Children - cuts if glass /window was smashed | | | |
| Windows can be opened wider than 10cms or 4 inches | Children could fall out, climb out or unauthorised access of premises | | | |
| Not having clean bedding for individual children | Children - infection | | | |

| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing/ have done? | Step 3. What further action did you take? | Step 4 Frequency of checks |
|---|--|--|--|-------------------------------|
| Radiators becoming too hot (Safe temperature is between 19-21° C) | Everyone - risk of burning | | | |
| Bed positioned too close to heat source | Children – burns/scalding | | | |
| Cot Bumpers | Child - strangulation | | | |
| Babies sleeping position | Potential cot death – check regularly for current guidelines – check online with lullaby trust | | | |
| Cot mattresses | Potential cot death – check regularly for current guidelines – check online with lullaby trust | | | |
| Not having bed guards where appropriate | Children falling and injuring themselves | | | |
| Checking children infrequently | Stressed children, children climbing out and falling, vomiting children, children's limbs being trapped | | | |
| Playing on bunk beds | Children fall from the top bunk and hit the floor or get limbs caught in the frame or in the ladder on the way down. | | | |
| Nappy sacks left within reach of children | Choking | | | |
| Access to dangerous substances , including medication, cosmetics, deodorants, toiletries and alcohol based products | Children - risk of choking and /or poisoning | | | |
| | | | | |

| Garden | | | | |
|--|--|---------------------------------------|-----------------------------------|-------------------------------|
| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing? | What further action is necessary? | Step 4 Frequency of checks |
| Shed/storage area is unlocked and accessible | Children - get access to tools/equipment/chemicals risk creating risk of poisoning, cuts, falling or getting trapped | | | |
| Unlocked gates | Children could escape or unauthorised access gained | | | |
| Fences / walls not maintained or secure | Children could escape or an injury could incur | | | |
| Steps in the garden | Children - risk of falling up or down the steps injuring themselves | | | |
| Outside play equipment not maintained or securely attached to the ground where necessary | Children - risk of falling incurring cuts, bruises, head injuries, broken bones or internal injuries | | | |
| Trampolines | Numerous hazards -inappropriate for children under 6. Follow manufacturers' guidelines. | | | |
| Outside play equipment inappropriately positioned | Children – climbing over perimeter wall, falling onto/into wall/fence or other items | | | |
| Sandpits not covered or replaced regularly | Children - high risks of animals fouling causing ill health | | | |
| Garden not checked for animal faeces before children start playing | Children - ill health and in severe cases blindness (toxocara) | | | |
| Washing lines hanging in reach of children | Children - risk of strangulation | | | |

| Garden continued | | | | |
|--|---|---------------------------------------|-----------------------------------|-------------------------------|
| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing? | What further action is necessary? | Step 4 Frequency of checks |
| Ponds and other water features not covered. Water butts and empty containers/pots that have collected water. | Risk of children drowning | | | |
| Broken or uneven patio slabs | Everyone - tripping hazard | | | |
| Insufficient supervision of children | Children – all potential injuries | | | |
| Harmful plants | If in reach of children could cause skin irritation or poisoning if digested. | | | |
| Food waste disposal bins | Children – infections from bacteria present | | | |
| Compost heaps | Children – infections from bacteria present and from large heaps potential scalds and burns | | | |
| General Waste bins | Children – unhygienic, risk of children injuring themselves if climbed upon or climbed into | | | |
| Greenhouse | Children – potential cuts from broken glass | | | |
| Slug pellets (look like sweets) | Children - poisoning | | | |
| Garden tools, chemicals, rope/ twine etc left within reach of children | Various | | | |

| Outings, Transport and Walking Please note that these are generalised risk assessments and you will need to add specific locations that you visit regularly as well as hazards that have not been included | | | | |
|---|--|---|--|---|
| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing? | What further action is necessary? | Step 4 Frequency of checks |
| Open water i.e lakes, rivers, streams and ponds | Children - drowning | | | |
| No shade in warm weather | Children – burning and or dehydration | | | |
| No drinks available | Children –dehydration | | | |
| Not wearing a sun hat or sun cream of a suitable factor in hot weather | Children – burning and or dehydration | | | |
| Not having suitable clothing for the weather, Warm coat in colder weathers, raincoat and Wellingtons or sensible shoes | Children – ill health | | | |
| No food /snack available | Children - hypoglycaemia, loss of concentration poor/random behaviour | | | |
| Not having the correct telephone numbers of each child stored in your mobile, which has a full charge as well as credit or this information carried on you. Keeping change for emergency telephone use. | Children – delay in contacting parents or emergency services in case of injury/incidents | | | |
| Not having a travel first aid kit or replacing contents | Children – delay in administering first aid | | | |
| Insufficient supervision | Various | | | |
| Not having policies in place i.e lost child and emergency procedure | Everyone – lack of awareness in how to prevent incidents or how to handle incident effectively | | | |

Outings, Transport and Walking continued

| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing? | What further action is necessary? | Step 4 Frequency of checks |
|--|--|---|--|---------------------------------------|
| Car: Not having sufficient fuel for journey, up to date Insurance, tax or MOT | Everyone – breakdown and children's safety | | | |
| Not having age appropriate car seats or booster cushions and not wearing seat belt or harness | Everyone –children's safety | | | |
| Walking: Buggy/pushchair not maintained or children not securely strapped in. Reins not used appropriately. Insufficient understanding of road safety. Modelling of unsafe crossing procedures or insufficient modelling of safe crossing procedure. | Everyone –children's safety, risk of being knocked over by a car | | | |
| Not having written permission from parents for applying sun cream, travel in cars or on public transport and taking photographs | Childminder – risk of complaint / EYFS and Ofsted Requirement | | | |
| Not having written permission from parents for emergency medical advice or treatment | Children – delay in treatment – potential health implications Childminder – risk of complaint / EYFS and Ofsted Requirement | | | |

Outings, Transport and Walking

Please add specific locations that you visit regularly as well as hazards that have not been included. Use one page per outing/location. This page can be photocopied.

Please note, some venues/locations which you visit with children may have written risk assessments. Do ask for a copy.

Name of place:

| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing? | What further action is necessary? | Step 4 Frequency of checks |
|---------------------------------|--|---------------------------------------|-----------------------------------|-------------------------------|
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| Pets | | | | |
|---|---|---------------------------------------|-----------------------------------|-------------------------------|
| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing? | What further action is necessary? | Step 4 Frequency of checks |
| Food/water bowls accessible to children | Children -drowning/choking/general ill health | | | |
| Pets not inoculated, up-to-date with parasitical treatments i.e. worms/fleas | Children – ill health | | | |
| Pet excreta not cleared, from where children are playing Litter trays accessible to children | Children – toxocara and general ill health | | | |
| No separate area for dogs/reptiles/birds and other potentially dangerous animals | Children – bite injuries/poisoning/infections | | | |
| Setting harbours mites, ticks, fleas | Bites | | | |
| | | | | |

| Additional Hazards | | | | |
|---|--|---------------------------------------|-----------------------------------|-------------------------------|
| Step 1 What are the hazards? | Step 2 Who might be harmed and how? | Step 3 What are you already doing? | What further action is necessary? | Step 4 Frequency of checks |
| Cigarettes/matches/lighters accessible to children | Everyone – fire hazard/burns Children – ill health if ingested | | | |
| Being unaware of both national emergency plans e.g. gas leaks, and local emergency plans in relation to e.g. nearby chemical plants etc | Everyone – potential injury/fatalities | | | |
| Breakable ornaments within reach of children | Children – potential cuts/injuries | | | |
| Insufficient safeguarding of children from inappropriate media content e.g. magazines/computers | Children - potential psychological damage and coming into contact with unsuitable adults who have damaging intentions towards them | | | |
| Unsuitable adults having access to children | Physical/psychological damage | | | |
| Unprepared for children's allergies/medical requirements | Children – anaphylactic shock, potential fatality/ill health | | | |
| Water not accessible at all times | Children - dehydration | | | |

No-smoking/ Vaping

Policy statement

We comply with health and safety regulations and the Safeguarding and Welfare Requirements of the Early Years Foundation Stage in making my setting a no-smoking environment - both indoors and outdoors. This policy applies to anything that can be smoked, including cigarettes, pipes (including water pipes such as shisha and hookah pipes), cigars and herbal cigarettes, and it also applies to electronic cigarettes (also known as e-cigarettes).

The policy applies to employees, parents, visitors, members of the public, contractors and others working or using the setting premises or vehicles. This policy will be clearly advertised and visitors to the school will be informed of it.

Procedures

- Myself, parents and volunteers are made aware of my No-smoking/ Vaping Policy.
- No-smoking signs are displayed.
- The No-smoking/ Vaping Policy is stated in information for parents.
- I actively encourage no-smoking/ vaping by having information for parents and staff about where to get help to stop smoking if they are seeking this information.
- If I or any assistants who smoke/ vape during working hours and travelling to and from work must not do so whilst wearing their work clothes.
- E-cigarettes are not permitted to be used on the premises.
- Any assistants who smoke/ vape or use e-cigarettes will only do so during their scheduled breaks go well away from the premises.
- Any assistants who smoke/ vape during their break make every effort to reduce the effects of odour and passive smoking for children and colleagues.
- Smoking/ vaping is not permitted in any vehicles belonging to the setting.
- Smoking/ vaping on off-site visits or trips is not permitted.
- All assistants 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.

Fire safety and emergency evacuation

Policy statement

I ensure my premises present no risk of fire by ensuring the highest possible standard of fire precautions.

Procedures

- Fire doors are never obstructed and easily opened from the inside.
- Smoke detectors/alarms and firefighting appliances conform to BSEN standards, are fitted in appropriate high risk areas of the building and are checked as specified by the manufacturer.
- My emergency evacuation procedures are:
 - clearly displayed in the premises;
 - explained to parents; and
 - practised regularly at least once every six weeks.
 - Records are kept of fire drills.

Emergency evacuation procedure

The evacuation procedure will cover procedures for practice drills including:

- How children are familiar with the sound of the fire alarm.
- How the children and parents know where the fire exits are.
- How children are led from the building to the assembly point.
- How they will be accounted for.
- 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.

There are several reasons I would evacuate, not just for fire but I would also evacuate for the following:

- Gas leak
- Flood
- Terrorist attack

The fire drill record book contains the following information:

- Date and time of the drill.
- How long it took.
- Whether there are any problems that delayed evacuation.
- Any further action taken to improve the drill procedure.

Supervision of children on outings and visits

Policy statement

Children benefit from being taken outside on visits or trips to local parks, or other suitable venues, for activities which enhance their learning experiences. I ensure that there are procedures to keep children safe on outings

Procedures

- I ask parents to sign a general consent on registration for their children to be taken out on local short outings as a part of the daily activities. This general consent details the venues used for daily activities.
- I carry out a risk assessment for each local venue used for daily activities, which is reviewed regularly.
- I always ask parents to sign specific consent forms before major outings; and a risk assessment is carried out before the outing takes place.
- All outing risk assessments are made available for parents to see upon request.
- Parents who accompany me on outings are responsible for their own child only.
- Major Outings are recorded on an outings record form stating:
 - The date and time of the outing.
 - The venue and mode of transport used.
 - Children attending
- I take a mobile phone on outings, as well as supplies of tissues, wipes, spare clothing and nappies, medicines required for individual children, a mini first aid kit, snacks and water. The amount of equipment will vary and be consistent with the venue and the number of children, as well as how long we will be out for. I apply sun cream to children as needed and ensure they are dressed appropriately for the type of outing and weather conditions.
- I take a list of contact numbers of parents/carers, as well as an accident book
- Records are kept of the vehicles used to transport children, with appropriate insurance cover.
- I 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, I ensure that children do not eat when travelling in vehicles.

Food and drink

Policy statement

I regard snack and meal times as an important part of my day. Eating represents a social time for children and adults and helps children to learn about healthy eating. I promote healthy eating at snack and meal times and aim to provide nutritious food, which meets the children's individual dietary needs. For children who bring their own food, I encourage them to bring low sugar foods which meet the oral health guidelines (see

<https://www.publichealth.hscni.net/sites/default/files/Nutrition%20Matters%20for%20the%20early%20years%200118.pdf> or

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658870/Early_years_menus_part_1_guidance.pdf)

Procedures

I follow these procedures to promote healthy eating in my home.

- Before a child starts to attend, I ask their parents about their dietary needs and preferences, including any allergies. (See the Managing Children who are Sick, Infectious or with Allergies Policy.)
- I take guidance from the food standard agency with regard to my responsibilities around allergens
- I record information about each child's dietary needs in the Registration Form and parents sign the form to signify that it is correct.
- I regularly consult with parents to ensure that my records of their children's dietary needs – including any allergies - are up-to-date. Parents sign the updated record to signify that it is correct.
- I ensure that children receive only food and drink that is consistent with their dietary needs and preferences, as well as their parents' wishes.
- I inform Parents of the menus of meals/snacks.
- I provide nutritious food for all meals and snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives and colourings.
- I include a variety of foods from the four main food groups:
 - meat, fish and protein alternatives;
 - dairy foods;
 - grains, cereals and starch vegetables; and
 - fruit and vegetables.
- I include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.

- I take care not to provide food containing nuts or nut products and I am especially vigilant where I have a child who has a known allergy to nuts.
- I provide a vegetarian alternative on days when meat or fish are offered and make every effort to ensure Halal meat or Kosher food is available for children who require it.
- I organise meal and snack times so that they are social occasions in which children and adults participate.
- I use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- I provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.
- I 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, I discourage children from sharing and swapping their food with one another.
- For young children who drink milk, I provide whole pasteurised milk. Although I slowly introduce semi-skimmed milk from the age of two years; firstly, into meals and dishes, such as on cereal or in white sauces, before offering it as a drink, so that the transition is gradual.

Packed lunches

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

- ensure perishable contents of packed lunches contain an ice pack to keep food cool;
- inform parents of my policy on healthy eating;
- inform parents of whether I have facilities to microwave cooked food brought from home;
- encourage parents to provide sandwiches with a healthy filling, fruit, and milk based deserts, such as low sugar yoghurt or crème fraîche, where I can only provide cold food from home. I discourage sweet drinks and can provide children with water or milk;
- I will discourage packed lunch contents that consist largely of crisps, processed foods, sweet drinks and sweet products such as cakes or biscuits, and I reserve the right to return this food to the parent as a last resort and charge for a healthy meal to be provided;
- I provide children bringing packed lunches with plates, cups and cutlery.

Food safety advice for children age 5 and under

How to reduce the risk of choking

Food preparation:

- remove any stones and pips from fruit before serving
- cut small round foods, like grapes, strawberries and cherry tomatoes, lengthways and into quarters
- cut large fruits like melon, and hard fruit or vegetables like raw apple and carrot into slices instead of small chunks
- do not offer raisins as a snack to children under 12 months – although these can be chopped up as part of a meal
- soften hard fruit and vegetables (such as carrot and apple) and remove the skins when first given to babies from around 6 months
- sausages should be avoided due to their high salt content, but if offered to children these should be cut into thin strips rather than chunks and remove the skins
- remove bones from meat or fish
- do not give whole nuts to children under five years old
- do not give whole seeds to children under five years old
- cut cheese into strips rather than chunks
- do not give popcorn as a snack
- do not give children marshmallows or jelly cubes from a packet either to eat or as part of messy play activities as they can get stuck in the throat
- do not give children hard sweets

Supervision

Infants and young children should be seated safely in a highchair or appropriately sized low chair while eating. Infants and young children should never be left alone while they are eating, and staff should be familiar with paediatric first aid advice for children who are choking.

The criteria for effective Paediatric First Aid (PFA) training can be found in the Statutory framework for the early years foundation stage, Annex A.

Legal references

- Regulation (EC) 853/2004 of the European Parliament and of the Council on the hygiene of foodstuffs.
- Food Information Regulations 2014
- The Childcare Act 2006

Useful resources

- [Early Years choking hazards poster \(foundationyears.org.uk\)](http://foundationyears.org.uk)
- [Early Years choking hazards table \(foundationyears.org.uk\)](http://foundationyears.org.uk)
- [Early Start Nutrition - Preparing food safely for young children \(video\)](#)
- [Child Accident Prevention Trust - choking avoidance poster](#)
- [Choking hazards in the home and how to avoid them \(rospa.com\)](http://rospa.com)
- *Safer Food Better Business* for Caterers (Food Standards Agency) [SAFER FOOD BETTER BUSINESS FOR CATERERS](#)
- [Food safety - Help for early years providers - GOV.UK \(education.gov.uk\)](http://education.gov.uk)
- [Food safety advice for children age 5 and under](#)
- [Food and drinks to avoid](#)
- [Safe weaning](#)
- [How to prepare infant formula bottles](#)
- [Allergies](#)
- [Hygiene](#)

Food hygiene

Policy statement

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

- Snacks.
- Meals.
- Packed lunches.

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

Procedures

- I have responsibility for food preparation understand the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to my setting. This is set out in Safer Food, Better Business. The basis for this is risk assessment of the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
 - I follow the guidelines of Safer Food, Better Business.
 - I have received training in food hygiene.
 - I use reliable suppliers for the food I purchase.
 - Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.
 - Food preparation areas are cleaned before and after use.
 - 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.
- Children do not have unsupervised access to the kitchen.
- When children take part in cooking activities, they:
 - are supervised at all times;
 - understand the importance of hand-washing and simple hygiene rules;
 - are kept away from hot surfaces and hot water; and
 - do not have unsupervised access to electrical equipment, such as blenders etc.

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 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 my setting, I will contact the Environmental Health Department and Ofsted

Oral Health

I strive to raise awareness of the importance of good oral health for children. These early years for children are when routines are formed and are often carried through to adulthood. Therefore, my setting is a very important place to introduce a good oral health routine. I actively promote high standards of oral health by encouraging healthy eating and good habits of personal and oral hygiene.

Food/Snacks

- Snacks provided for children and myself will be tooth friendly.
- Tooth friendly snacks will be varied daily, and children will be encouraged to try new foods.
- Any food containing sugar will be restricted to mealtimes only and will be provided on a limited basis.
- Food will be provided or supervised by myself only, in accordance with my oral health and food policies.

Drinks

- Milk and water only will be offered to children as drinks throughout the day.
- No fizzy drinks of any kind will be served in my setting.
- I will, in conjunction with parents, will encourage the introduction of feeder/ free flow cups for babies from 6 months.

Rewards/Special Occasions

- Sweets and chocolate will not be used by me as rewards for good behaviour.
- Sweets and chocolates will not be provided to celebrate birthdays or special occasions.
- I will and parents will provide alternatives.
- Families are asked to provide a fruit basket as an alternative to birthday cake to celebrate special occasions such as birthdays.

Toothbrushing in the setting

- I will follow the toothbrushing guidelines and hygiene and storage procedure.
- Toothbrushing will take place after mealtimes or snack as appropriate, with all children.
- All the children will be supervised whilst brushing their teeth.

Toothbrushing At Home

- Parents will be encouraged to continue the regular toothbrushing routine at home.
- Parents can access information and advice about toothbrushing and oral health from me

Children

- Oral health will be included in the curriculum and in any learning opportunities where it is appropriate.
- Visits from a dentist, hygienist or someone who can talk about oral health will be arranged during the year.

- Oral health will feature as a theme at the setting prior to, during or after these visits. e.g. dental corner, stories, songs, poems, art etc.
- Good oral hygiene will be encouraged at all times.

Parents

- Where possible, parents will be asked to provide details of the family dentist as well as GP on enrolment.
- Parents will be provided with an information point, which will include information about oral health

My practice

- I will be consistently reviewing the development and implementation of the oral health policy.
- I will access any appropriate training and information about relevant resources to aid implementation of the policy guidelines.
- The oral health policy will be included as part of the induction of new assistants, if appropriate.
- The policy will be reviewed and updated on an annual basis.

Promoting Positive Behaviour - The values which underpin my behaviour management

Policy statement

I 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. I recognise the need to set out reasonable and appropriate limits, to help children develop the personal, social and emotional skills needed throughout life, and to manage the behaviour of the children in my care. While setting limits, I keep in the forefront of my mind the importance of developing a child's self-esteem, their sense of personal responsibility and ability to relate to others positively, therefore my approach to behaviour management is through promoting positive behaviour by:

- Reinforcing positive, desirable behaviours and attitudes, by noticing and praising with appreciative comments - when I praise I explain what I am praising, as this helps children understand what behaviours and attitudes are desirable, for example, *"You tried really hard there, didn't you, that's great!"*, or *"That was a really kind of you to find a toy for Ahmed!"*, or *"Thank you for waiting while I helped Zoe. You helped me by waiting!"*.
- Giving the children individual attention.
- Setting a good example, being a good role model.
- Listening to what the child has to say.
- Explaining and talking about desired behaviours, for example, by planning the house rules together.
- Avoiding negative words such as "no" and "don't" as much as possible, and replacing it with suggested positive behaviour, for example, rather than *"don't shout"*, I might say *"let's use our indoor voices!"*

I help the children understand my house rules, which are realistic and I am consistent in maintaining them.

I am aware of the different reasons why children may express negative behaviour, such as being upset or frustrated, and will endeavour to keep to routines so that your child feels safe, secure and is not over tired or hungry. I am mindful that each child is at a different stage of development in their understanding, their ability to remember what they were told, and their ability to manage their own feelings. I believe children need warmth and responsiveness to flourish; I do not use punishment or intimidation to manage behaviour.

In these types of situations, I will identify and address triggers for the behaviour and help children reflect, regulate and manage their actions.

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

- attend relevant training to help their understanding and guide appropriate models of behaviour;
- help implement my behaviour procedures including the stepped approach;
- have the necessary skills to advise parents on how to address behaviour issues and to access expert advice, if necessary.

Stepped approach

Step 1

I will ensure that EYFS guidance relating to 'behaviour management' is incorporated into relevant policy and procedures;
Promoting Positive Behaviour; apply initial and focused intervention approaches where needed.

Step 2

I address unwanted behaviours using consistently applied initial intervention approach. If the unwanted behaviour does not reoccur or cause concern, then normal monitoring will resume. Behaviours that result in concern for the child and/or others will be reflected upon and any known influencing factors (new baby, additional needs, illness etc.) will be considered to place the behaviour into context. All children show negative behaviours at times. I use different strategies depending on the age and ability of the child and the situation, such as:

- Distraction - remove the child from the situation and give them an alternative activity, or change of surroundings, for example by taking them outdoors.
- Discussion with the child - if the child is able to understand, I will discuss their behaviour and try and get them to appreciate the consequences of their actions on others. If there is a dispute between children I will describe the problem to help them see each other's point of view, and ask them to suggest a solution - this develops children's awareness and equips them with a problem solving approach to conflict.
- Quiet time - removing the child from the activity and sitting them quietly next to me for a few minutes, then discussing the child's feelings and the situation with them, before encouraging them to return to their play activities.

If you have any concerns regarding the management of your child's behaviour, please do not hesitate to contact me. It is important that we work together to create consistency for the child.

If the behaviour continues to reoccur and remains a concern, then I will liaise with parents to discuss possible reasons for the behaviour and to agree next steps. If relevant and appropriate, the views of the child relating to their behaviour will be sought and considered. If a cause for the behaviour is not known or only occurs whilst at my home, then I will suggest using a focused intervention approach to identify a trigger for the behaviour. If a trigger is identified, then I will meet with the parents to plan support for the child. All incidents and intervention relating to unwanted and challenging behaviour by children will be clearly and appropriately logged.

Step 3

If, despite applying the initial intervention and focused intervention approaches, the behaviour continues to occur and/or is of significant concern, then the parents will be invited to a meeting to discuss external referral and next steps for supporting.

It may be agreed that the Early Help process should begin, and that specialist help be sought for the child – this support may address either developmental or welfare needs. If the child's behaviour is part of a range of welfare concerns that also include a concern that the child may be suffering or likely to suffer significant harm, I will follow the Safeguarding and Children and Child Protection Policy.

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

Initial intervention approach

I use an initial problem-solving intervention for all situations in which a child or children are distressed or in conflict.

This type of approach involves me approaching the situation calmly, stopping any hurtful actions, acknowledging the feelings of those involved, gathering information, restating the issue to help children reflect, regain control of the situation and resolve the situation themselves.

Focused intervention approach

The reasons for some types of behaviour are not always apparent, despite the knowledge and input from myself and parents. Where I have considered all possible reasons, then a focused intervention approach should then be applied.

This approach allows me to observe, reflect, and identify causes and functions of unwanted behaviour in the wider context of other known influences on the child. I follow the ABC method which uses key observations to identify a) an event or activity (antecedent) that occurred immediately before a particular behaviour, b) what behaviour was observed and recorded at the time of the incident, and c) what the consequences were following the behaviour. Once analysed, the focused intervention will 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

All children need consistent messages, clear boundaries and guidance to intrinsically manage their behaviour through self-reflection and control.

Children can be accompanied and supported in the group activity in order to promote co regulation, helping them 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 me 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, I will speak to them calmly, encouraging them to vent their frustration in other ways by diverting the child's attention.

Physical intervention – or the threat of physical intervention, will not be used 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 will 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 will never be used or threatened

Challenging Behaviour/Aggression by children towards other children

Any aggressive behaviour by children towards other children will result in intervention 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. I will complete a risk assessment related to the child's challenging behaviour to avoid any further instances.

I will meet with the parents of the child who has been affected by the behaviour to advise them of the incident and the I's response to the incident.

Ofsted will be notified if appropriate, i.e., if a child has been seriously injured.

Parents should also be asked to sign risk assessments where the risk assessment relates to managing the behaviour of a specific child.

Bullying is a behaviour that both parents and practitioners worry about. Bullying is a deliberate, aggressive and repeated action, which is carried out with intent to cause harm or distress to others. All of which are complex skills that most three-year-olds have not yet developed (usually after the age of four along with empathy). Therefore, an outburst by a three-year-old is more likely to be a reflection of the child's emotional well-being, their stage of development or a behaviour that they have copied from someone else.

Young children are keen observers and more likely to copy behaviours, which mimic the actions of others, especially the actions of people they have established a relationship with.

Challenging unwanted behaviour from adults

I 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).

Allegations of discriminatory remarks or behaviour including xenophobia made in my home 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 could impact on their child's place with me.

Our partnership for Working together

- All parents/carers receive a copy of my behaviour management policy.
- Wherever possible I try to meet parents/carers requests for the care of their child, according to their values and practises.
- I expect parents/carers to inform me of any changes to the child's home circumstances, care arrangements or any other change which may affect the child's behaviour.
- I work with parents/carers to make sure there is consistency in the way the child is cared for, so that the child does not get confused between the boundaries of the child-minder and home setting.
- I encourage responsibility by talking to the children about choices and possible consequences.
- Concerns that could identify a particular child are kept confidential and only shared with people who need to know this information.
- If I have concerns about an individual child, which are not being resolved, I will ask the parents/carers for their permission to discuss the child with another child care professional. I may contact the local advisory team.
- If a child expresses negative behaviour, I will let you know by talking to you at collection or by ringing you later in the evening to share with you how the negative behaviour was managed - as some children may become upset if the incident is retold in front of them.
- If on any occasion there was a need for physical intervention to manage a situation or keep a child safe, then this would be recorded, and parents/carers would be informed of this the same day.

Safeguarding and welfare Requirement: Information and records

Providers must maintain records and obtain and share information to ensure the safe and efficient management to ensure the needs of all children are met.

Parental involvement

Policy statement

I believe that children benefit most from early years education and care when parents and childcare providers work together in partnership.

My aim is to support parents as their children's first and most important educators by involving them in their children's education. I also aim to support parents in their own continuing education and personal development.

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

'Parental responsibility' is *all the rights, duties, powers and responsibilities and authority which by law a parent of a child has in relation to the child and his property.*

Procedures

- I consult with all parents to find how best to communicate with them
- I ensure ongoing dialogue with parents to improve my knowledge of the needs of their children and to support their families.
- I inform all parents about my policies through access to written information and through regular informal communication. I check to ensure parents understand the information that is given to them.
- Information about a child and his or her family is kept confidential. I provide you with a privacy notice that details how and why I process your personal information. The exception to this is where there is cause to believe that a child may be suffering, or is likely to suffer, significant harm, or where there are concerns regarding child's development that need to be shared with another agency. I will seek parental permission unless there are reasons not to in order to protect the safety of the child. Reference is made to my Information Sharing Policy on seeking consent for disclosure.

- I seek specific parental consent to administer medication, take a child for emergency treatment, take a child on an outing and take photographs for the purposes of record keeping.
- I inform all parents on a regular basis about their children's progress.
- I involve parents in the shared record keeping about their children - either formally or informally - and ensure parents have access to their children's written developmental records.
- I provide opportunities for parents to contribute their own skills, knowledge and interests to the activities.
- I provide information about opportunities to be involved in ways that are accessible to parents with basic skills needs, or those for whom English is an additional language.
- I welcome the contributions of parents, in whatever form these may take.
- I inform all parents of the systems for registering queries, complaints or suggestions and check to ensure these are understood. All parents have access to my written complaints' procedure.
- I provide opportunities for parents to learn about the curriculum offered and about young children's learning, with me and at home.

In compliance with the Safeguarding and welfare Requirements, the following documentation is in place:

- Complaints procedure.
- Record of complaints.
- Developmental records of children.

Making a complaint

Policy statement

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

Procedures

I am required to keep a written record ('summary log') of any complaints that reach stage 2 and above and their outcome. This is to be made available to parents as well as to Ofsted inspectors on request.

Making a complaint

Stage 1

- Any parent who has a concern about an aspect of my service provision talks over, first of all, his/her concerns with me.
- Most complaints should be resolved amicably and informally at this stage.

Stage 2

- If this does not have a satisfactory outcome, or if the problem recurs, the parent moves to this stage of the procedure by putting the concerns or complaint in writing to me.
- For parents who are not comfortable with making written complaints, there is a template form for recording complaints; the form may be completed with the person in charge and signed by the parent.
- I store written complaints from parents in the child's personal file. However, if the complaint involves a detailed investigation, I 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, I meet with the parent to discuss the outcome.

- Parents must be informed of the outcome of the investigation within 28 days of making the complaint.
- When the complaint is resolved at this stage, the summative points are logged in the Complaints Summary Record.

Stage 3

- If the parent is not satisfied with the outcome of the investigation, he or she requests a meeting with me. The parent should have a friend or partner present if required.
- 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, the summative points are logged in the Complaints Summary Record.

Stage 4

- If at the stage three meeting the parent and childminder cannot reach agreement, an external mediator is invited 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 to define the problem, review the action so far and suggest further ways in which it might be resolved. Suitable person to be agreed by both parties
- The mediator keeps all discussions confidential. S/he can hold separate meetings with myself 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 parents is held. The purpose of this meeting is to reach a decision on the action to be taken to deal with the complaint. The mediator's advice is used to reach this conclusion. The mediator is present at the meeting if all parties think this will help a decision to be reached.
- A record of this meeting, including the decision on the action to be taken, is made. Everyone present at the meeting signs the record and receives a copy of it. This signed record signifies that the procedure has concluded.

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

- Parents may approach Ofsted directly at any stage of this complaints procedure. In addition, where there seems to be a possible breach of the 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.
- To contact Ofsted with regard to a complaint

Ofsted National Business Unit, Piccadilly Gate, Store Street, Manchester M1 2WD

Tel: 0300 123 4666

[Complaints | Ofsted](#)

- These details are displayed on my notice board.
- If a child appears to be at risk, I follow the procedures of the Local Safeguarding Children Board or Local Safeguarding Partners.
- 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 I handle your data, please refer to the Privacy Notice given to you when you registered your child with me. The ICO can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or ico.org.uk

Records

- A record of complaints against my service and/or the children is kept, including the date, the circumstances of the complaint and how the complaint was managed.
- The outcome of all complaints is recorded in the *Complaint Investigation Record* which is available for parents and Ofsted inspectors on request.

Confidentiality and client access to records

Policy statement

Definition: 'Confidential information is information that is not normally in the public domain or readily available from another source, it should have a degree of sensitivity and value and be subject to a duty of confidence. A duty of confidence arises when one person provides information to another in circumstances where it is reasonable to expect that the information will be held in confidence.' (Information Sharing: Guidance for Practitioners and Managers (DCSF 2015))

I can be said to have a 'confidential relationship' with families. It is my intention to respect the privacy of children and their parents and carers, while ensuring that they access high quality early years care and education with me. I aim to ensure that all parents and carers can share their information in the confidence that it will only be used to enhance the welfare of their children. There are record keeping systems in place that meet legal requirements; the means that I use to store and share that information takes place within the framework of the UK General Data Protection Regulations (2018) and the Human Rights Act (1998).

Confidentiality procedures

- I always check whether parents regard the information they share with me to be regarded as confidential or not.
- Some parents sometimes share information about themselves with other parents I cannot be held responsible if information is shared beyond those parents whom the person has 'confided' in.
- I inform parents when I need to record confidential information beyond the general personal information I keep (see my Privacy Notice and Children's Records Policy) - for example with regard to any injuries, concerns or changes in relation to the child or the family, any discussions with parents on sensitive matters, any records I am obliged to keep regarding action taken in respect of child protection and any contact and correspondence with external agencies in relation to their child.
- I keep all records securely (see my Children's Records Policy and Privacy Notice).
- Most information is kept in a manual file or electronically. I may also use a computer to type reports, or letters. Where this is the case, the typed document is deleted from the PC and only the hard copy kept.
- Where it is helpful to keep an electronic copy, I download it onto a disc, labelled with the child's name and kept securely in the child's file.

- Where third parties share information about an individual us; I will check if it is confidential, both in terms of the party sharing the information and of the person whom the information concerns.

Client access to records procedures

Parents may request access to any confidential records held on their child and family following the procedure below:

- Any request to see the child's personal file by a parent or person with parental responsibility must be made in writing.
- I will send a written acknowledgement which allows 40 working days for the file to be made ready.
- All third parties are written to, stating that a request for disclosure has been received and asking for their permission to disclose to the person requesting it. Copies of these letters are retained on file.
- 'Third parties' include all family members who may be referred to in the records.
- It also includes workers from any other agency, including social services, the health authority, etc. It is usual for agencies to refuse consent to disclose, preferring the individual to go directly to them.
- When all the consents/refusals to disclose have been received these are attached to the copy of the request letter.
- A photocopy of the complete file is taken.
- I go through the file and remove any information which a third party has refused consent to disclose. A thick black marker is used, to score through every reference to the third party and information they have added to the file.
- What remains is the information recorded by me, detailing the work initiated and followed by them in relation to confidential matters. This is called the 'clean copy'.
- The 'clean copy' is photocopied for the parents who are then invited in to discuss the contents. The file should never be given straight over, but should be gone through by myself so that it can be explained.
- Legal advice may be sought before sharing a file, especially where the parent has possible grounds for litigation against me or another (third party) agency.
- The law requires that the information *held for a legitimate reason and must be accurate*. If a parent says that the information I hold is inaccurate, then the parent has a right to request for 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, I retain the right not to change that entry, but I can record the parent's view of the matter. In most cases, I would have

given a parent the opportunity at the time to state their side of the matter, and it would have been recorded there and then.

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

Telephone advice regarding general queries may be made to The Information Commissioner's Office Helpline 0303 123 1113.

All the undertakings above are subject to the paramount commitment of my service, which is to the safety and well-being of the child. Please see also my policy on Safeguarding Children and Child Protection.

Privacy Notice

Introduction

I am committed to ensuring that any personal data I 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 I collect, why I collect it, how I use it and how I protect it.

What personal data do I collect?

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

Personal details that I collect about the child include:

- your child's name, date of birth, address, health and medical needs, development needs, and any special educational needs
- Where applicable I will obtain child protection plans from social care and health care plans from health professionals.
- I will also ask for information about who has parental responsibility for your child and any court orders pertaining to your child.

Personal details that I collect about you include:

- your name, home and work address, phone numbers, emergency contact details, and family details

This information will be collected from you directly in the registration form.

If you apply for up to 30 hours free childcare, I will also collect:

- your national insurance number or unique taxpayer reference (UTR), if you're self-employed. I may also collect information regarding benefits and family credits that you are in receipt of.

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

I use personal data about you and your child in order to provide childcare services and fulfil the contractual arrangement you have entered into. This includes using your 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 with me

- 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 process your claim for up to 30 hours free childcare (only where applicable)
- to keep you updated with information about my service

With your consent, I 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.

I have a legal obligation to process safeguarding related data about your child should I have concerns about their welfare. I also have a legal obligation to transfer records and certain information about your child to the school that your child will be attending (see *Transfer of Records* policy).

Who I share your data with?

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

- Ofsted – during an inspection or following a complaint about my service
- banking services to process chip and pin and/or direct debit payments (as applicable)
- the Local Authority (where you claim up to 30 hours free childcare as applicable)
- the government's eligibility checker (as above)
- my insurance underwriter (if applicable)
- my software management provider (if applicable)
- the school that your child will be attending

I will also share your data if:

- I am 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 me;
- to protect your child and other children; for example by sharing information with social care or the police;
- it is necessary to protect my rights, property or safety

I will never share your data with any other organisation to use for their own purposes

How do I protect your data?

I protect unauthorised access to your personal data and prevent it from being lost, accidentally destroyed, misused, or disclosed by:

| |
|---|
| [Insert details here, including where data is stored] |
|---|

How long do I retain your data?

I retain your child's personal data for up to 3 years after your child no longer uses my service or until my next Ofsted inspection after your child leaves my service. Medication records and accident records are kept for longer according to legal requirements. Your child's learning and development records are maintained by me and handed to you when your child leaves.

In some instances (child protection, or other support service referrals) I am obliged to keep your data for longer if it is necessary to comply with legal requirements (see my Children's and Provider Records policies).

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 I 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 I transfer your, and your child's personal data to another person

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 I handle your data please contact me. If you have continue to have concerns about the way your data is handled and remain dissatisfied after raising your concern with me, 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/

Changes to this notice

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

Children's records

Policy statement

I have record keeping systems in place that meet legal requirements; the means I use to store and share that information takes place within the framework of the UK General Data Protection Regulations (UK GDPR) (2018) and the Human Rights Act (1998).

This policy and procedure should be read alongside my Privacy Notice, Confidentiality and Client Access to Records Policy and My Information Sharing Policy.

Procedures

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

I keep two kinds of records on children attending:

Developmental records

- These include observations of children in my home, photographs, video clips and samples of their work and summary developmental reports.
- These are usually kept in [state location] and can be accessed, and contributed to, by the child and the child's parents.

Personal records

These may include the following:

- Personal details – including the child's registration form and any consent forms. The registration forms are regularly up dated during progress meeting by parents/carer and additional information added will be resigned by parents.
- 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-bring with the parent.
- Early Support – including any additional focussed intervention provided by me (e.g. support for behaviour, language or development that needs an Individual Support Plan) and records of any meetings held.

- welfare and child protection concerns – including records of all welfare and protection concerns, and my resulting action, meetings and telephone conversations about the child, a Statement of Special Educational Need 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.
- I read any correspondence in relation to a child, note any actions and file it immediately
- I ensure that access to children's files is restricted to those authorised to see them and make entries in them.
- I may be required to hand children's personal files to Ofsted as part of an inspection or investigation process;
- Parents have access, in accordance with my Privacy Notice, 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.
- I retain children's records for three years after they have left; 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, I 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.
- I 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, I mark the envelope with a star and archive it for 25 years.
- I store financial information according to my finance procedures.

Information sharing

‘Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case.’

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

Policy statement

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

I record and share information about children and their families (data subjects) in line with the six principles of the UK General Data Protection Regulations (UK GDPR) (2018) which are further explained in my Privacy Notice that is given to parents at the point of registration.

The six principles state that personal data must be:

1. Processed fairly, lawfully and in a transparent manner in relation to the data subject.
2. Collected for specified, explicit and legitimate purposes and not further processed for other purposes incompatible with those purposes.
3. Adequate, relevant and limited to what is necessary in relation to the purposes for which data is processed.
4. Accurate and where necessary, kept up to date.
5. Kept in a form that permits identification of data subjects for no longer than is necessary for the purposes for which the data is processed.
6. Processed in a way that ensures appropriate security of the personal data including protection against accidental loss, destruction or damage, using appropriate technical or organisational measures.

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

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

The three critical criteria are:

- Where there is evidence that the child is suffering, or is at risk of suffering, significant harm.

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

Procedures

My procedure is based on the UK GDPR principles as listed above and the seven golden rules for sharing information in the Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers. I also follow the guidance on information sharing from the Hounslow Safeguarding Children's Partnership / Local Safeguarding Partners

1. *Remember that the UK General Data Protection Regulations 2018 and human rights law are not barriers to justified information sharing as per the Children Act 1989 but provide a framework to ensure that personal information about living individuals is shared appropriately.*
2. *Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their consent, unless it is unsafe or if I have a legal obligation to do so. A Privacy Notice is given to parents at the point of registration to explain this further.*

I ensure parents:

- Receive a copy of my Privacy Notice and information about my Information Sharing Policy when starting their child with me and that they sign my Registration Form to say that they understand the circumstances in which information may be shared without their consent. This will only be when it is a matter of safeguarding a child or vulnerable adult;
 - have information about my Safeguarding Children and Child Protection Policy; and
 - have information about the other circumstances when information will be shared with external agencies, for example, with regard to any special needs the child may have or transition to school.
- I will seek advice if needed to share information without agreement to disclose.
3. *Share with agreement where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share*

information without agreement if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

- I base decisions to share information without consent on judgements about the facts of the case and whether there is a legal obligation.
- My guidelines for consent and agreement are part of this procedure.

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

I:

- record decisions made and the reasons why information will be shared and to whom; and
- follow the procedures for reporting concerns and record keeping as set out in my Safeguarding Children and Child Protection Policy.

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

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

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

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

Consent

When parents choose my service for their child, they will share information about themselves and their families. This information is regarded as confidential. Parents have a right to be informed that I will see their consent to share information in most cases, as well as the kinds

of circumstances when I may not seek their agreement or may override their refusal to give consent. I inform them as follows:

- My policies and procedures set out my responsibility regarding gaining agreement to share information and when it may not be sought or overridden.
- I may cover this verbally when the child starts or include this in my settling process/prospectus.
- Parents sign my Registration Form at registration to confirm that they understand this.
- I ask parents to give written consent to share information about any additional needs their child may have, or to pass on child development summaries to the next provider/school.
- I consider the following questions when I need to share:
 - Is there legitimate purpose to me sharing the information?
 - Does the information enable the person to be identified?
 - Is the information confidential?
 - If the information is confidential, do I have consent to share?
 - Is there a statutory duty or court order requiring me to share the information?
 - If consent is refused, or there are good reasons for me not to seek consent, is there sufficient public interest for me to share information?
 - If the decision is to share, am I sharing the right information in the right way?
 - Have I properly recorded my decision?
- Consent must be freely given and *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 as detailed in the Privacy Notice.
- Consent may be *explicit*, verbally but preferably in writing, or *implicit*, implied if the context is such that sharing information is an intrinsic part of my service or it has been explained and agreed at the outset.
- Consent can be withdrawn at any time.
- I explain my Information Sharing Policy to parents.

Separated parents

- Agreement 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, I will consider this carefully.
- Where the child is looked after, I may also need to consult the Local Authority, as 'corporate parent' before information is shared.

All the undertakings above are subject to my paramount commitment, which is to the safety and well-being of the child. Please also see my Safeguarding Children and Child Protection Policy.

Working in partnership with other agencies

Policy statement

I work in partnership with local and national agencies to promote the well-being of all children. I will never share your data with any organisation to use for their own purposes.

Procedures

- I work in partnership, or in tandem, with local and national agencies to promote the well-being of children.
- I have procedures in place for the sharing of information about children and families with other agencies. These are set out in my Privacy Notice and Information Sharing Policy, Safeguarding Children and Child Protection Policy and the Supporting Children with Special Educational Needs Policy.
- Information shared by other agencies with me is regarded as third party information. This is also kept in confidence and not shared without consent from that agency.
- When working in partnership with staff from other agencies, I make those individuals welcome and respect their professional roles.
- I follow the protocols for working with agencies, for example on child protection.
- I ensure that no adults including those from other agencies do not have unsupervised access to the child they are visiting and do not have access to any other child(ren) during their visit.
- When necessary, I consult with and signpost to local and national agencies who offer a wealth of advice and information that help me to develop my understanding of the issues faced and who can provide support and information for parents. For example, ethnic/cultural organisations, drug/alcohol agencies, welfare rights advisors or organisations promoting childcare and education, or adult education.