

Rixton-with-Glazebrook Pre-School

Addendum to Policies and Procedures for the EYFS 2025 – adopted September 2025

- 01.9** Staff personal safety – **updated policy**
- 01.10** Threats and abuse towards staff and volunteers – **updated policy**
- 01.16** Animals and pets – **updated policy**
- 01.17** Face painting and mehndi – **updated policy**
- 01.19** Emergency evacuation and lock-down – **updated policy**
- 03** Food safety and nutrition policy – **updated policy**
- 03.1** Food preparation, storage and purchase – **updated policy**
- 03.2** Food for play and cooking activities – **updated policy**
- 03.3** Menu planning and nutrition – **updated policy**
- 03.4** Meeting dietary requirements – **updated policy**
- 04** Health policy – **updated policy**
- 04.1** Accidents and emergency treatment – **updated policy**
- 04.3** Life-saving medication and invasive treatments – **updated policy**
- 04.4** Allergies and food intolerance - **updated policy**
- 04.5** Poorly children – **updated policy**
- 06** Safeguarding children, young people and vulnerable adults - **updated policy**
- 06.1** Responding to safeguarding or child protection concerns – **updated policy**
- 06.2** Concerns and allegations of serious harm or abuse against staff, volunteers or agency staff – **updated policy**
- 06.4** Uncollected child – **updated policy**

- 06.9** E-safety - **updated policy**
- 06.9a** E safety audit – **new section**
- 08** Staff, assistants, volunteers and students – **updated policy**
- 08.1** Recruitment Checks - **new policy**
- 08.2** Staff deployment – **updated policy**
- 08.3** Deployment of volunteers and parent/carer helpers – **updated policy**
- 08.4** Student placement – **updated policy**
- 09.1a** About our childcare – **updated policy**
- 09.1c** Childcare registration form – **updated policy**
- 09.1d** Childcare terms and conditions – **updated policy**
- 09.2** Attendance and Absence – **updated policy**
- 09.7** Prime Times - Snack times and mealtimes – **updated policy**
- 09.8** Prime times - Intimate care and nappy changing – **updated policy**

01 Health and safety procedures

01.9 Staff personal safety

General

- Members of staff who are in the building early in the morning or late in the evening, ensure that doors and windows are locked.
- Where possible, the last two members of staff in the building leave together after dark and arrange to arrive together in the morning.
- Visitors are allowed access only with prior appointments and once identifications are verified.
- Staff make a note in the shared diary of meetings they are attending and when they are expected back.
- The setting manager liaises with local police for advice on any issues or concerns.

Home visits

Home visits are done at the setting manager's discretion under the following health and safety considerations:

- Staff normally do home visits in pairs; usually manager or deputy and key person.
- Each home visit is recorded in the diary with the name and address of the family being visited, prior to the visit taking place.
- Staff alert a contact person in the setting when they are leaving to do the home visit and what time they are expected to return
- If there is reason for staff to feel concerned about entering premises on a visit, they do not do so, for example, if a parent or carer appears drunk or under the influence of drugs.
- Members of staff carry a work issued mobile phones when going out on a home visit.
- If staff do not return from the home visit at the expected time the contact person attempts to phone them and continues to do so until they make contact. If no contact is made after a reasonable amount of time has passed, the contact person rings the police.

Dealing with agitated parents, carers or other visitors in the setting

- If a parent/carers or visitor appears to be angry, mentally agitated, or possibly hostile, two members of staff will lead them away from the children to an area less open but will not shut the door behind them.
- If the person is standing, staff will remain standing.
- Staff will try to empathise, for example: 'I can see that you are feeling angry at this time'.
- Staff offer to discuss the issue of concern and show they recognise the concern.
- Staff will ensure that the language they use can be easily understood.
- Staff will make it clear that they want to hear issues and seek solutions.

- If the person makes threats and continues to be angry, members of staff make it clear that they will be unable to discuss the issue until the person stops shouting or being abusive, avoiding expressions like 'calm down' or 'be reasonable'.
- If threats continue, members of staff will explain that the police will be called and emphasise the inappropriateness of such behaviour in front of the children.
- Procedure 01.10 Threats and abuse towards staff and volunteers is implemented where staff feel threatened or intimidated.
- If the event involves a child's parent or carer, it is recorded in the child's file together with any decisions made with the parents/carers to rectify the situation.
- Any situation involving threats to members of staff are reported to the line manager, following procedure 01.10 Threats and abuse towards staff and volunteers.

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

01 Health and safety procedures

01.10 Threats and abuse towards staff and volunteers

The setting is responsible for protecting the health and safety of all staff and volunteers in its services and has a duty of care in relation to their physical and emotional well-being. We believe that violence, threatening behaviour and abuse against staff are unacceptable and will not be tolerated. Where such behaviour occurs, we will take all reasonable and appropriate action in support of our staff and volunteers.

- Staff and volunteers have a right to expect that their workplace is a safe environment, and that prompt and appropriate action will be taken on their behalf if they are subjected to abuse, threats, violence or harassment by parents, service users and other adults as they carry out their duties.
- The most common example of unreasonable behaviour is abusive or intimidating and aggressive language. If this occurs, the ultimate sanction, where informal action is not considered to be appropriate or has proved to be ineffective, is the withdrawal of permission to be on the premises.
- Where a person recklessly or intentionally applies unlawful force on another or puts another in fear of an immediate attack, it is an offence in law which constitutes an assault. We would normally expect the police to be contacted immediately.

There are three categories of assault, based on the severity of the injury to the victim.

1. Common Assault - involving the threat of immediate violence or causing minor injury (such as a graze, reddening of the skin or minor bruise).
2. Actual Bodily Harm - causing an injury which interferes with the health or comfort of the victim (such as multiple bruising, broken tooth or temporary sensory loss).
3. Grievous Bodily Harm - causing serious injury (such as a broken bone or an injury requiring lengthy treatment).

There is also an aggravated form of assault based upon the victim's race, religion, disability or sexual orientation and other protected characteristics as defined in the Equality Act 2010 which carries higher maximum penalties.

It is important to note that no physical attack or injury needs to have occurred for a common assault to have taken place. It is sufficient for a person to have been threatened with immediate violence and put in fear of a physical attack for an offence to have been committed.

Any staff member or volunteer who feels under threat or has been threatened, assaulted, or intimidated in the course of their work must report this immediately to their manager who will follow the setting manager's procedures and guidance for responding.

999 should always be used when the immediate attendance of a police officer is required. The police support the use of 999 in all cases where:

- there is danger to life

- there is a likelihood of violence
- an assault is, or is believed to be, in progress
- the offender is on the premises
- the offence has just occurred, and an early arrest is likely

If it is not possible to speak when making a 999 call because it alerts an offender, cough quietly or make a noise on the line, then follow the prompts to dial 55 (mobiles only) for a silent call. Police may be able to trace the call and attend the premises.

Harassment and intimidation

Staff may find themselves subject to a pattern of persistent unreasonable behaviour from individual parents or service users. This behaviour may not be abusive or overtly aggressive but could be perceived as intimidating and oppressive. In these circumstances staff may face a barrage of constant demands or criticisms on an almost daily basis, in a variety of formats for instance, email or telephone. They may not be particularly taxing or serious when viewed in isolation but can have a cumulative effect over a period of undermining their confidence, well-being, and health. In extreme cases, the behaviour of the parent or other service user may constitute an offence under the Protection from Harassment Act 1997, whereby:

A person must not pursue a course of conduct:

(a) which amounts to harassment of another, and

(b) which he knows or ought to know amounts to harassment of the other.

If so, the police have powers to act against the offender. Such situations are rare but, when they do arise, they can have a damaging effect on staff and be very difficult to resolve. If the actions of a parent appear to be heading in this direction, staff should speak to their manager who will take appropriate action to support. This may include the manager sending a letter to the aggressor, warning them that their behaviour is unacceptable and may result in further action being taken against them. All incidents must be recorded and reported to the setting's manager.

Banning parents and other visitors from the premises

- Parents and some other visitors normally have implied permission to be on the premises at certain times and for certain purposes, and they will not therefore be trespassers unless the implied permission is withdrawn.
- If a parent or other person continues to behave unreasonably on the premises a letter will be sent to them from the trustees, withdrawing the implied permission for them to be there.
- Further breaches may lead to prosecution of the person concerned by the police and they are treated as a trespasser.

- Full records are kept of each incident, in the Reportable Incident Record, including details of any person(s) who witnessed the behaviour of the trespasser(s), since evidence will need to be provided to the Court.

Dealing with an incident

- We would normally expect all cases of assault, and all but the most minor of other incidents, to be regarded as serious matters which should be reported to the setting manager and/or the police and followed up with due care and attention.
- A record of the incident must be made whether the police are involved or not.
- Whilst acknowledging that service users i.e. parents and families, may themselves be under severe stress, it is never acceptable for them to behave aggressively towards staff and volunteers. Individual circumstances along with the nature of the threat are considered before further action is taken.
- All parties involved should consider the needs, views, feelings and wishes of the victim at every stage. We will ensure sympathetic and practical help, support and counselling is available to the victim both at the time of the incident and subsequently.
- A range of support can be obtained:
 - from the setting manager, trustees and/or a staff colleague
 - from Victim Support on giving evidence in court
- In non-urgent cases, where the incident is not thought to be an emergency, but police involvement is required, all staff and volunteers are aware of the non-emergency police contact number for the area.
- 999 calls receive an immediate response. Unless agreed at the time, non-emergency calls are normally attended within 8 hours (24 hours at the latest).
- When they attend the setting or service, the police will take written statements from the victim (including a 'Victim Personal Statement') and obtain evidence to investigate the offence in the most appropriate and effective manner.
- The police will also consider any views expressed by the setting manager and trustees as to the action they would like to see taken. The manager should speak to the victim and be aware of his or her views before confirming with the police how they wish them to proceed.
- In some cases the victim may be asked by the police if he/she wishes to make a complaint or allegation against the alleged offender. It is important to ensure that the victim can discuss the matter with their line manager, a colleague or friend before deciding on their response. It is helpful for the victim to be assured that, if there is a need subsequently to give evidence in court, support can be provided if it is not already available from Victim Support.
- The decision regarding whether an individual is prosecuted is made by the police or Crown Prosecution Service (CPS) based on the evidence and with due regard to other factors.

- After the incident has been dealt with, a risk assessment is done to identify preventative measures that can be put in place to minimise or prevent the incident occurring again.

Harassment or intimidation of staff by parents/carers/visitors

- Through open communication between staff and parents/carers a culture of respect and tolerance should always be promoted. Should this communication and relationship breakdown due to parent/carers' behaviour towards the staff member the setting manager should contact their line manager, the Chair of the Committee, for advice and support. Where the staff member feels threatened or intimidated the aggressive and unacceptable behaviour should be addressed.
- Where the parent/carer's behaviour merits it, the setting manager, with another member of staff present, should inform the parent clearly but sensitively that staff feel unduly harassed or intimidated and are considering escalating the issue and making a complaint to the police if the behaviour does not desist or improve. The parent should be left in no doubt about the gravity of the situation and that this will be followed up with a letter drafted by the setting manager but sent to their line manager for approval before being issued.
- The letter to the parent/carers should outline the zero-policy approach for any form of harassment, intimidation or abuse directed at staff.
- Staff must keep a record of incidents, including dates, times, locations, and witnesses, to support future action and meet reporting procedures as outlined in policy 7 – record keeping
- If the investigation concludes that the parents/carers expectations and demands are reasonable and if the parent/carer feels unhappy with the staff member or the setting itself the setting manager and/or their line manager might wish to consider advising the parent to make a formal complaint. Information about how to complain is clearly displayed for parents and service users.
- If the investigation concludes that the parent's expectations and demands are unreasonable, and that they are having a detrimental effect on staff, the findings can strengthen the setting manager's position in further discussions with the parent and subsequently, if necessary, with the police. See procedures above relating to banning parents/carers from the premises.

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Complaints relating to potential breaches of the EYFS Safeguarding and Welfare requirements will be managed according to the 10.2 Complaints procedure for parents and service users.

Further guidance

Complaint Investigation Record (Pre-school Learning Alliance 2015)

Report Incident Record (Pre-school Learning Alliance 2015)

01 Health and safety procedures

01.16 Animals and pets

- Views of parents and children are considered when selecting a pet for the setting.
- Staff will be aware of any allergies or issues individual children may have with any animals/creatures.
- A risk assessment is conducted and considers any hygiene and safety risks posed by the animal or creature.
- Suitable housing for the animal is provided and is regularly cleaned and maintained.
- The correct food is offered at the right times and staff are knowledgeable of the pet's welfare and dietary needs.
- Arrangements are made for weekend and holiday care for the animal/creature.
- There is appropriate pet health care insurance or other contingencies agreed and put in place to pay for veterinary care and the animal is registered with a local vet.
- All vaccinations and health measures such as de-worming are up to date.
- Children are taught correct handling of the pet and are always supervised.
- Children wash their hands after handling the pet and do not have contact with animal faeces, or soiled bedding.
- Members of staff wear single use vinyl/latex free gloves when cleaning/handling soiled bedding.
- Snakes and some other reptiles are not suitable pets for the setting due to infection risks.
- The manager will check with the trustees before introducing a new pet into the setting.

Animals bought in by visitors

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

Further guidance

Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)

01 Health and safety procedures

01.17 Face painting and mehndi

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

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

Mehndi painting

- Staff never mehndi paint children under three years old using henna/henna-based products.
- Parental permission must be gained before staff mehndi paint children over the age of three years old.
- Children prone to allergies, anaemic or suffering from any illness that may compromise their immune system are never painted under any circumstances.
- Black henna is never used and only 100% natural red henna (diluted with water) is used on children
- It is preferable that non-henna products are used to create mehndi patterns but if the setting operates in an area where mehndi is practiced by families and the criteria above is followed then henna may be used.

Further guidance

Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)

01 Health and Safety Procedures

01.19 Emergency evacuation and lock-down

Most procedures for handling an emergency are focussed on an event happening in the building. However, in some situations we will be advised to stay put (lock-down) rather than evacuate. 'Lock-down' of a building/group of buildings is intended to secure and protect occupants in the proximity of an immediate threat. By controlling movement in an area, emergency services can contain and handle the situation more effectively.

- The setting manager assesses the likelihood of an incident happening based on their location.
- The setting manager will check the police website for advice and guidance.
- Local police contact numbers are clearly displayed for staff to refer to.
- Staff rehearse simple 'age appropriate' actions with the children such as staying low to the floor, keeping quiet and listening to instructions in the same way that fire procedures are practiced.
- The setting manager is aware of the current terrorist alert level, as available at www.mi5.gov.uk/threat-levels.
- We follow any additional advice issued by the local authority.
- Emergency procedures are reviewed and added to if needed.
- Information about this procedure is shared with parents and all staff are aware of their role during 'lock-down'.
- A text/phone message is issued to parents when lock-down is confirmed.

Suggested wording for parent message

Due to an incident we have been advised by the emergency services to secure the premises and stay put until we are given the 'all clear'. Please do not attempt to collect your child until it is safe to do so. We will let you know as soon as we are able to when that is likely to be. In the meantime we need to keep our telephone lines clear and would appreciate your cooperation in not calling unless it is vital that you speak to us.

Lock-down procedures

If an incident happens the setting manager acts quickly to assess the likelihood of immediate danger. In most cases the assumption will be that it is safer to stay put and place the setting into 'lock-down' until the emergency services arrive. As soon as the emergency services arrive at the scene staff comply with their instructions.

During 'lock-down'

- Staff and children stay in their designated areas if it is safe to do so.

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

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

During lock-down staff do NOT:

- travel down long corridors
- assemble in large open areas
- call 999 again unless there is immediate concern for their safety, the safety of others, or they feel they have critical information that must be passed on

Following lock-down:

- Staff will cooperate with emergency services to assist in an orderly evacuation.
- Staff will ensure that they have the register and children’s details.
- Staff or children who have witnessed an incident will need to tell the police what they saw. The police may require other individuals to remain available for questioning.
- In the event of an incident it is inevitable that parents will want to come to the setting and collect their children immediately. They will be discouraged from doing so, until the emergency services give the ‘all clear’. Staff will be always acting on the advice of the emergency services.

Recording and reporting

- The setting manager reports the lock-down to their line manager as soon as possible. In some situations, this may not be until after the event.
- A record is completed as soon as possible.

Further guidance

Members of the public should always remain alert to the danger of terrorism and report any suspicious activity to the police on 999 or the anti-terrorist hotline: 0800 789 321.

For non-emergency, call the police on 101.

Emergency evacuation

This emergency evacuation plan should be displayed clearly on the door of each room alongside a floor plan. In shared premises, the plan must be implemented alongside any other plans in place for the rest of the building.

1. The manager will walk into the room holding up an evacuation card. The fire alarm is not to be sounded.

2. The manager will gather, or ensure that staff for each group/room have the following with them:

- The visitor book.
- Signing in/out sheet.
- Register.
- Nursery management software tablets (if applicable).
- Essential medication that is required by individual children.
- The setting's mobile phone.
- An emergency 'grab bag'.

NOTE no other personal items are to be retrieved/collected.

3. The manager identifies the safest evacuation route to be used, depending on whether there are visible signs of danger.

Evacuation of the building commences

4. As the building is evacuated the manager checks each area and closes doors on the way out. If safe to do so, electrical mains are switched off before leaving. The locations are detailed here:

Electrical mains.....are located in the porch.....

5. Key persons are responsible for their key children during evacuation and whilst at the assembly point.

6. Once the building is evacuated the manager checks with each room/group that all children/staff or visitors are accounted for by checking sign in records both on laptop and visitor/staff sign in sheets

EVACUATION OF CHILDREN WITH ADDITIONAL NEEDS

Children with additional needs must have a Personal Emergency Evacuation Plan. Staff must be aware of children who have plans in place and the support measures which to be followed to keep all children safe.

Children with additional needs may experience a sensory overload due to a change in routine and the noise of the fire alarm sounding. To support self-regulation and co-regulation, consider including comforting objects in your emergency bag that a child can hold whilst the evacuation is in process.

03 Food safety and nutrition policy

Alongside associated procedures in 03.1-03.4 Food safety and nutrition, this policy was adopted by *Rixton-with-Glazebrook Pre-School* on 15th September 2025.

Aim

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

Objectives

- We recognise that we have a corporate responsibility and duty of care for those who work in and receive a service from our provision, but individual employees and service users also have responsibility for ensuring their own safety as well as that of others. Risk assessment is the key means through which this is achieved.
- Procedure 01.3 Kitchen is followed for general hygiene and safety in food preparation areas.
- We provide nutritionally sound snacks which promote health and reduce the risk of obesity and heart disease that may begin in childhood.
- We ensure that children are supervised at mealtimes and that children are within sight and hearing of a member of staff at all times **and where possible staff are sat facing children when eating to ensure they are eating in a way that prevents choking and so they can prevent food sharing and be aware of any unexpected allergic reactions.**
- We follow the main advice on dietary guidelines and the legal requirements for identifying food allergens when planning menus based on the four food groups:
 - meat, fish, and protein alternatives
 - milk and dairy products
 - cereals and grains
 - fresh fruit and vegetables.
- Following dietary guidelines to promote health also means taking account of guidelines to reduce risk of disease caused by unhealthy eating.
- Parents/carers share information about their children's particular dietary needs and allergies with staff when they enrol their children and on an on-going basis with their key person. This information is shared with all staff who are involved in the care of the child.
- We take into account every child's individual development needs and work in partnership with parents/carers to help children to move on to the next stage with regard to weaning as per the guidance listed below.

- We ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis and the differences between allergies and intolerances which may develop at any time.
- Foods provided by the setting for children have any allergenic ingredients identified on the menus.
- Care is taken to ensure that children with food allergies and intolerances do not have contact with food products that they are allergic to.
- We notify Ofsted or the childminder agency (CMA if registered with a CMA) of any food poisoning affecting two or more children in our care as soon as possible and at least within 14 days.
- Risk assessments are conducted for each individual child who has a food allergy or specific dietary requirement.
- If a child chokes at mealtime and intervention is given. We record details of the incident and ensure that parents/carers are informed.

Legal references

Regulation (EC) 852/2004 of the European Parliament and of the Council on the hygiene of foodstuffs.

Food Information Regulations 2014

The Childcare Act 2006

Further guidance

Safer Food Better Business for Caterers (Food Standards Agency)

Paediatric Allergy Action Plans - BSACI

Food allergy - NHS

Anaphylaxis - NHS

Weaning - Start for Life - NHS

Help for early years providers : Food safety

Early Years Foundation Stage Nutrition Guidance (2025)

Allergy action plan

03 Food safety and nutrition procedures

03.1 Food preparation, storage and purchase

General

- All permanent staff have up to date certificated training on food safety.
- The setting manager is responsible for ensuring that the requirements in Safer Food Better Business are implemented.
- All permanent staff have undertaken the Food Allergy Online Training CPD module available at <http://allergytraining.food.gov.uk/>
- The setting manager is responsible for overseeing the work of all food handlers to ensure hygiene and allergy procedures are complied with.
- The Health and Safety Officer has responsibility for conducting risk assessment based on the 'Hazard Analysis and Critical Control Point' method set out in Safer Food Better Business.
- Staff carry out and record daily opening/closing checks.
- The setting manager maintains:
 - a list of all children with known food allergies, intolerances or dietary needs updated at least once a term (the personal/medical details about the allergy or dietary needs remain in the child's file along with a copy of the risk assessment). This is clearly displayed for all staff and the risk assessment shared with all staff.
 - a list of snacks and any allergens
 - a copy of the FSA booklet 'Allergen information for pre-packed and loose foods' available at www.food.gov.uk/sites/default/files/media/document/loosefoodsleaflet.pdf
 - a copy of the Food Allergy Online Training CPD certificate for each member of staff that has undertaken the training
- The setting manager is responsible for informing the trustees who then reports to Ofsted any food poisoning affecting two or more children looked after on the premises. Notification must be made as soon as possible and within 14 days of the incident.

Purchasing and storing food

- Food is purchased from reputable suppliers.
- Pre-packed food (any food or ingredient that is made by one business and sold by another such as a retailer or caterer) is checked for allergen ingredients and this information is communicated to parents alongside menu information. For example, a meat pie bought at a supermarket or a tin of baked beans or the ingredients for a recipe prepared on site.

- If food that is not pre-packed (described as 'loose food'), such as sandwiches bought from a bakery is served, then allergen information will have been provided by the retailer, this information must then be shared in the same way with parents.
- Parents are requested not to bring food that contains nuts. Staff check packets to make sure they do not contain nuts or nut products.
- Bulk buy is avoided where food may go out of date before use.
- All opened dried food stuffs are stored in airtight containers.
- Dried packaged food is not decanted from packaging into large bins or containers as this prevents monitoring of sell by/use by dates and allergen information.
- Food is regularly checked for sell by/use by dates and any expired items are discarded.
- Bottles and jars are cleaned before returning to the cupboards.
- 'Squeezy' plastic bottles are not used for sauces.
- Items are not stored on the floor; floors are kept clear so they can be easily swept.
- Perishable foods such as dairy produce, meat and fish are to be used the next/same day. Soft fruit and easily perishable vegetables are kept in the fridge at 1- 5 Celsius.
- Packaged frozen food should be used by use by dates.
- Food left over should not be frozen unless it has been prepared for freezing, such as home-made bread or stews. Hot food should be left to cool for up to 1.5 hours and then quickly frozen.
- Freezer containers should be labelled, dated and used within 1-3 months.
- Fridge and freezer thermometers should be in place. Recommended temperatures for fridge 37 degrees Fahrenheit (3 degrees Celsius), and freezers 0 degrees Fahrenheit (-18 degrees Celsius). Temperatures must be checked and recorded daily to ensure correct temperatures are being maintained.
- Freezers are defrosted every 3 months or according to the manufacturer's instructions.
- Meat/fish is stored on lower shelves and in drip-free dishes.
- Fruit and vegetables stored in the fridge are washed thoroughly before refrigeration to reduce risk of pests and E.coli contamination.
- Staff's own food or drink should be kept in separate designated area of the fridge.
- Items in fridges must be regularly checked to ensure they are not past use by dates.

Preparation of food

- Food handlers must check the content of food/packets to ensure they do not contain allergens.
- Food allergens must be identified on the menus and displayed for parents.
- Food handlers wash hands and cover any cuts or abrasions before handling food.

- Separate boards and knives are used for chopping food, usually colour coded.
- Raw and cooked foods are prepared separately.
- Meat and fish should be washed and patted dry with paper towels. This does not include chicken which must not be washed because of the risk of campylobacter.
- All vegetables and fruit are washed before preparing.
- Food left out is covered, for example when cooling down.
- Frozen meat, fish and prepared foods are thawed properly before cooking.
- Meat and fish are cooked thoroughly; a food probe is to be used to check temperature of roasted meat or baked meat products.
- Where a microwave is used, food is cooked according to manufacturer's instructions. Generally, it is not used to heat children's food and never used to heat babies' bottles.
- Microwaved food is left to stand for a few minutes before serving.
- A food probe is used to check temperature of food, including where heated in a microwave; it is checked in a number of places to avoid 'hot spots'.
- Food is cooked in time for serving and is not prepared in advance of serving times.
- Hot cupboards or ovens are not used to keep food warm.
- Potatoes and vegetables are peeled when needed, not in advance and left in water.
- Food prepared and cooked for different religious dietary needs and preferences, such as Halal or Kosher meat is cooked in separate pans and served separately.
- Food cooked for vegetarians does not come into contact with meat or fish or products.
- Food cooked and prepared for children with specific dietary needs is cooked in separate pans and served separately.
- A separate toaster is kept and used for children with a wheat or gluten allergy, when necessary.
- Food prepared for children with dietary needs and preferences is clearly labelled and every effort is made to prevent cross-contamination.
- Raw eggs are not to be given in any form, such as mousse or mayonnaise.
- When given to children, eggs are fully cooked.

Serving Food

- There is a named person who is responsible for ensuring that the food being provided meets all the requirements for each child.
- Staff risk assess the likelihood of children with dietary restrictions accessing the food of other children and must take appropriate action to prevent this from happening, for example:

- check the list of children's dietary requirements displayed in the food preparation area
 - coloured plates
 - place mats
 - other methods as agreed by the setting manager
- Children with allergies/food preferences are not made to feel 'singled out' by the methods used to manage their allergy/food preference.
 - Food served to children with identified allergies is checked by the key person to ensure that the meal (and its ingredients) does not contain any of the allergens for that child.
 - Tables are cleaned before and after, with soapy water or a suitable non-bleach product.
 - Members of staff serving food wash their hands and cover any cuts with a blue plaster.

E.coli prevention

Staff who are preparing and handling food, especially food that is not pre-prepared for consumption e.g. fruit and vegetables grown on the premises, must be aware of the potential spread of E.coli and must clean and store food in accordance with the E.coli 0157 guidance, available at:

www.food.gov.uk/business-industry/guidancenotes/hygguid/ecoliguide#.U7FCVGIOWdl

Further guidance

Safer Food Better Business www.food.gov.uk/business-guidance/safer-food-better-business-sfbb

Campylobacter (Food Standards Agency) www.food.gov.uk/news-updates/campaigns/campylobacter/fsw-2014

Food allergy/anaphylaxis guidance

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

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

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

[Early Years Foundation Stage nutrition guidance](#)

[Common_allergens.pdf](#)

03 Food safety and nutrition procedures

03.2 Food for play and cooking activities

Some parents and staff may have strong views about food being used for play. It is important to be sensitive to these issues. For example, children who are Muslim, Jewish, Rastafarian, or who are vegetarian, should not be given any food to play with that contains animal products (Gelatine). Parents' views should be sought on this. In some cases, it is not appropriate to use food for play at all, particularly in times of austerity.

- Food for play may include dough, corn flour, pasta, rice, food colourings/flavourings.
- Jelly (including jelly cubes) is not used for play.
- Food for play is risk assessed against the 14 allergens referred and is included in the written risk assessment undertaken for children with specific allergies.
- Staff are constantly alert to the potential hazards of food play, in particular choking hazards and signs of previously undetected allergies.
- Pulses are not recommended as they can be poisonous when raw or may choke.
- Dried food that is used for play should be kept away from food used for cooking.
- Foods that are cooked and used for play, such as dough, have a limited shelf life.
- Cornflour is always mixed with water before given for play.
- Cornflour and cooked pasta are discarded after an activity; high risk of bacteria forming.
- Utensils used for play food are washed thoroughly after use.

Children's cooking activities

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

Food play activities are suspended during outbreaks of illness.

Playdough and raw (uncooked flour)

All flour including cornflour is raw until the point it is heated or cooked. Raw flour poses a risk of E. coli to young children and current advice is that when using uncooked flour or flour products not intended to be eaten e.g. dough for crafts and play, you may wish to use this advice to support how you manage the risks during these activities.

Operators of care settings or other businesses where children and older people are handling raw flour or raw flour products should also take account of this advice when considering how risks associated with these activities are managed as part of their risk assessment process. Children and older people may be more vulnerable to infection so additional care may be needed when handling these products.

See the [Health and Safety Executive's Managing risks and risk assessment at work](#)

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

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

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

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

Children are always supervised when playing with playdough or cornflour.

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

Other activities with flour

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

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

03 Food safety and nutrition procedures

03.3 Menu planning and nutrition

Food supplied for children provides a healthy and balanced diet for healthy growth and development. Foods that contain any of 14 allergens identified by the FSA are identified on menus. The setting follows dietary guidance to promote health and reduce risk of disease caused by unhealthy eating. When planning menus, the setting manager ensures that:

- Children can contribute ideas for menus which are confirmed each week in advance.
- Menus reflect children's cultural backgrounds, religious restrictions, and the food preferences of some ethnic groups.
- Menus are clearly displayed so that parents and staff know what is being provided.
- Alternative snacks are provided for children with an identified food intolerance
- Parents must share information about their children's particular dietary needs with staff when they enrol their children and on an on-going basis with their key person.
- Key persons regularly share information about the children's levels of appetite and enjoyment of food with parents.
- Staff refer to [Help for early years providers : Food safety](#) which includes:
[Example menus for early years settings in England: Guidance](#) and [Example menus for early years settings in England : Recipes](#)
- Staff refer to the Eat Better, Start Better - Foundation Years.
- The manager maintains a record of children's dietary needs.

Packed lunches

Where children have packed lunches, staff promote healthy eating, ensuring that parents are given advice and information about what is appropriate content for a child's lunch box. Parents are also advised to take measures to ensure children's lunch box contents remain cool i.e. ice packs, as the setting may not have facilities for refrigerated storage.

03 Food safety and nutrition procedures

03.4 Meeting dietary requirements

Snack and mealtimes are an important part of the day. Eating represents a social time for children and adults and helps children to learn about healthy eating. We aim to provide nutritious food, which meets the children's individual dietary needs and preferences.

- Staff discuss and record children's dietary needs, allergies and any ethnic or cultural food preferences with their parents. A child's special dietary requirements are recorded on registration to the setting and information is shared with all staff. **This continues as an ongoing dialogue with all parents throughout their time at Rixton-with-Glazebrook Pre-School.**
- If a child has a known food allergy, procedure 04.4 Allergies and food intolerance is followed.
- Staff record information about each child's dietary needs in the individual child's registration form; parents sign the form to signify that it is correct.
- Up-to-date information about individual children's dietary needs is displayed so that all staff and volunteers are fully informed.
- Staff ensure that children receive only food and drink that is consistent with their dietary needs and cultural or ethnic preferences, as well as their parent's wishes. At snack time, a member of staff is responsible for checking that the food provided meets the dietary requirements for each child.
- The menus of snacks are displayed on the parent notice board for parents to view. Foods that contain any food allergens are identified.
- Staff aim to include food diets from children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- Through on-going discussion with parents and research reading by staff, staff obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, as well as about food allergies. Staff take account of this information when providing food and drink.
- Staff provide a vegetarian alternative when meat and fish are offered and make every effort to ensure Halal meat or Kosher food is available to children who require it.
- Where it is not possible to source and provide Halal meat or Kosher food, a vegetarian option is available; this will be discussed and agreed with parents at the time of the child's registration.
- All staff show sensitivity in providing for children's diets, allergies and cultural or ethnic food preferences. A child's diet or allergy is never used as a label for the child, they are not made to feel 'singled out' because of their diet, allergy or cultural/ethnic food preferences.
- Fresh drinking water is available throughout the day. Staff inform children how to obtain the drinking water and that they can ask for water at any time during the day.

- Snack times are organised as social occasions.

Fussy/faddy eating

- Children who are showing signs of strong food preferences or aversions to food are not forced to eat anything they do not want to.
- Staff recognise the signs that a child has had enough and remove uneaten food without comment.
- Children are not made to stay at the table after others have left if they refuse to eat certain items of food.
- Staff work in partnership with parents to support them with children who are showing signs of food preferences or aversions and sign post them to further advice, for example, How to Manage Simple Faddy Eating in Toddlers (Infant & Toddler Forum) <https://infantandtoddlerforum.org/health-and-childcare-professionals/factsheets/>

04 Health policy

Alongside associated procedures in 04.1-04.6 Health, this policy was adopted by *Rixton-with-Glazebrook Pre-School* on 15th September 2025.

Aim

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

Objectives

We promote health through:

- Ensuring emergency and first aid treatment is given where necessary
- Ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements
- Identifying allergies and preventing contact with the allergenic substance
- Having ongoing discussions with parents/carers to develop allergy action plans for managing individual children's known allergies and intolerances.
- Ensuring that all staff are aware of the symptoms and treatments for allergies and anaphylaxis and that children can develop these at any time, especially during weaning.
- Ensuring that all staff know the difference between allergies and intolerances.
- Identifying food ingredients that contain recognised allergens and displaying this information for parents
- Identifying and promoting health through taking necessary steps to prevent the spread of infection and taking appropriate action when children are ill
- Ensuring that ongoing discussions with parents take place regarding the stage their child is at in relation to introducing solid foods including the texture the child is familiar with.
- Ensuring that food prepared is in line with the child's individual developmental needs.
- Working in partnership with parents to help children to move on to the next stage of weaning at a pace that is right for their child.
- Ensuring that food is prepared for children in a way that prevents choking.
- Ensuring that babies and young children are sat safely in a highchair or suitable low sized chair when eating.
- Ensuring that children are always in sight and hearing of a staff member, who is a paediatric first aider, whilst eating and the staff member is sat facing the children.
- Recording all choking incidents that requires intervention.

- Promoting healthy lifestyle choices through diet and exercise
- Supporting parents right to choose complementary therapies
- Recognising the benefits of baby and child massage, by parents or staff carrying out massage under conditions that maintain the personal safety of children

Pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance

Legal references

- [Medicines Act \(1968\)](#)
- [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 \(RIDDOR\)](#)
- [Control of Substances Hazardous to Health \(COSHH\) Regulations \(2002\)](#)
- [Health and Safety \(First Aid\) Regulations 1981](#)
- [Food Information Regulations 2014](#)
- [Early Years Foundation Stage 2025](#)

Further guidance

- [Accident Record](#) (Alliance Publication)
- [Allergy action plan](#)

04 Health procedures

04.1 Accidents and emergency treatment

Person responsible for checking and stocking first aid box: *Caroline Murray*

The setting provides care for children and promotes health by ensuring emergency and first aid treatment is given as required. There are also procedures for managing food allergies in section 03 Food safety and nutrition and 04 Health.

- Parents/carers' consent to emergency medical treatment consent on registration.
- At least one person who has a current paediatric first aid (PFA) certificate **must** always be on the premises and available when children are on the premises and must accompany children on outings, who regularly update their training. We consider the number of children, staff, staff breaks and the layout of our setting to ensure that a paediatric first aider is always available and can respond to emergencies. We ensure that the training provider who delivers PFA training to our staff are competent.
- Students and trainees that have PFA training may be included in ratios at the level below their level of study if we are satisfied that they are competent and responsible.
- First Aid certificates are renewed at least every three years. In line with the EYFS, all staff who obtained a level 2 and/or level 3 qualification since 30 June 2016 must obtain a PFA qualification within three months of starting work to be counted in ratios.
- All members of staff know the location of First Aid boxes, the contents of which are in line with St John's Ambulance recommendations or advice gained at first aid training.
- Vinyl single use gloves are also kept in a zip-locked bag in the box, as well as a thermometer.
- There is a named person in the setting who is responsible for checking and replenishing the First Aid Box contents.
- A supply of cool bags are kept in the main kitchen fridge.
- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded in the setting's Accident Record book or digital recording system. Parents/carers are given a photo-copy of the accident form on request and always following a head injury or when the child is going to be checked by a doctor.
- In the event of minor injuries or accidents, parents/carers are normally informed when they collect their child, unless the child is unduly upset, or members of staff have any concerns about the injury. In which case they will contact the parent for clarification of what they would like to do, i.e. collect the child or take them home and seek further advice from NHS 111.

Serious accidents or injuries

- An ambulance is called for children requiring emergency treatment.

- First aid is given until the ambulance arrives on scene. If at any point it is suspected that the child has died, 06.7 Death of a child on site procedure is implemented and the police are called immediately.
- The registration form is taken to the hospital with the child.
- Parents/carers are contacted and informed of what has happened and where their child is being taken to.
- If the parents/carers do not arrive at the setting before the ambulance sets off for the hospital, a member of staff accompanies the child and remains with them until the parent/carer arrives.
- The setting manager arranges for a taxi to take the child and carer to hospital for further checks for minor injuries, if deemed to be necessary.

Recording and reporting

- In the event of a serious accident, injury, or serious illness, the setting manager notifies the designated officer as soon as possible.
- The setting's line manager is consulted before a RIDDOR report is filed
- If required, a RIDDOR form is completed; one copy is sent to the parent/carer, one for the child's file and one for the local authority Health and Safety Officer.
- The trustees are notified by the setting manager of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care to be able to notify Ofsted and any advice given will be acted upon. Notification to Ofsted is made as soon as is reasonably practicable and always within 14 days of the incident occurring. The designated person will, after consultation with the trustees, inform local child protection agencies of these events

Further guidance

[Accident Record](#) (Alliance Publication)

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

04 Health procedures

04.3 Life-saving medication and invasive treatments

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

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

Record keeping

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

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered
- written consent from parents allowing members of staff to administer medication
- proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse
- a healthcare plan (04.2a)

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

Physiotherapy

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

Safeguarding/child protection

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

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

04 Health procedures

04.4 Allergies and food intolerance

Before a child starts at the setting, parents are asked if their child has any known allergies or food intolerance. This information is recorded on the registration form. On going discussions must take place with parents/carers and where appropriate health professionals to develop allergy action plans for managing any known allergies and food intolerances. This information must be kept up to date on a child's registration form and shared with all staff.

- **All staff must be aware of the symptoms and treatments for allergies and anaphylaxis and the difference between allergies and food intolerances**
- If a child has an allergy or food intolerance, a risk assessment form is completed with the following information:
 - the risk identified – the allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.)
 - the level of risk, taking into consideration the likelihood of the child coming into contact with the allergen
 - control measures, such as prevention from contact with the allergen
 - review measures
- For severe food intolerances/allergies a health care plan form must be completed with:
 - the nature of the reaction e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
 - managing allergic reactions, medication used and method (e.g. Epipen)
 - The child's name is added to the Dietary Requirements list.
 - A copy of the risk assessment and health care plan is kept in the child's personal file and is shared with all staff.
 - Parents show staff how to administer medication in the event of an allergic reaction.
 - Generally, no nuts or nut products are used within the setting.
 - Parents are made aware, so that no nut or nut products are accidentally brought in.
 - Any foods containing food allergens are identified on children's menus.

Oral Medication

- Oral medication must be prescribed or have manufacturer's instructions written on them.
- Staff must be provided with clear written instructions for administering such medication.

- All risk assessment procedures are adhered to for the correct storage and administration of the medication.
- The setting must have the parents' prior written consent. Consent is kept on file.

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

04 Health procedures

04.5 Poorly children

- If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea or pains, particularly in the head or stomach then the setting manager calls the parents and asks them to collect the child or send a known carer to collect on their behalf.
- If a child has a raised temperature, top clothing may be removed to make them more comfortable, but children are not undressed or sponged down to cool their temperature. A high temperature should never be ignored, but it is a natural response to infection.
- A child's temperature is taken and checked regularly, using Fever Scans or other means i.e. ear thermometer.
- In an emergency an ambulance is called and the parents are informed.
- Parents/carers are advised to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed new antibiotics for an infectious illness or complaint, parents are asked to keep them at home for 48 hours.
- After diarrhoea or vomiting, parents are asked to keep children home for 48 hours following the last episode.
- Some activities such as sand and water play and self-serve snack will be suspended for the duration of any outbreak.
- The setting has information about excludable diseases and exclusion times.
- The setting manager notifies their line manager if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.
- The setting manager has a list of notifiable diseases and contacts Public Health England (PHE) and Ofsted in the event of an outbreak.

Notifiable diseases and infection control

If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS111 and informs parents.

Preventative measures are taken to reduce the risk of an outbreak returning. When an individual shows signs of an infectious illness, they are advised not to attend the service. If a child is already at the setting, they will be made comfortable in a space away from the other children to rest until they are able to be collected. The

importance of thorough handwashing will be reiterated, and the educators will promote the 'catch it, bin it, kill it' approach with children and young people.

In the case of an outbreak of a notifiable disease which has been confirmed by a medical professional, the setting manager will seek further advice from the UKHSA, if not already contacted by them.

Unwell children upon arrival

On arrival, it is vital that parents/carers inform a member of staff if they notice their child may be showing signs of being unwell. It is the responsibility of the parents / carers to ensure their child does not attend the service if they are not fit to; this is a precautionary measure to prevent other children or staff from becoming ill. If a child is brought into the service with a non-prescription medication to treat a temporary illness or appears to show signs of being unwell, the setting manager will use their discretion to decide whether a child is fit to remain in the service.

Infection control for bodily fluids – transmissible viruses

- 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. Transmittable viruses are spread through bodily fluids. Hygiene measures are put in place to protect all staff and children/young people. These include 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/sludging clothing after changing.
- Soiled clothing is rinsed and bagged for parents/carers to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and designated area mops; cloths used are disposed of with clinical waste.
- Tables, other furniture or toys/resources affected by blood, urine, faeces or vomit are removed where possible and cleaned using disinfectant. For larger items such as furniture, these must be cleaned immediately with disinfectant.
- Baby mouthing toys must be cleaned prior to another baby using them. All toys/resources are cleaned regularly. As a minimum, this should be carried out weekly, using sterilising solution for plastic toys/resources.

Handwashing

Handwashing is a crucial infection control measure which reduces the spread of illness. Adults, children and young people should regularly wash their hands, and increase this where there is an infection outbreak.

This should be carried out by all:

- After outside breaks
- Before meals and snack times
- Before preparation of snack and meals
- After using the toilet
- After nappy or clothing changes
- After the removal of personal protective equipment (PPE), including gloves.
- After blowing noses
- Before and after administering medication

Public Health England advises that children and staff should be encouraged to catch sneezes with a tissue, bin the tissue and wash their hands.

Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases parents may be asked to keep the child away from the setting until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family, using current recommended treatments methods if they are found.

Further guidance

Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)

Medication Administration Record (Early Years Alliance 2019)

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

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

06 Safeguarding children, young people and vulnerable adults policy

Alongside associated procedures in 06.1-06.10 Safeguarding children, young people and vulnerable adults, this policy was adopted by *Rixton-with-Glazebrook Pre-School* on 16th May 2022.

Designated person/lead for safeguarding is: Elizabeth Patten

Designated officer is: Colette Fairfax

Aim

We are committed to safeguarding children, young people and vulnerable adults and will do this by putting young people and vulnerable adult's right to be '*strong, resilient and listened to*' at the heart of all our activities.

The Early Years Alliance 'three key commitments' are broad statements against which policies and procedures across the organisation will be drawn to provide a consistent and coherent strategy for safeguarding children young people and vulnerable adults in all services provided. The three key commitments are:

1. The Alliance is 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 its service delivery.
2. The Alliance is 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 are worried a child is being abused*' (HMG 2015) and '*No Secrets (updated by the Care Act 2014) and Working Together 2018*.'
3. The Alliance is committed to promoting awareness of child abuse issues throughout its training and learning programmes for adults. It is also committed to empowering children, young people, and vulnerable adults, through its curriculum, promoting their right to be '*strong, resilient and listened to*'.

NB: A 'young person' is defined as 16–19-year-old. In an early years setting, they may be a student, worker, or parent.

A 'vulnerable adult' (see guidance to the Care Act 2014) as: '*a person aged 18 years or over, who is in receipt of or may need community care services by reason of 'mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation*'. In early years, this person may be a service user, parent of a service user, or a volunteer.

Key Commitment 1

- We have a 'designated person', sometimes known as the designated lead for safeguarding, who is responsible for carrying out child, young person, or adult protection procedures. (*It is recommended that this person is the setting manager.*)
- The designated person reports to a 'designated officer' responsible for overseeing all child, young person or adult protection matters. (*It is usually the person who line manages the manager*)

- The 'designated person' and the 'designated officer' ensure they have links with statutory and voluntary organisations regarding safeguarding children.
- The 'designated person' and the 'designated officer' ensure they have received appropriate training on child protection matters and that all staff are adequately informed and/or trained to recognise possible child abuse in the categories of physical, emotional and sexual abuse and neglect.
- The 'designated person' and the 'designated officer' ensure all staff are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation or culture and that these receive full consideration in child, young person or adult protection related matters.
- The 'designated person' and the 'designated officer' ensure that staff are aware and receive training in social factors affecting children's vulnerability including
 - social exclusion
 - domestic violence and controlling or coercive behaviour
 - mental illness
 - drug and alcohol abuse (substance misuse)
 - parental learning disability
 - radicalisation
- The 'designated person' and the 'designated officer' ensure that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters:
 - abuse of disabled children
 - fabricated or induced illness
 - child abuse linked to spirit possession
 - sexually exploited children
 - children who are trafficked and/or exploited
 - female genital mutilation
 - extra-familial abuse and threats
 - children involved in violent offending, with gangs and county lines.
- The 'designated person' and the 'designated officer' ensure they are adequately informed in vulnerable adult protection matters.

Key Commitment 2

- All staff are trained in line with the Criteria set out in Annex C of the EYFS (November 2025). Our training providers are Warrington Borough Council and Salford City Council.
Safeguarding training is refreshed annually and renewed every two years. The designated safeguarding lead ensures support, advice and guidance for all staff to meet their safeguarding responsibilities by:
 - Regular supervision and 1:1 Team briefings
- There are procedures in place to prevent known abusers from coming into the organisation as employees or volunteers at any level.
- Safeguarding is the responsibility of every person undertaking the work of the organisation in any capacity.
- There are procedures for dealing with allegations of abuse against a member of staff, or any other person undertaking work whether paid or unpaid for the organisation, where there is an allegation of abuse or harm of a child. Procedures differentiate clearly between an allegation, a concern about quality of care or practice and complaints.
- There are procedures in place for reporting possible abuse of children or a young person in the setting.
- There are procedures in place for reporting safeguarding concerns where a child may meet the s17 definition of a child in need (Children Act 1989) and/or where a child may be at risk of significant harm, and to enable staff to make decisions about appropriate referrals using local published threshold documents.
- There are procedures in place to ensure staff recognise children and families who may benefit from early help and can respond appropriately using local early help processes and designated persons should ensure all staff understand how to identify and respond to families who may need early help.
- There are procedures in place for reporting possible abuse of a vulnerable adult in the setting.
- There are procedures in place in relation to escalating concerns and professional challenge.
- There are procedures in place for working in partnership with agencies involving a child, or young person or vulnerable adult, for whom there is a protection plan in place. These procedures also take account of working with families with a 'child in need' and with families in need of early help, who are affected by issues of vulnerability such as social exclusion, radicalisation, domestic violence, mental illness, substance misuse and parental learning disability.
- These procedures take account of diversity and inclusion issues to promote equal treatment of children and their families and that take account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.
- There are procedures in place for record keeping, confidentiality and information sharing, which are in line with data protection requirements.
- We follow government and LSCB guidance in relation to extremism.
- The procedures of the Local Safeguarding Partners must be followed.

Key Commitment 3

- We have a 'designated safeguarding lead person', who is responsible for carrying out child, young person, or adult protection procedures. *(It is recommended that this person is the setting manager.)*
- The designated safeguarding lead is responsible for overseeing all child, young person or adult protection matters.
- The 'designated safeguarding lead' ensures they have links with statutory and voluntary organisations regarding safeguarding children.
- The 'designated safeguarding lead' ensures they have received appropriate training on child protection matters and that all staff are adequately informed and/or trained to recognise child abuse in the categories of physical, emotional, and sexual abuse and neglect.
- The 'designated safeguarding lead' ensures all staff are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture and that these receive full consideration in child, young person, or adult protection related matters.
- The 'designated safeguarding lead ensures that staff are aware and receive training in social factors affecting children's vulnerability including, but not limited to:
 - social exclusion
 - domestic violence and controlling or coercive behaviour
 - mental illness
 - drug and alcohol abuse (substance misuse)
 - parental/carer learning disability
 - radicalisation
- The 'designated safeguarding lead' ensures that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters:
 - abuse of disabled children
 - fabricated or induced illness
 - child abuse linked to spirit possession
 - sexually exploited children
 - children who are trafficked and/or exploited
 - female genital mutilation
 - extra-familial abuse and threats
 - children involved in violent offending, with gangs and county lines.

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

Key commitment 4

- There are procedures in place to ensure staff recognise children and families who may benefit from early help and can respond using local early help processes. Designated safeguarding leads should ensure all staff understand how to identify and respond to families who may need early help.
- Staff are supported to make the right decisions that enable timely and appropriate action to be taken.
- Designated safeguarding leads contribute towards local safeguarding arrangements to ensure that the views of the sector are heard at the highest level by:
 - Finding out how education and childcare are represented at a strategic level within their Local Safeguarding Partnership (LSP) structures.
 - Sharing their knowledge of the experiences of children in their cohort with LSP local leaders

Legal references

Primary legislation

Children Act 1989 – s 47

Protection of Children Act 1999

Care Act 2014

Children Act 2004 s11

Children and Social Work Act 2017

Safeguarding Vulnerable Groups Act 2006

Counter-Terrorism and Security Act 2015

General Data Protection Regulation 2018

Data Protection Act 2018

Modern Slavery Act 2015

Sexual Offences Act 2003

Serious Crime Act 2015

Criminal Justice and Court Services Act (2000)

Human Rights Act (1998)

Equalities Act (2006)

Equalities Act (2010)

Disability Discrimination Act (1995)

Data Protection Act (2018)

Freedom of Information Act (2000)

Further Guidance

Working Together to Safeguard Children (HMG 2018)

Statutory Framework for the Early Years Foundation Stage 2021

What to Do if You're Worried a Child is Being Abused (HMG 2015)

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

Keeping Children Safe in Education 2018

Education Inspection Framework (Ofsted 2019)

The framework for the assessment of children in need and their families (DoH 2000)

The Common Assessment Framework (2006)

Statutory guidance on inter-agency working to safeguard and promote the welfare of children (DfE 2015)

Further guidance

Information sharing advice for safeguarding practitioners (DfE 2018)

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

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

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

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

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

Safeguarding Children from Abuse Linked to a Belief in Spirit Possession (HMG 200)

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

Safeguarding Disabled Children: Practice Guidance (DfE 2009)

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

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

Handling Cases of Forced Marriage: Multi-Agency Practice Guidelines (HMG 2014)

06.1 Responding to safeguarding or child protection concerns

The designated safeguarding lead is Elizabeth Patten, the back-up designated safeguarding lead is Caroline Murray, the designated officer (setting manager's line manager) is Colette Fairfax

Safeguarding roles

- All staff recognise and know how to respond to signs and signals that may indicate a child is suffering from or likely to be suffering from harm. They understand that they have a responsibility to act immediately by discussing their concerns with the designated safeguarding lead or a named back-up designated safeguarding lead.
- The manager and deputy are the designated safeguarding lead and back-up designated safeguarding lead, responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults. The designated safeguarding lead is also responsible for liaising with local statutory children's services and with the Local Safeguarding Partnership.
- All concerns about the welfare of children in the setting, at home, or elsewhere should be reported to the designated safeguarding lead or the back-up designated safeguarding lead in their absence
- The designated safeguarding lead ensures that all educators at the setting are alert to the indicators of abuse and neglect and understand how to identify and respond to these.
- The setting should not operate without an identified designated safeguarding lead at any time.
- The line manager of the designated safeguarding lead is the designated officer.
- The designated safeguarding lead informs the designated officer about serious concerns as soon as they arise and agree the action to be taken, seeking further clarification if there are any doubts that the issue is safeguarding.
- If it is not possible to contact the designated officer, action to safeguard the child is taken first and the designated officer is informed later. If the designated officer is unavailable advice is sought from their line manager or equivalent.
- Issues which may require notifying to Ofsted are notified to the designated officer to decide regarding notification. The designated safeguarding lead and designated officer must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the designated officer immediately seeks guidance from the owners/directors/trustees as appropriate. There continues to be a requirement that the designated officer follows legislative requirements in relation to reporting to RIDDOR. This is fully addressed in section 01 Health and Safety procedures.

- The setting follows procedures of their Local Safeguarding Partners (LSP) for safeguarding and any specific safeguarding procedures such as responding to radicalisation/extremism concerns. Procedures are followed for managing allegations against staff, as well as for responding to concerns and complaints raised about quality or practice issues, through whistleblowing and escalation.

Responding to marks or injuries observed

- If a member of staff observes or is informed by a parent/carer of a mark or injury to a child that happened at home or elsewhere, the member of staff makes a record of the information given to them by the parent/carer in the child's personal file, which is signed by the parent/carer.
- The member of staff advises the designated safeguarding lead as soon as possible if there are safeguarding concerns about the circumstance of the injury.
- If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the designated safeguarding lead decides the course of action to be taken after reviewing 06.1a Child welfare and protection summary and completing 06.1b Safeguarding incident reporting form.
- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the designated safeguarding lead.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated safeguarding lead decides the course of action required and 06.1b Safeguarding incident reporting form is completed as above, taking into consideration any explanation given by the child.
- If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the designated safeguarding lead.
- If there is no cause for further concern, a record is made in the individual child's file and Accident Record, with a note that the circumstances of the injury are not known.
- If the injury is unlikely to have occurred at the setting, this is raised with the designated safeguarding lead who informs the designated officer.
- The parent/carer is advised at the earliest opportunity.
- If the parent/carer believes that the injury was caused at the setting this is still recorded in the Accident Record and an accurate record made of the discussion is made on the child's personal file.

Responding to the signs and symptoms of abuse

- Concerns about the welfare of a child are discussed with the designated safeguarding lead without delay.
- A written record is made of the concern on 06.1b Safeguarding incident reporting form as soon as possible.
- Concerns that a child is in immediate danger or at risk of significant harm are responded to immediately and if a referral is necessary this is made on the same working day.

Responding to a disclosure by a child

- When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.
- The member of staff listens carefully and calmly, allowing the child time to express what they want to say.
- Staff do not attempt to question the child but if they are not sure what the child said, or what they meant, they may prompt the child further by saying *'tell me more about that'* or *'show me again'*.
- After the initial disclosure, staff speak immediately to the designated safeguarding lead. They do not further question or attempt to interview a child.
- If a child shows visible signs of abuse such as bruising or injury to any part of the body and it is age appropriate to do so, the key person will ask the child how it happened.
- When recording a child's disclosure on 06.1b Safeguarding incident reporting form, their exact words are used as well as the exact words with which the member of staff responded.
- If marks or injuries are observed, these are recorded on a body diagram.

Decision making (all categories of abuse)

- The designated safeguarding lead makes a professional judgement about referring to other agencies, including Social Care using the Local Safeguarding Partnership (LSP) threshold document:
 - Level 1: Child's needs are being met. Universal support.
 - Level 2: Universal Plus. Additional professional support is needed to meet child's needs.
 - Level 3: Universal Partnership Plus. Targeted Early Help. Coordinated response needed to address multiple or complex problems.
 - Level 4: Specialist/Statutory intervention required. Children in acute need, likely to be experiencing, or at risk of experiencing significant harm.
- Staff are alert to indicators that a family may benefit from early help services and should discuss this with the designated safeguarding lead.

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

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

- If consent is sought and withheld and there are concerns that a child may become at risk of significant harm without early intervention, there may be sufficient grounds to over-ride a parental decision to withhold consent.
- If a parent/carer withholds consent, this information is included on any referral that is made to the local authority. In these circumstances a parent should still be told that the referral is being made beforehand (unless to do so may place a child at risk of harm).

**Tier 2: Children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled.*

Informing parents/carers when making a child protection referral

In most circumstances consent will not be required to make a child protection referral, because even if consent is refused, there is still a professional duty to act upon concerns and make a referral. When a child protection referral has been made, the designated safeguarding lead contacts the parents/carers (only if agreed with social care) to inform them that a referral has been made, indicating the concerns that have been raised, unless social care advises that the parent/carer should not be contacted until such time as their investigation, or the police investigation, is concluded. Parents/carers are not informed prior to making a referral if:

- there is a possibility that a child may be put at risk of harm by discussion with a parent/carer, or if a serious offence may have been committed, as it is important that any potential police investigation is not jeopardised
- there are potential concerns about sexual abuse, fabricated illness, FGM or forced marriage
- contacting the parent/carer puts another person at risk; situations where one parent may be at risk of harm, e.g. abuse; situations where it has not been possible to contact parents/carers to seek their consent may cause delay to the referral being made

The designated safeguarding lead makes a professional judgment regarding whether consent (from a parent/carer) should be sought before making a child protection referral as described above. They record their decision about informing or not informing parents along with an explanation for this decision. Advice will be sought from the appropriate children's social work team if there is any doubt.

Referring

- The designated safeguarding lead or back-up follows the LSP procedures for making a referral.
- If the designated safeguarding lead or their back-up is not on site, the most senior member of staff present takes responsibility for making the referral to social care.

- If a child is believed to be in immediate danger, or an incident occurs at the end of the session and staff are concerned about the child going home that day, then the Police and/or social care are contacted immediately.
- If the child is 'safe' because they are still in the setting, and there is time to do so, the senior member of staff contacts the setting's designated officer for support.
- Arrangements for cover (as above) when the designated safeguarding lead and back-up designated safeguarding lead are not on-site are agreed in advance by the setting manager and clearly communicated to all staff.

Further recording

- Information is recorded using the setting's nursery management software, and a brief summary entered on 06.1a Child welfare and protection summary. Discussion with parents/carers and any further discussion with social care is recorded. If recording a conversation with parents/carers that is significant, regarding the incident or a related issue, parents/carers are asked to sign and date it a record of the conversation. It should be clearly recorded what action was taken, what the outcome was and any follow-up.
- If a referral was made, copies of all documents are kept and stored securely and confidentially (including copies) in the child's safeguarding file, or on the setting's management software
- Each member of staff/volunteer who has witnessed an incident or disclosure should also make a written statement.
- The referral is recorded on the Safeguarding forms.
- Follow up phone calls to or from social care are recorded in the child's file; with date, time, the name of the social care worker and what was said.
- Safeguarding records are kept up to date and made available for confidential access by the designated officer to allow continuity of support during closures or holiday periods.

Reporting a serious child protection incident using 06.1c Confidential safeguarding incident report form

- The designated safeguarding lead is responsible for reporting to the designated officer and seeking advice if required prior to making a referral as described above.
- For child protection concerns at Tier 3 and 4** it will be necessary for the designated safeguarding lead to complete 06.1c Confidential safeguarding incident report form and send it to the designated officer.
- Further briefings are sent to the designated officer when updates are received until the issue is concluded.

** Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled.

Tier 4: Children in acute need, who are suffering or are likely to suffer significant harm.

Professional disagreement/escalation process

- If a practitioner disagrees with a decision made by the designated safeguarding lead not to make a referral to social care they must initially discuss and try to resolve, it with them.
- If the disagreement cannot be resolved with the designated safeguarding lead and the member of staff continues to feel a safeguarding referral is required, then they discuss this with the designated officer.
- If issues cannot be resolved the whistle-blowing policy should be used, as set out below.
- Supervision sessions are also used to discuss concerns, but this must not delay making safeguarding referrals.

Whistleblowing

We ensure that all staff are familiar with the whistleblowing procedure

The whistle blowing procedure must be followed in the first instance if:

- a criminal offence has been committed, is being committed or is likely to be committed
- a person has failed, is failing or is likely to fail to comply with any legal obligation to which he or she is subject. This includes non-compliance with policies and procedures, breaches of EYFS and/or registration requirements
- an injustice has occurred, is occurring or is likely to occur
- the health and safety of any individual has been, is being or is likely to be endangered
- the working environment has been, is being or is likely to be damaged
- that information tending to show any matter falling within any one of the preceding clauses has been, is being or is likely to be deliberately concealed

There are 3 stages to raising concerns as follows:

1. If staff wish to raise or discuss any issues which might fall into the above categories, they should normally raise this issue with their manager/designated safeguarding lead.
2. Staff who are unable to raise the issue with their manager/designated safeguarding lead should raise the issue with their line manager's manager/designated officer.

3. If staff are still concerned after the investigation, or the matter is so serious that they cannot discuss it with a line manager, they should raise the matter with [insert name and contact details of most senior person].

After a concern has been raised, the manager/line manager will decide how to respond in a reasonable and appropriate manner. Normally this will involve making internal enquires first, but it may be necessary to carry out an investigation.

Whilst it is hoped that such disclosures will never be necessary, the setting management recognises that it may find itself in circumstances which are new to it. Each case will be treated on its own merits.

Managers' responsibilities

Managers/line managers notified of concerns under this policy are expected to:

- ensure that all staff and volunteers are familiar with the policy
- ensure that concerns raised are taken seriously;
- treat the matter in confidence, within the parameters of the case;
- where appropriate, investigate properly and make an objective assessment of the concern;
- keep the person raising the concern updated with progress, without breaching confidentiality;
- ensure that the action necessary to resolve a concern is taken;
- take appropriate steps to ensure that the employee's working environment and/or working relationship is/are not prejudiced by the fact of disclosure.

If an issue cannot be resolved and the member of staff believes a child remains at risk because the setting or the local authority have not responded appropriately, the NSPCC have introduced a whistle-blowing helpline 0800 028 0285 for professionals who believe that:

- their own or another employer will cover up the concern
- they will be treated unfairly by their own employer for complaining
- if they have already told their own employer and they have not responded

We will ensure that all staff are aware of the NSPCC whistleblowing helpline

Female genital mutilation (FGM)

Staff should be alert to symptoms that would indicate that FGM has occurred, or may be about to occur, and take appropriate safeguarding action. Designated safeguarding leads should contact the police immediately

[as well as refer to children's services local authority social work if they believe that FGM may be about to occur.](#)

[It is illegal to undertake FGM or to assist anyone to enable them to practice FGM](#) under the Female Genital Mutilation Act 2003, it is an offence for a UK national or permanent UK resident to perform FGM in the UK or overseas. The practice is medically unnecessary and poses serious health risks to girls. FGM is mostly carried out on girls between the ages of 0-15, statistics indicate that in half of countries who practise FGM girls were cut before the age of 5. LSP guidance must be followed in relation to FGM, and the designated person is informed regarding specific risks relating to the culture and ethnicity of children who may be attending their setting and shares this knowledge with staff.

Symptoms of FGM in very young girls may include difficulty walking, sitting or standing; painful urination and/or urinary tract infection; urinary retention; evidence of surgery; changes to nappy changing or toileting routines; injury to adjacent tissues; spends longer than normal in the bathroom or toilet; unusual and /or changed behaviour after an absence from the setting (including increased anxiety around adults or unwillingness to talk about home experiences or family holidays); parents are reluctant to allow child to undergo normal medical examinations; if an older sibling has undergone the procedure a younger sibling may be at risk; discussion about plans for an extended family holiday

Further guidance

NSPCC 24-hour FGM helpline: 0800 028 3550 or email fgmhelp@nspcc.org.uk

Government help and advice: www.gov.uk/female-genital-mutilation

Children and young people vulnerable to extremism or radicalisation

Rixton-with-Glazebrook Pre-School has a duty to identify and respond appropriately to concerns of any child or adult at risk of being drawn into terrorism. LSP's have procedures which cover how professionals should respond to concerns that children or young people may be at risk of being influenced by or being made vulnerable by the risks of extremism.

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

- The designated safeguarding lead is required to familiarise themselves with LSP procedures, as well as online guidance including:
 - Channel Duty guidance: Protecting people vulnerable to being drawn into terrorism www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance
 - Prevent Strategy (HMG 2011) www.gov.uk/government/publications/prevent-strategy-2011
- The prevent duty: for schools and childcare providers www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty

- The designated safeguarding lead should follow LSP guidance in relation to how to respond to concerns regarding extremism and ensure that staff know how to identify and raise any concerns in relation to this with them.
- The designated safeguarding lead must know how to refer concerns about risks of extremism/radicalisation to their LSP safeguarding team or the Channel panel, as appropriate.
- The designated safeguarding lead should also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of violent extremism.
- The designated safeguarding lead also ensures that all staff are aware of their responsibilities with regard to equality and inclusion and children's rights. If available in the area, the designated safeguarding lead should complete WRAP (or equivalent) training and support staff to access the training as offered by local authorities. WRAP training covers local arrangements for dealing with concerns that a child may be at risk of extremism and/or radicalisation.
- The designated safeguarding lead should understand the perceived terrorism risks in relation to the area that they deliver services in.

Parental consent for radicalisation referrals

LSP procedures are followed in relation to whether parental consent is necessary prior to making a referral about a concern that a child or adult may be at risk of being drawn into terrorism. It is good practice to seek the consent of the person, or for very young children, the consent of their parent/carer prior to making a referral, but it is not a requirement to seek consent before referring a concern regarding possible involvement in extremism or terrorism if it may put a child at risk, or if an offence may have been or may be committed. Advice should be sought from line managers and local agencies responsible for safeguarding, as to whether consent should be sought on a case-by-case basis. Designated safeguarding lead is mindful that discussion regarding potential referral due to concerns may be upsetting for the subject of the referral and their family. Initial advice regarding whether an incident meets a threshold for referral can be sought from the relevant local agency without specific details such as names of the family being given in certain circumstances.

Consent is required prior to any individual engaging with a Channel intervention. Consent is usually sought by Channel partners, but LSP procedures should be followed regarding this.

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

Concerns about children affected by gang activity/serious youth violence

Educators are aware that children can be put at risk by gang activity, both through participation in and as victims of gang violence. Whilst young children will be very unlikely to become involved in gang activity they may potentially be put at risk by the involvement of others in their household in gangs, such as an adult

sibling or a parent/carer. The designated safeguarding lead is familiar with the LSP guidance and procedures in relation to safeguarding children affected by gang activity and ensures this is followed where relevant.

Forced marriage/Honour based violence

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

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

Risks in relation to forced marriage are high and it is important that educators ensure that anyone at risk of forced marriage is not put in further danger.

If someone is believed to be at risk it is helpful to get as much practical information as possible, bearing in mind the need for absolute discretion, information that can be helpful will include things like, names, addresses, passport numbers, national insurance numbers, details of travel arrangements, dates and location of any proposed wedding, names and dates of birth of prospective spouses, details of where and with whom they may be staying etc. Forced marriage can be linked to honour-based violence, which includes assault, imprisonment and murder. Honour based violence can be used to punish an individual for undermining what the family or community believes to be the correct code of behaviour.

In an emergency police should be contacted on 999.

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

- Telephone: +44 (0) 20 7008 0151
- Email: fmfu@fco.gov.uk
- Email for outreach work: fmfuoutreach@fco.gov.uk

Further guidance

[Accident Record](#) (Alliance Publication)

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

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

06 Safeguarding children, young people and vulnerable adults procedures

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

Concerns may come from a parent, child, colleague or member of the public. Allegations or concerns must be referred to the designated safeguarding lead without delay - even if the person making the allegation later withdraws it.

What is a low-level concern?

The NSPCC defines a low-level concern as *'any concern that an adult has acted in a way that:*

- *is inconsistent with the staff code of conduct, including inappropriate conduct outside of work*
- *doesn't meet the threshold of harm or is not considered serious enough...to refer to the local authority.*

Low-level concerns are part of a spectrum of behaviour. This includes:

- *inadvertent or thoughtless behaviour*
- *behaviour that might be considered inappropriate depending on the circumstances*
- *behaviour which is intended to enable abuse*

Examples of such behaviour could include:

- *being over friendly with children*
- *having favourites*
- *adults taking photographs of children on their mobile phone*
- *engaging with a child on a one-to-one basis in a secluded area or behind a closed door*
- *using inappropriate sexualised, intimidating or offensive language'*

(NSPCC [Responding to low-level concerns about adults working in education](#))

Responding to low-level concerns

Any low-level concerns about the conduct of staff, students or volunteers must be shared with the designated safeguarding lead and recorded on 06.2a Low level concerns form. The designated safeguarding lead should be informed of all low-level concerns and make the final decision on how to respond. Where appropriate this can be done in consultation with their line manager.

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

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

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

Identifying concerns about serious harm, or abuse

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

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

Informing

- All staff report allegations to the designated safeguarding lead.
- The designated safeguarding lead alerts the designated officer. If the designated officer is unavailable the designated safeguarding lead contacts their equivalent until they get a response- which should be within 3-4 hours of the event. Together they should form a view about what immediate actions are taken to ensure the safety of the children and staff in the setting, and what is acceptable in terms of fact-finding.
- It is essential that no investigation occurs until and unless the LADO has expressly given consent for this to occur, however, the person responding to the allegation does need to have an understanding of what explicitly is being alleged.
- The designated safeguarding lead must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.
- The Local Authority Designated Officer (LADO) is contacted as soon as possible and within one working day. If the LADO is on leave or cannot be contacted the LADO team manager is contacted and/or advice sought from the point of entry safeguarding team/mash/point of contact, according to local arrangements.
- A child protection referral is made by the designated safeguarding lead if required. The LADO, line managers and local safeguarding children's services can advise on whether a child protection referral is required.
- The designated safeguarding lead asks for clarification from the LADO on the following areas:

- what actions the designated safeguarding lead must take next and when and how the parents of the child are informed of the allegation
- whether or not the LADO thinks a criminal offence may have occurred and whether the police should be informed and if so who will inform them
- whether the LADO is happy for the setting to pursue an internal investigation without input from the LADO, or how the LADO wants to proceed
- whether the LADO thinks the person concerned should be suspended, and whether they have any other suggestions about the actions the designated safeguarding lead has taken to ensure the safety of the children and staff attending the setting
- The designated safeguarding lead records details of discussions and liaison with the LADO including dates, type of contact, advice given, actions agreed and updates on the child's case file.
- Parents are not normally informed until discussion with the LADO has taken place, however in some circumstances the designated safeguarding lead may need to advise parents of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.
- Staff do not investigate the matter unless the LADO has specifically advised them to investigate internally. Guidance should also be sought from the LADO regarding whether or not suspension should be considered. The person dealing with the allegation must take steps to ensure that the immediate safety of children, parents and staff is assured. It may be that in the short-term measures other than suspension, such as requiring a staff member to be office based for a day, or ensuring they do not work unsupervised, can be employed until contact is made with the LADO and advice given.
- The designated safeguarding lead ensures staff fill in the appropriate Safeguarding form.
- If after discussion with the designated safeguarding lead, the LADO decides that the allegation is not obviously false, and there is cause to suspect that the child/ren is suffering or likely to suffer significant harm, then the LADO will normally refer the allegation to children's social care.
- Notification to Ofsted is required for any allegations made against a member of staff, therefore the designated safeguarding lead will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The designated safeguarding lead will liaise with the designated officer about notifying Ofsted.
- Ofsted must be updated of the actions taken by the setting, even if the LADO decides the allegation does not meet their threshold for investigation. The designated safeguarding lead ensures that our safeguarding incident report form is completed and sent to the designated officer. If the designated officer is unavailable their equivalent must be contacted.

- Avenues such as performance management or coaching and supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate. If an allegation is ultimately upheld the LADO may also offer a view about what would be a proportionate response in relation to the accused person.
- The designated safeguarding lead must consider revising or writing a new risk assessment where appropriate, for example if the incident related to an instance where a member of staff has physically intervened to ensure a child's safety, or if an incident relates to a difficulty with the environment such as where parents and staff are coming and going and doors are left open.
- All allegations are investigated even if the person involved resigns or ceases to be a volunteer.

Allegations against agency staff

Any allegations against agency staff must be responded to as detailed in this procedure. In addition, the designated safeguarding lead must contact the agency following advice from the LADO

Allegations against the designated safeguarding lead

- If a member of staff has concerns that the designated safeguarding lead has behaved in a way that indicates they are not suitable to work with children as listed above, this is reported to the designated officer following the setting's whistleblowing process, who will investigate further.
- During the investigation, the designated officer will identify another suitably experienced person to take on the role of designated safeguarding lead.
- If an allegation is made against the designated officer, then the trustees are informed.

Recording

- A record is made of an allegation/concern, along with supporting information, normally by the practitioner who has observed the incident, using our Safeguarding form or the 06.2a Low level concerns form. This is then entered on the file of the child's safeguarding file.
- If the allegation refers to more than one child, this is recorded in each child's safeguarding file.
- If relevant, a child protection referral is made, with details held on the child's safeguarding file.

Disclosure and Barring Service

- If a member of staff is dismissed because of a proven or strong likelihood of child abuse, inappropriate behaviour towards a child, or other behaviour that may indicate they are unsuitable to work with children such as drug or alcohol abuse, or other concerns raised during supervision when the staff suitability checks are done, a referral to the Disclosure and Barring Service is made.

Escalating and whistleblowing concerns

- If a member of staff believes at any time that children may be in danger due to the actions or otherwise of a member of staff or volunteer, they must discuss their concerns immediately with the designated safeguarding lead.
- If after discussions with the designated safeguarding lead, they still believe that appropriate action to protect children has not been taken they must speak to the designated officer.
- If there are still concerns then the whistle blowing procedure must be followed, as set out in 06.1 Responding to safeguarding or child protection concerns.

06 Safeguarding children, young people and vulnerable adults procedures

06.4 Uncollected child

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

- The designated safeguarding lead is informed of the uncollected child as soon as possible and attempts to contact the parents/carers by phone.
- If the parents/carers cannot be contacted, the designated safeguarding lead uses the emergency contacts to inform a known carer of the situation and arrange collection of the child. We will endeavour to get more than two emergency contacts where possible
- After one hour, the designated safeguarding lead contacts the local social care out-of-hours duty officer if the parents/carers or other known carer cannot be contacted and there are concerns about the child's welfare or the welfare of the parents/carers.
- The designated safeguarding lead should arrange for the collection of the child by social care.
- Where appropriate the designated safeguarding lead should also notify police.

Members of staff **do not:**

- go off the premises to look for the parents/carers
- leave the premises to take the child home, or to another carer
- offer to take the child home with them to care for them in their own home until contact with the parent/carer is made
- a record of conversations with parents/carers should be made and recorded on the child's file with parents/carers being asked to sign and date the recording.
- a record of conversations with parents/carers should be made and recorded on the child's file with parents/carers being asked to sign and date the recording.
- This is logged on the child's personal file along with the actions taken. 06.1c Confidential safeguarding incident report form should also be completed if there are safeguarding and welfare concerns about the child, or if Social Care have been involved due to the late collection.
- If there are recurring incidents of late collection, a meeting is arranged with the parents/carers to agree a plan to improve time-keeping and identify any further support that may be required.
- Depending on circumstances, parents may be changed for the additional hours worked by staff.

06.9 E-safety (including all electronic devices with internet capacity)

An E-safety audit is included in these procedures (see 6.9a) to assist with compliance to the revised EYFS 2025.

Online Safety

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

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

Content – being exposed to illegal, inappropriate or harmful material

Contact – being subjected to harmful online interaction with other users

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

I.C.T Equipment

- The setting manager ensures that all computers have up-to-date virus protection installed.
- Staff tablets are only used for the purposes of observation, assessment and planning and to take photographs for individual children’s learning journeys.
- Tablets remain on the premises and are stored securely at all times when not in use.
- Staff follow the additional guidance provided with the system

Internet access

- Children never have unsupervised access to the internet.
- The setting manager ensures that risk assessments in relation to e-safety are completed.
- Only reputable sites with a focus on early learning are used (e.g. CBeebies).
- Video sharing sites such as YouTube are not accessed due to the risk of inappropriate content.
- Children are taught the following stay safe principles in an age appropriate way:
 - only go online with a grown up
 - be kind online **and** keep information about me safely
 - only press buttons on the internet to things I understand
 - tell a grown up if something makes me unhappy on the internet

- Staff support children's resilience in relation to issues they may face online, and address issues such as staying safe, appropriate friendships, asking for help if unsure, not keeping secrets as part of social and emotional development in age-appropriate ways.
- All computers for use by children are sited in an area clearly visible to staff.
- Staff report any suspicious or offensive material, including material which may incite racism, bullying or discrimination to the Internet Watch Foundation at www.iwf.org.uk.

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

Strategies to minimise risk include:

- Check apps, websites and search results before using them with children.
- Children in Early Years should always be supervised when accessing the internet.
- Ensure safety modes and filters are applied - default settings tend not to ensure a high level of privacy or security. But remember you still need to supervise children closely.
- Role model safe behaviour and privacy awareness. Talk to children about safe use, for example ask permission before taking a child's picture even if parental consent has been given.
- Make use of home visits to inform your understanding of how technology is used within the home and the context of the child with regards to technology.
- Check privacy settings to make sure personal data is not being shared inadvertently or inappropriately.
(source: <https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-guidance-for-practitioners>)

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

- Personal mobile phones and internet enabled devices are not used by staff during working hours. This does not include breaks where personal mobiles may be used off the premises or in a safe place e.g, staff room. The setting manager completes a risk assessment for where they can be used safely.
- Personal mobile phones are switched off and stored in a locked cash tin in the Pre-School office.
- In an emergency, personal mobile phones may be used in the privacy of the office with permission.
- Staff ensure that contact details of the setting are known to family and people who may need to contact them in an emergency.
- Staff may take their mobile phones on outings for emergency use only.

- Members of staff do not use personal equipment to take photographs of children.
- Parents and visitors do not use their mobile phones on the premises. There is an exception if a visitor's company/organisation operates a policy that requires contact with their office periodically throughout the day phones still should be stored away from any areas that children access and setting phone number given to visitors so that they are still contactable. Visitors are advised of a private space where they can use their mobile.

Cameras and videos

- Members of staff do not bring their own cameras or video recorders to the setting.
- Photographs/recordings of children are only taken for valid reasons, e.g. to record learning and development, or for displays, and are only taken on equipment belonging to the setting. Children are given the opportunity to consent to their photograph being taken, even if parent/carer permissions are in place.
- Camera and video use is monitored by the setting manager.
- Where parents request permission to photograph or record their own children at special events, general permission is first gained from all parents for their children to be included. Parents are told they do not have a right to photograph or upload photos of anyone else's children.
- Photographs/recordings of children are only made if relevant permissions are in place.
- If photographs are used for publicity, parental consent is gained and safeguarding risks minimised, e.g. children may be identified if photographed in a sweatshirt with the name of their setting on it.

Cyber Bullying

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

Use of social media

Staff are expected to:

- understand how to manage their security settings to ensure that their information is only available to people they choose to share information with
- ensure the organisation is not negatively affected by their actions and do not name the setting
- are aware that comments or photographs online may be accessible to anyone and should use their judgement before posting
- are aware that images, such as those on Snapchat may still be accessed by others and a permanent record of them made, for example, by taking a screen shot of the image with a mobile phone

- observe confidentiality and refrain from discussing any issues relating to work
- not share information they would not want children, parents or colleagues to view
- set privacy settings to personal social networking and restrict those who are able to access
- report any concerns or breaches to the designated person in their setting
- not engage in personal communication, including on social networking sites, with children and parents with whom they act in a professional capacity. There may be occasions when the practitioner and family are friendly outside of the setting. In this case information is shared with the manager and a risk assessment and agreement in relation to boundaries are agreed

Use/distribution of inappropriate images

- Staff are aware that it is an offence to distribute indecent images and that it is an offence to groom children online. In the event of a concern that a colleague is behaving inappropriately, staff advise the designated person who follows procedure 06.2 Allegations against staff, volunteers or agency staff.

06.9a Internet Safety Audit Rixton-with-Glazebrook Pre-School

Technology used in our setting (Add the types and numbers of devices)	ICT Equipment Computers (office) Computers (children) iPhone (staff/children) Cameras/videos Electronic learning journals Nursery Management Software	Quantity 2 0 1/0 1 on phone 0 2 (tapestry and nursery management	Wi-fi enabled Yes or No? Yes No Yes	Security settings Password protected Malwear stopper Pin protected	Who has access? Liz, Caroline, Debbie
Policies and Procedures -name of policy, or policy in which it is incorporated.	Subject <ul style="list-style-type: none"> Acceptable use: Yes/No Staff use of social media Yes/No GDPR/Data Protection Yes/No Personal mobile phones / wearable technology 		Policy/Procedure e-safety Use of Tapestry	Further action required None	
Approved Apps/websites/online tools.	<i>List the apps/websites/online tools that you use in your setting with the children</i> Google; Cbeebies				
How are children supervised when using devices?	Please give details here... Adult supervision at all times				
How is the physical safety of users managed, i.e. posture, time spent on devices	Please give details, including, posture, time spent on devices etc. Timers used with children to limit time on any one activity No ipads for children				
How are devices stored securely when not in use?	Please give details.... Locked in filing cabinet in office				
How do staff model safe practice when using technology with children?	Please give details... We explain why and how we use technology with the children – also share relevant information on internet safety with parents/carers				
How is internet safety and use of technology incorporated into the early Years curriculum?	Please give details... Sharing relevant books and talking to the children when viewing online content				
How is the home learning environment supported?	Add details of information shared with parents to support safe internet use at home. Relevant information shared with parents/carers				
Resources to support Internet safety in early years provision.	<ul style="list-style-type: none"> http://internetmatters.org/ <u>Online safety guide 0-5 year olds - Internet Matters</u> 				

08 Staff, assistants, volunteers and students policy

Alongside associated procedures in 08.1-08.4 Staff, assistants, volunteers and students, this policy was adopted by *Rixton-with-Glazebrook Pre-School* on *15th September 2025*.

Aim

Staff are deployed to meet the care and learning needs of children and ensure their safety and well-being. There are effective systems in place to ensure that adults looking after children are suitable to do so.

Objectives

- Recruitment checks meet the requirements of the EYFS as stipulated in procedure 8.1
- All staff and volunteers who work more than occasionally with the children have enhanced DBS disclosure checks.
- Staff or volunteers without enhanced DBS disclosure checks do not have unsupervised access to the children.
- All staff and volunteers working with children have appropriate training, skills, and knowledge.
- All staff, students and volunteers are deployed in accordance with the procedures.
- There is a complaints procedure and staff, and volunteers know how to complain and who they complain to.
- Ofsted are notified of changes to the Committee and Manager or changes to the setting's name or address.
- Parents are involved with their children's learning and their views are considered.

Legal references

Protection of Children Act 1999

Safeguarding Vulnerable Groups Act 2006

Childcare Act 2006

Further guidance

Recruiting Early Years Staff (Pre-school Learning Alliance 2016)

People Management in the Early Years (Pre-school Learning Alliance

8.1 Recruitment Checks

Obtaining references

As part of our commitment to safer recruitment **[name of setting]** will always obtain references from applicants for roles in our setting. Robust recruitment checks are essential to ensuring that unsuitable persons cannot have contact with children through employment with us.

Obtaining references is an essential element of our recruitment process. We will always obtain a reference prior to employment commencing in line with the requirements of the EYFS as follows:

- Our application process requires candidates, to supply us with the contact details of a suitable referee from:
 - Their current employer, training provider or early years education and care setting
 - A senior person within the organisation who is authorised to provide a reference.
- If the applicant is not currently employed, or is not currently working with children we will:
 - Obtain verification of the applicants most recent relevant employment if they are not currently employed
 - Obtain a reference from the applicants most recent relevant employer from the last time they worked with children
- If the applicant has never worked with children we will obtain a reference from their current employer, training provider or education setting.
- We do not accept references from the following
 - Family members
 - A generic reference i.e. 'to whom it may concern'.

Once a reference is received

- A reference received electronically will be checked to ensure that it originates from a legitimate source.
- We will compare the information on the original application form against relevant information given in the reference, for example, checking that dates align, and roles and responsibilities listed are consistent. Where this is not the case, we will take up any discrepancies with the applicant.
- If information is incomplete or we feel it is insufficient for us to make an informed decision about the applicant's suitability, we will contact the referee for clarification.
- Before an offer of employment is made, we will ensure any concerns are resolved satisfactorily.
- In line with best practice, we will seek to gain explanations for any gaps in employment.

Further information and guidance

[A120 New Employee Handbook](#) (Alliance Publication)

[A128 Recruiting Early Years Staff](#) (Alliance Publication)

[A129 People Management in the Early Years](#) (Alliance Publication)

08 Staff, assistants, volunteers and students procedures

08.2 Staff deployment

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

- Two members of staff are on the premises before children are admitted in the morning and the end of the day; one of which should be the manager or deputy.
- Only those staff aged 17 or over are included in ratios and only if the manager is satisfied, they are suitable. Staff working as apprentices (aged 16 or over) may be included in the ratios if the setting manager is satisfied that they are competent and responsible. Staff under 17 should be supervised at all times.
- At least one Paediatric First Aider must be on site at all times when children are present and at least one Paediatric First Aider must be present and within sight and sound of children at mealtimes. Consideration will be given around staff breaks, lunchtimes and absences from the setting so that we are compliant with paediatric first aid requirements.
- The setting manager deploys staff to give adequate supervision of indoor and outdoor areas, ensuring that children are always within sight *or* hearing of staff at all times. Whilst eating, children must be within sight and hearing of a member of staff and where possible the staff member will be sat facing children when eating.
- All staff are deployed according to the needs of the setting and the children attending.
- In open plan provision, staff are positioned in areas of the room and outdoors to supervise children and to support their learning.
- Staff are responsible for ensuring that equipment in their area is used appropriately and that the area is tidy at the end of the session.
- Staff plan their focus on activities
- Staff inform colleagues if they have to leave the room for any reason.
- There are generally two members of staff outside when it is being used, one of whom supervises climbing equipment that has been put out.
- The setting manager may direct other members of staff to join those outside, if the numbers of children warrant additional staff.
- Staff focus their attention on the children at all times whilst having a wider awareness of what is happening around them.
- Staff do not spend working time in social conversation with colleagues.

- Staff allow time for colleagues to engage in 'sustained shared interaction' with children and do not interrupt activities led by colleagues.
- Sufficient staff are available at story times to engage children.

08 Staff, volunteers and students procedures

08.3 Deployment of volunteers and parent/carer helpers

Volunteers and parent helpers are always under the supervision of a permanent member of staff.

- The setting manager ensures that volunteers and parent helpers are deployed to assist permanent staff.
- Volunteers and parent helpers assist staff in ensuring that the equipment in their designated area is used appropriately and that it is left tidy at the end of the session.
- Volunteers and parent helpers give additional support for busy areas or to track or observe children.
- Volunteers and parent helpers inform colleagues where they are going if they leave the room at any time.
- Volunteers and parent helpers do not have unsupervised access to children unless they have the appropriate DBS clearance.
- Volunteers and parent helpers are deployed in addition to members of staff in the garden/outdoor area when in use.
- The setting manager can direct volunteers and parent helpers to join those outside if the numbers of children warrant additional numbers of staff available.
- Volunteers and parent helpers focus their attention to children at all times.
- Volunteers and parent helpers do not spend time in social conversation with colleagues while they are with children.
- Volunteers and parent helpers allow time for colleagues to engage in 'sustained shared interaction' with children and do not interrupt activities led by colleagues.
- Volunteers and parent helpers are available to support staff at story and other circle times.

08.4 Student placement

Qualifications and training make an important contribution to the quality of care and education. As part of our commitment, we may offer placements to students undertaking relevant qualifications/training. We aim to provide students experiences that will contribute to the successful completion of their studies and provide examples of quality practice in early years care and education.

- The setting manager ensures that students meet the 'suitable person' requirements.
- The setting manager discusses the aim of the placement with the student's tutor prior to the placement commencing. The expectations of both parties are agreed at this point.
- The good character of students under 17 years old is vouched for by the establishment that places them, the setting manager must be satisfied that all relevant checks have been made.
- Students do not have unsupervised access to children.
- Suitable students on long term placements and volunteers (aged 17 or over) and staff working as apprentices in early education (aged 16 or over) may be included in the ratios at the level below their level of study, if the provider is satisfied that they are competent and responsible and if they hold a valid and current PFA qualification.
- Public liability and employer's liability insurance is in place that covers students and voluntary helpers.
- Students are aware of confidentiality.
- Student induction includes how the setting and sessions are managed, and policies and procedures, in particular safeguarding, confidentiality and health and safety.
- Appropriate members of staff co-operate with students' tutors to assist them in fulfilling the requirements of their course of study.
- The setting communicates a positive message to students about the value of qualifications and training.
- The needs of the children and their families remain paramount at all times and students are only admitted in numbers that do not hinder the work of the setting.
- The setting manager ensures that students and trainees on placement are engaged in bona fide early years training, which provides the necessary background understanding of children's development and activities.

09.1a About our childcare – Prospectus

Rixton-with-Glazebrook Prospectus

Welcome to Rixton-with-Glazebrook Pre-School and thank you for registering your child with us.

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

This prospectus aims to provide you with an introduction to Rixton-with-Glazebrook Pre-School, our routines, our approach to supporting your child's learning and development and how we aim to work together with you to best meet your child's individual needs. This should be read alongside our Childcare Terms and Conditions for a full description of our services.

Rixton-with-Glazebrook Pre-School aims to:

- provide high quality care and education for children;
- work in partnership with parents to help children to learn and develop;
- add to the life and well-being of the local community; and
- offer children and their parents a service that promotes equality and values diversity.

Parents

You are regarded as members of our setting who have full participatory rights. These include a right to be:

- valued and respected;
- kept informed;
- consulted;
- involved; and
- included at all levels.

As a voluntary managed setting, we also depend on the good will of parents and their involvement to keep going. Membership of the setting carries expectations on you for your support and commitment.



Children's development and learning

We aim to ensure that each child:

- is in a safe and stimulating environment;
- is given generous care and attention, because of our ratio of qualified staff to children, as well as volunteer helpers;
- has the chance to join with other children and adults to live, play, work and learn together;
- is helped to take forward her/his learning and development by being helped to build on what she/he already knows and can do;
- has a personal key person who makes sure each child makes satisfying progress;
- is in a setting that sees parents as partners in helping each child to learn and develop; and
- is in a setting in which parents help to shape the service it offers.

Early Years Foundation Stage

Provision for the development and learning of children from birth to 5 years is guided by the Early Years Foundation Stage (EYFS). Our provision reflects the four overarching principles of the Statutory Framework for the Early Years Foundation Stage (DfE 2024).

A Unique Child
Every child is a unique child who is constantly learning and can be resilient, capable, confident and self-assured.
Positive Relationships
Children learn to be strong and independent through positive relationships.
Enabling Environments
Children learn and develop well in enabling environments, with teaching and support from adults, who respond to their individual interests and needs and help them to build their learning over time. Children benefit from a strong partnership between practitioners, parents and/or carers.

Learning and Development

Children develop and learn at different rates. The framework covers the education and care of all children in early years provision, including children with special educational needs and disabilities (SEND).

How we provide for learning and development

Children start to learn about the world around them from the moment they are born. The care and education offered by our setting helps children to continue to do this by providing all of the children with interesting activities that are appropriate for their age and stage of development.

The Areas of Learning and Development comprise:

Prime Areas

- communication and language;
- physical development;
- personal, social and emotional development;

Specific Areas

- literacy
- mathematics
- understanding the world
- expressive arts and design

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

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

Personal, social and emotional development

- self regulation;
- managing self;
- building relationships.

Physical development

- gross motor skills;

- Fine motor skills.

Communication and language

- listening, attention and understanding;
- speaking

Literacy

- comprehension;
- word reading;
- writing.

Mathematics

- numbers;
- numerical patterns.

Understanding the world

- past and present;
- people, culture and communities;
- the natural world

Expressive arts and design

- creating with materials;
- being imaginative and expressive.

Our approach to learning and development and assessment

Learning through play

Being active and playing supports young children's learning and development through doing and talking. This is how children learn to think about and understand the world around them. We use the EYFS statutory guidance education programmes to plan and provide opportunities which will help children to make progress in all areas of learning. This programme is made up of a mixture of activities that children plan and organise for themselves and activities planned and led by practitioners.

Characteristics of effective learning

We understand that all children engage with other people and their environment through the characteristics of effective learning that are described in the Early Years Foundation Stage as:

- playing and exploring – engagement;
- active learning – motivation; and
- creating and thinking critically – thinking.

We aim to provide for the characteristics of effective learning by observing how a child engages with learning and being clear about what we can do and provide to support each child to remain an effective and motivated learner.

Assessment

We assess how young children are learning and developing by observing them. We use information that we gain from observations of the children to understand their progress and where this may be leading them. We use a protected app provided by Tapestry (with password protection for both parents and Pre-School staff). This allows parents access to observations at all times. We believe that parents know their children best and we will ask you to contribute to assessment by sharing information about what your child likes to do at home and how you, as parents, are supporting development. You can do this by adding observations to your child's records on Tapestry.

We may make periodic assessment summaries of children's achievement based on our ongoing observations. These help us to build a picture of a child's progress during their time with us and form part of children's records of achievement. We undertake these assessment summaries at regular intervals, as well as times of transition, such as when a child moves into a different group or when they go on to school.

The progress check at age two

The Early Years Foundation Stage requires that we supply parents and carers with a short written summary of their child's development in the three prime areas of learning and development - personal, social and emotional development; physical development; and communication and language - when a child is aged between 24 - 36 months. Your child's key person is responsible for completing the check using information from on-going observations carried out as part of our everyday practice, taking account of the views and contributions of parents and other professionals.

Records of achievement

We keep a record of achievement for each child, known as their "Learning Journey". Your child's "Learning Journey" helps us to celebrate together her/his achievements and to work together to provide what your child needs for her/his well-being and to make progress.

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

How parents take part in the setting

We recognise parents as the first and most important educators of their children. All of the staff see themselves as partners with parents in providing care and education for their child. There are many ways in which parents take part in making the setting a welcoming and stimulating place for children and parents, such as:

- exchanging knowledge about their children's needs, activities, interests and progress with the staff;
- contributing to the progress check at age two;
- helping at sessions of the setting;
- sharing their own special interests with the children;
- helping to provide, make and look after the equipment and materials used in the children's play activities;
- being part of the management of the setting;
- taking part in events and informal discussions about the activities and curriculum provided by the setting;
- joining in community activities in which the setting takes part; and
- building friendships with other parents in the setting.

The parents' rota

We operate a parent/carer helper rota where the parent/carer assists the Pre-School staff with the children.

The rota system is an important part of our group. Having plenty of adults present means that more individual support and attention can be given to each child. Being involved at Pre-School also enables parents and carers to talk to their child about all the new ideas and experiences. This helps your child's confidence and ensures that parents and Pre-School work towards a common objective.

All parents/carers are requested to help with at least one session per half term.

Joining in

Joining the rota is not the only means of taking part in the life of the setting. Parents can offer to take part in a session by sharing their own interests and skills with the children. In the past, parents have visited the setting to: play the guitar for the children; demonstrate the "magic lantern"; give details of different cultures; talk about their work (eg postman, pilot, train driver, farmer) and local horse riders have even brought their horses to show the children!

We welcome parents to drop into the setting to see it at work or to speak with the staff.

Key person and your child

We use a key person approach. This means that each member of staff has a group of children for whom she/he is particularly responsible. Your child's key person will be the person who works with you to make sure that the childcare we provide is right for your child's particular needs and interests. When your child first starts at the setting, she/he will help your child to settle and throughout your child's time at the setting, she/he will help your child to benefit from our activities.

Learning opportunities for adults

As well as gaining childcare qualifications, our staff take part in further training to help them to keep up-to-date with thinking about early years care and education. We also keep up-to-date with best practice, as a member of the Early Years Alliance, through the Under 5 magazine and other publications produced by the Alliance. Relevant information from the Alliance will be shared with parents throughout the year. From time to time the setting holds learning events for parents. These usually look at how adults can help children to learn and develop in their early years.

Our timetable and routines

We believe that care and education are equally important in the experience which we offer children. The routines and activities that make up the session are provided in ways that:

- help each child to feel that she/he is a valued member of the setting;
- ensure the safety of each child;
- help children to gain from the social experience of being part of a group; and
- provide children with opportunities to learn and help them to value learning.

The session

We organise our sessions so that the children can choose from, and work at, a range of activities and, in doing so, build up their ability to select and work through a task to its completion. The children are also helped and encouraged to take part in adult-led small and large group activities which introduce them to new experiences and help them to gain new skills, as well as helping them to learn to work with others.

Outdoor activities contribute to children's health, their physical development and their knowledge of the world around them. The children have the opportunity, and are encouraged, to take part in outdoor child-chosen and adult-led activities, as well as those provided indoors.

We cater for children's individual needs for rest and quiet activities during the day.

Snacks and meals

We make snack and meals a social time at which children and adults eat together. We provide snacks that provide the children with healthy and nutritious food each day. Please tell us about your child's dietary needs and we will make sure that these are met.

Children attending for the full day will need to bring a healthy and nutritious packed lunch. Packed lunches should be provided in a sealed container containing an ice pack. We recognise that some children may require special diets and for this reason children will not be permitted to swap food items. Please be allergy aware and do not include foods containing nuts within your child's packed lunch.

During lunchtimes we will encourage children to eat a healthy and balanced diet. We appreciate parents' support of this policy by providing packed lunches which include items from the following main food groups,

Bread, rice, potatoes, pasta & other starchy foods

Offer a mixture of white and wholegrains, including bread, rolls, pittas, English muffins, tortilla wraps, bagels, naan bread or chappatis and baguettes

Make salads based on pasta, potato, couscous or rice (serve wholegrains at least once a week)

Fruit and vegetables

Include fruit and vegetables, either as part of a salad or sandwich, or to eat on their own

Milk and dairy foods

Include some dairy foods (eg: yoghurt or fromage frais or cheese) to meet calcium needs

Meat, fish, eggs & non-dairy sources of protein

Include lean meats, tuna, oily fish such as salmon, hard-boiled eggs, hummus, beans or pulses, in sandwiches or salads

Foods and drinks high in fat and/or sugar (and salt)

Serve small amounts of these foods a few times a week, not every day in a lunchbox

Offer home baked options such as fruit loaf, cake or biscuits made with cereals or fruit

Avoid salty snacks such as crisps

Drinks

Provide a leak-proof drink container with water, milk or diluted fruit juices (1:10 parts juice to water)

Starting at our setting

Introductory Visit

This visit is designed to enable you and your child to become familiar with the setting, meet with the staff and for you to gain an insight into how the Pre-School is run. Your child's key person will go through your completed registration forms with you during the morning and share any other information you need.

Please plan to stay for this session.

The first days

We want your child to feel happy and safe with us. To make sure that this is the case, your child's key person will work with you to decide on how to help your child to settle into the setting. A leaflet about settling in is included in your registration pack.

Clothing

We provide protective clothing for the children when they play with messy activities. We encourage children to gain the skills that help them to be independent and look after themselves. These include taking themselves to the toilet and taking off, and putting on, outdoor clothes. Clothing that is easy for them to manage will help them to do this.

We expect you to provide your child with a pair of wellies (to be left at Pre-School) and an outdoor coat, so they can enjoy the outdoors whatever the weather. Putting your child's name in their coat/jumpers/wellies etc helps us to help them identify their belongings.

Arrival and Departure Procedures

At 9.00 when Pre-School opens, children are welcomed and registered by the parent/carer. Pre-School will then assume responsibility for the children. At the end of the session, children are signed out by the parent/carer and are handed over by a member of staff. Parents are then responsible whether or not they remain on the premises.

Children will not be allowed home with a person other than the one who normally collects them unless prior instructions from the parent (verbal or written) have been received and noted by a member of staff. In the event of an inappropriate carer arriving to collect a child the Manager will contact the parent for confirmation and deal with the situation at her own discretion. If last minute arrangements are made, contact can always be made with the Pre-School on our mobile phone – **07815 561372**

In the event of a child being collected late, our Uncollected Child Policy will be followed:-

- The parent/carer will be contacted by phone at the close of session.
- Parents will be charged for 2 staff members to stay with their child. Care will be charged at the minimum hourly wage rate for each hour or part thereof that the child is in Pre-School's care.

Absence

If a child is to be absent from Pre-School we ask parents to let us know by 9.00am on the first day of the absence. If we do not receive notification by this time, and the absence is unexplained, we will contact the parent/carer by phone during the morning. If the absence continues to remain unexplained, despite attempts to seek clarification from known contacts, we will follow the procedures set out in our safeguarding policy.

Illness

Some illnesses are highly contagious – we ask all parents to please have regard for other children's and adult's well-being. Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning them to Pre-School. After diarrhoea, parents are asked to keep children home for a minimum of 48 hours or until a formed stool is passed. Pre-School reserves the right to temporarily exclude a child in the event of illness, in order to prevent the spread of infection.

Notification of any infectious disease will be posted on the notice board as soon as it is confirmed.

The management of our setting

Rixton-with-Glazebrook Pre-School is registered with Ofsted to care for children from their 2nd birthday. We are also a registered charity (No 1037874). Pre-School is run by a management committee whose members are elected by the parents of the children who attend Pre-School. The elections take place at our Annual General Meeting. The committee make up the registered person with Ofsted and are responsible for:

- managing our finances;
- employing and managing our staff;
- making sure that we have, and work to, policies that help us to provide a high quality service; and
- making sure that we work in partnership with parents.

The Annual General Meeting is open to the parents of all of the children who attend the setting. It is our shared forum for looking back over the previous year's activities and shaping the coming year's plan.

Fees

Our fees are

Morning session (9.00 – 12.00)	From age 2 until the term following their 3 rd birthday	£23.19
	From the term following their 3 rd birthday	£16.59
Full day session (9.00 – 3.00)	From age 2 until the term following their 3 rd birthday	£46.38
	From the term following their 3 rd birthday	£33.18

Children can attend either for the morning or for the full day and for a minimum of 2 sessions per week. Your child can start any time following their 2nd birthday. We work in close partnership with parents and can offer flexible hours to meet the needs of you and your child. We have no hidden costs – our fees are fully inclusive, so no additional fees are payable for funded hours. Optional additional contributions may be requested for group outings – these will be discussed with you prior to the planned outing.

Please note that from the term following your child's 3rd birthday, Warrington Borough Council provides funding for a maximum number of hours each year. Any hours for which funding is not available will be charged at the rate of £5.53 per hour.

In certain circumstances Warrington Borough Council also provides funding from the term following a child reaching 9 months old. Please speak to a member of staff to check whether you are eligible for this funding. Any hours for which funding is not available in the period up to the term following your child's 3rd birthday will be charged at the rate of £7.73 per hour.

Further details about the funding available, the criteria, relevant timescales and grace periods can be found at <https://www.beststartinlife.gov.uk/childcare-early-years-education/15-and-30-hours-support>

Some children may also be eligible for additional funding through Early Years Pupil Premium and/or the Disability Access Fund – please speak to a member of staff to see if you are eligible – further details can be found at <https://www.gov.uk/get-extra-early-years-funding>

If you are considering splitting your funding between Pre-Schools, a member of staff will discuss this with you and assist in completing the form.

Please note that the funding provided by Warrington Borough Council starts from 1 January, 1 April or 1 September - it is recommended that parents apply well in advance of the relevant deadline to ensure they receive the funding they are eligible for - parents will receive an invoice for any sessions where funding is not provided.

You will be notified of the amount required for any non-funded sessions.

All fees are payable half-termly in advance by BACS (unless prior alternative arrangements have been made with the Manager). Invoices detailing the fees payable will be issued at the start of each half term. You may choose to spread the cost of payment – this can be discussed and agreed with the Manager on receipt of your invoice. Fees continue to be payable if your child is absent. If absence, **due to sickness**, extends into a third week only half payment for this and consecutive weeks is required. If your child is on holiday during Pre-School's term time, **full** fees are still payable. Each child's attendance at the group is conditional upon continued payment of any necessary fees and/or receipt of Warrington Borough Council funding (please see our Non-payment of Fees policy). Four weeks' notice **MUST** be given, in writing, if your child's place is no longer required. Full fees will be charged for the period of notice.

Policies

Our staff will explain our policies and procedures to you. Copies of our policies and procedures are available for you to see in the setting or on our website.

Our policies help us to make sure that the service provided is a high quality one and that being a member of the setting is an enjoyable and beneficial experience for you and your child.

The staff and parents of the setting work together to adopt the policies and they all have the opportunity to take part in the review of the policies, which takes place at the Committee's Annual General Meeting. This review helps us to make sure that the policies are enabling our setting to provide a quality service for its members and the local community.

Information we hold about you and your child

We have procedures in place for the recording and sharing of information [data] about you and your child that is compliant with the principles of the General Data Protection Regulations (2018) as follows:

The data we collect is

1. Processed fairly, lawfully and in a transparent manner in relation to the data subject (you and your family)
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 (you and your family) for no longer than is necessary for the purposes for which the personal data is processed.
6. Processed in a way that ensures appropriate security of the personal data including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

When you register your child with us we will provide you with a privacy notice that gives you further details of how we fulfil our obligations with regard to your data.

Safeguarding children

Our setting has a duty under the law to help safeguard children against suspected or actual 'significant harm'. Our employment practices ensure that people looking after children are suitable to fulfil the requirements of their role and help protect children against the likelihood of abuse in our setting and we have a procedure for managing complaints or allegations against a member of staff.

Our way of working with children and their parents ensures we are aware of any problems that may emerge and can offer support, including referral to appropriate agencies when necessary, to help families in difficulty.

Special needs

To make sure that our provision meets the needs of each individual child, we take account of any special needs a child may have. We work to the requirements of the SEND Code of Practice: 0 to 25 years (2015).

Our Special Educational Needs Co-ordinator is **Elizabeth Patten**.

Suggestions/Comments

We believe that children and parents are entitled to expect courtesy and prompt, careful attention to their needs and wishes. We welcome suggestions on how to improve our setting and will give prompt and serious attention to any concerns about the running of the setting.

We hope that you and your child enjoy being members of Rixton-with-Glazebrook Pre-School and that you both find taking part in our activities interesting and stimulating. The staff are always ready and willing to talk with you about your ideas, views or questions.

**If you have any queries or if we can be of any help, please contact our Manager, Elizabeth Patten on
07815561372**

*Attitudes to learning are formed in a child's Pre-School years.
If enthusiasm and enjoyment can be linked with learning at this
earlier stage of development it will form an invaluable basis for
your child's education, not only at school, but throughout their life.*

09.1c Childcare Registration Form

It is helpful for key persons or setting managers to discuss this form with the parent(s) when the child starts at the setting.

Rixton-with-Glazebrook Pre-School Registration Form

Child's details

Child's first name(s) _____ Surname _____

Name known by _____

Child's full address _____

Gender _____ Date of birth _____ Birth certificate seen and copy made Yes No

Family details

Who does the child live with? _____

Contact details 1 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes No

Parent NI number _____ (for funding purposes only)

Contact details 2 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____

Mobile _____

Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes No

Parent NI number _____

(for funding purposes only)

Other person(s) with legal contact *To be completed where those persons with parental responsibility are separated and/or an S8 Order is in place.*

Name _____

Address _____

Contact telephone numbers _____

Relationship to child _____

Please give details of the legal contact arrangements that we need to be aware of

Collection permission authorisation (other than parents) *Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, we will check before releasing the child. Only those over the age of 16 years can be named as authorised persons.*

Authorised Person 1 (parent/carer) – Name _____

Relationship to child _____

Full address _____

Daytime/work telephone _____

Home telephone _____

Mobile _____

Authorised person 2 (other family member) - Name _____

Relationship to child _____

Full address _____

Daytime/work telephone _____
Home telephone _____ Mobile _____

No Access – Name

Full address _____

Relationship to the child _____

Reason: e.g. court order or other? _____

Evidence seen Yes No

Copy provided Yes No

Emergency contact details for three named contacts – if parents are not available *Only those over the age of 16 years can be named as emergency contacts. Please ensure emergency contacts are local and their consent has been given.*

Contact 1 - Name _____
Relationship to child _____
Address _____
Daytime/work telephone _____
Home telephone _____ Mobile _____

Contact 2 - Name _____
Relationship to child _____
Address _____
Daytime/work telephone _____
Home telephone _____ Mobile _____

Contact 3 - Name _____
Relationship to child _____
Address _____
Daytime/work telephone _____

Home telephone _____

Mobile _____

Health and development

Was your child born prematurely, if so how many weeks early?

Special notes: _____

Does your child have any on-going medical conditions? If so, please specify:

If yes, please specify which external agencies are involved e.g. paediatrician, consultant, dietician, speech and language therapist, etc:

Does your child require a health care plan? Yes No

Special notes _____

Does your child have care or mobility needs that may mean they are eligible for, or are in receipt of Disability Living Allowance? Yes No

Special notes: _____

Do you have any concerns about your child's learning and development? Yes No

If yes, special notes: _____

Is your child known to have any allergies or food intolerances? If so, please specify:

Special notes: _____

A risk assessment is completed and kept on the child's file for any known allergies or food intolerance as mentioned above.

What are your child's dietary requirements? Please specify:

Details of professionals involved with your child

GP

Name _____ Telephone _____
Address _____

Health Visitor (if applicable)

Name _____ Telephone _____
Address _____

Social Care Worker (if applicable)

Name _____ Telephone _____
Special notes _____

Dentist (if applicable)

Name _____ Telephone _____
Address _____

Any other professional who has regular contact with the child

Name	_____	Role	_____
Agency	_____	Telephone	_____
Address	_____		

Two year old progress check/Integrated health check

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and to share it with your child's health visitor. Please note that where a local authority has arrangements in place we complete an integrated check with you and your child's health visitor.

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? Yes No

Key persons

Your child will have a key person assigned to them. It is the key person's responsibility to ensure your child receives the best possible care and attention and to ensure that their records are kept up to date whilst they are with us. Your child's key person may change as they progress through the setting, but you will be

notified of these changes in advance. The key person should be the first point of contact for anything you wish to discuss about your child.

About your child

The following information will tell us a little more about your child.

Does your child have previous experience of attending a childcare setting? If so, please give details:

Does your child have difficulty with walking, talking or socialising? If so, please give details:

Is your child disabled? Yes No

Does your child require a care plan? Yes No

What languages does your child speak at home?

What religion does your family follow (if applicable)? _____

How would you describe your family's cultural background?

Are there any religious or cultural festivals that your child takes part in?

What is your child's usual sleep pattern?

Does your child have any food preferences? Yes No

Does your child have a pacifier i.e. dummy or thumb? Yes No

Does your child have a special toy or object they might bring with them? Yes No

What sort of things does your child enjoy doing at home, i.e. drawing or cooking?

Is there any other background information about your child that may be useful for us to know? For example, how do they prefer to be comforted when they are upset?

Parental Involvement

Pre-School Committee

Rixton-with-Glazebrook Pre-School is a charity and is run by a volunteer committee. We very much appreciate any help you can offer. Please circle any of the following that you would be able to help with:

Be on our committee	Run a fundraising event
Help with upkeep of equipment	Make cakes and otherwise contribute to events

Parent/Carer Rota

We operate a parent/carers helper rota where the parent/carers assist the Pre-School staff with the children and in the kitchen preparing refreshments and washing up.

The rota system is an important part of our group. Having plenty of adults present means that more individual support and attention can be given to each child. Being involved at the Pre-School also enables parents and carers to talk to their child about all the new ideas and experiences. This helps your child's confidence and ensure that parents and Pre-School work towards a common objective.

All parents/carers are requested to help with at least one duty per half term. Please indicate below which sessions you are able to help at:

Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon

Further information

I confirm that information about the setting's policies and procedures has been made available and explained to me, and I understand I can find more information as to how my personal data is handled through the Privacy policy.

For parent(s)/guardian(s) under the age of 18, a guarantor aged over 18, must also sign this form on your behalf. The agreement would therefore be between the setting, you, and the guarantor.

Please sign below to indicate that the information on this form is accurate and that you will notify us of any changes as they arise.

Parent's name: _____

Signed _____

Date _____

Guarantor's name (if app) _____

Signed _____

Date _____

Relationship to the child _____

Daytime/work telephone _____

Mobile _____

Email _____

Home address _____

Setting manager's name: _____

Signed _____

Date _____

Please note that the information on this form is stored and maintained confidentially at all times.

09.1d Childcare terms and conditions

Rixton-with-Glazebrook Pre-School Terms and Conditions

The document and the terms and conditions within it govern the basis on which Rixton-with-Glazebrook Pre-School (referred to here as 'we') agree to provide childcare services to parent(s)/guardian(s) (referred to as 'you').

Only a parent/guardian with parental responsibility for a child can register that child for a childcare place with us. We will ask to see your child's birth certificate, or other relevant documentation, to confirm that you have parental responsibility for the child as part of our registration process.

Our details:

Rixton-with-Glazebrook Pre-School

Glazebrook Methodist Church

Glazebrook Lane

Glazebrook

Warrington

WA3 5AY

Telephone: 07815 561 372

Email: r-w-gpreschool@outlook.com

Ofsted URN: 2551871

Charity registration number: 1037874

Insured by: Royal & Sun Alliance Insurance plc

Insurance policy number: RTT209838

Your details:

Full name of parent/guardian (1) _____

Address _____

Telephone _____ Email _____

Full name of parent/guardian (2) _____

Address _____

Telephone _____ Email _____

Full name of child _____ Date of birth _____

Our offer for a childcare place for your child:

Expected start date of child's
place _____

Settling in
period _____

Agreed hours:

	Monday	Tuesday	Wednesday	Thursday	Friday
Agreed times of attendance					
Total daily hours					

Offered during term time

First payment due

Will the child receive nursery education funding Yes No

Details of any other funding provided by other third parties (e.g. employers childcare vouchers)

Terms and conditions

1.0 Our obligation to you

- 1.1 We will inform you as soon as possible whether your application for a place has been successful. You must confirm within one week of receiving notification that you still wish to take up a place. If you do not then the offer of a place may be withdrawn.
- 1.2 We will provide the agreed childcare facilities for your child at the agreed times (subject to any days when we are closed). If we change the opening hours, we will give you as much notice of our decision as possible and, if necessary, will work with you to agree a change to your child's hours of attendance.
- 1.3 We will adhere to the principles of the General Data Protection Regulations (2018) when collecting and processing information about you and your child. We explain how your data is processed, collected, kept up-to-date in our Privacy Notice which is given to you at the point of registration.
- 1.4 We will try to accommodate any requests you may make for additional sessions and/or extended hours of childcare.
- 1.5 We will notify you as soon as possible of any days we will be closed.
- 1.6 We will provide you with regular updates as to your child's progress.

2.0 Your obligation to us

- 2.1 You are required to complete and return our *Application to Join and Registration Form* to us before your child can start with us.
- 2.2 You are required to notify us immediately of any changes to the information you have provided to us and keep us informed of any other necessary information that may affect the childcare that we provide for your child.
- 2.3 The *Registration Form* includes emergency treatment authorisation, which you will need to complete prior to your child attending.
- 2.4 You are required to immediately inform us if your child is suffering from any contagious disease, or if your child has been diagnosed by a medical practitioner with a notifiable disease. For the benefit of other children attending you must not allow your child to attend whilst they are contagious and pose a risk to other children during normal daily activities.
- 2.5 You are required to inform us of the identity of the persons who will be collecting your child. If the person who is due to collect your child is not usually responsible for collecting them we will agree with you how to verify the identity of the person who is to collect your child. If we are not reasonably satisfied that the person collecting your child is who we were expecting, we will not release your child into their care until we have checked with you.
- 2.6 You are required to inform us immediately if you are not able to collect your child by the official collection time. You should make arrangements for another authorised person to collect your child as soon as possible. A late payment charge will be applied; please refer to our policies for details.
- 2.7 You are required to inform us as far in advance as possible of any dates on which your child will not be attending.
- 2.8 You are required to provide us with at least 4 weeks' notice of your intention to decrease the number of hours your child attends or to withdraw your child (and end this Agreement). If insufficient notice is given you will be responsible for the full fees for your child for 4 weeks from the date of notice. If you are ending this Agreement, notice must be given by completing our *Notification of Leaving Date* form which is available on request.
- 2.9 You are required to inform us if your child is the subject of a court order - please provide us with a copy of such order on request.
- 2.10 You should read our policies and procedures provided for parents – available for you at the setting.

3.0 Payment of fees

- 3.1 Our fees are based on an hourly fee that shall be notified to you in advance of your child starting. We may review these fees at any time but shall inform you of the revised amount at least 4 weeks before it takes effect. If you do not wish to pay the revised fee, you may end this Agreement by giving us 4 weeks notice, by completing our *Notification of Leaving Date* form which can be obtained from our setting manager.
- 3.2 Fees must be paid $\frac{1}{2}$ termly, in advance.

- 3.3 All payments made under the Agreement should be by BACS unless payment by cheque is agreed with us in advance. All payment, regardless of method, shall be made by you by the date shown on your invoice (the due date).
- 3.4 Our Non-payment of Fees policy sets out the procedures we will follow if fees are not paid within 5 days of the due date. In line with this policy we may terminate this Agreement if fees remain outstanding. Upon termination of this contract the child shall cease forthwith to be admitted, and the notice to so terminate shall be regarded as a formal demand for outstanding monies.
- 3.5 If you have requested additional sessions or have been unable to collect your child by the official collection time and we have as a result provided you with additional childcare facilities, we will raise the applicable charges under a separate invoice for payment.
- 3.6 No refund will be given for periods where the place is unfulfilled due to holidays.
- 3.7 We accept no liability for other costs which you incur if we are unable to provide childcare for any reason.
- 3.8 Additional ad-hoc extended hours will be issued on a first come, first served basis and must be paid for in advance.
- 3.9 Funded entitlement is delivered as stipulated in our Local Authority Model Agreement and meets the requirement for us to communicate details about the days, and times we offer funded places, along with our services and charges, as per these terms and conditions.
- 3.10 Optional additional contributions may be requested for group outings – these will be discussed with you prior to the group outing.

4.0 Suspension of a child

- 4.1 We may suspend the provision of childcare to your child at any time if you have failed to pay any fees due.
- 4.2 If the period of suspension for non-payment of fees exceeds a half term, either of us may terminate this Agreement by giving written notice, which will take effect on receipt of the notice.
- 4.3 We do not support the exclusion of any child on the grounds of behaviour. However, if your child's behaviour is deemed by us to endanger the safety and well-being of your child and/or other children and adults, it may be necessary to suspend the provision of childcare whilst we try to address these issues with you and external agencies as appropriate.
- 4.4 During any period of suspension for behaviour-related issues we will work with the local authority and where appropriate other welfare agencies to identify appropriate provision or services for your child.
- 4.5 If your child is suspended, under the conditions stated in clause 4.3 we shall give you a credit for any fees you have already paid for the remaining part of that ½ term. This sum may be offset against any sums payable by you to us.

5.0 Termination of the Agreement

- 5.1 You may end this Agreement at any time, giving us at least 4 weeks' notice by completing the 'Notification of Leaving Date' form.
- 5.2 We may immediately end this Agreement if:
 - 5.2.1 You fail to pay your fees;
 - 5.2.2 You breach any of your obligations under this Agreement and you have not or cannot put right that breach within a reasonable period of time after we have drawn it to your attention;
 - 5.2.3 You behave unacceptably, as we do not tolerate any physical or verbal abuse or threats towards staff;
 - 5.2.4 We take the decision to close. We will give you as much notice as possible in the event of such a decision.
- 5.3 It may become apparent that the support we are able to offer your child is not sufficient to meet his/her needs. In these circumstances we will work with you, the local authority and other welfare agencies as per our procedures to identify appropriate support, at which point we may end this Agreement.
- 5.4 You may end this Agreement if we have breached any of our obligations under this Agreement and we have not or cannot put right that breach within a reasonable period after you have drawn it to our attention.

6.0 General

- 6.1 If we have to close or we take the decision to close due to events or circumstances beyond our control (e.g. extreme weather conditions) fees will continue to be payable in full and we shall be under no obligation to provide alternative childcare to you. If the closure exceeds three consecutive days in duration (excluding any days when we would otherwise have been closed), we will credit you with an amount that represents the number of days closed in excess of three days.
- 6.2 If you have any concerns regarding the services we provide, please discuss them with your child's key person. If these concerns are not resolved to your satisfaction, please contact the manager. Your satisfaction with our service is very important to us and any concerns or complaints will be reported to the appropriate line manager for review.
- 6.3 From time to time we will take images and video recordings of the children who attend. The images used for children's individual development records are stored securely whilst your child is with us. Before using any recordings of your child for training, publicity or marketing purposes, we would always seek your written consent for each image we intend to use.
- 6.4 We reserve the right to refuse to admit your child if they have a temperature, sickness and diarrhoea or a contagious infection or disease on arrival at our setting, or to ask you to collect your child if they become unwell whilst in our care, in line with our *Poorly Children Policy*.
- 6.5 Food and drink is provided on the premises, and as cross contamination cannot be ruled out, a risk assessment is conducted for children with any known allergies.
- 6.6 Normally we seek your consent before sharing information about your child with any other professional or agency. We are required to share any information with the local authority and other relevant agencies if there are any safeguarding concerns about your child. In certain situations, we

may not seek consent prior to sharing information, or we may, in certain specified circumstances override a refusal to give consent.

- 6.7 You must avoid making any social media communications that could damage our business interests or reputation, even indirectly or link us to any political movement or agenda.
- 6.8 You must not use social media to defame or disparage us, our staff or any third party; to harass, bully or unlawfully discriminate against staff or third parties; to make false or misleading statements; or to impersonate staff members of the setting or other related third parties.

7.0 This Agreement

- 7.1 We reserve the right to vary the terms and conditions contained in this Agreement
- 7.2 This Agreement contains the full and complete understanding between the parties and supersedes all prior arrangements and understanding whether written or oral relating to the subject of this Agreement except to the extent that we vary terms from time to time.
- 7.3 Acceptance of a place will be deemed as acceptance by you of these terms and conditions.

Acceptance of our offer of a childcare place

Please sign below to indicate that you have read and understood the above terms and conditions and to confirm your acceptance of a childcare place with us for your child.

For parent(s)/guardian(s) under the age of 18, a guarantor aged over 18, must also sign the contract on your behalf. The contract would therefore be between Rixton-with-Glazebrook Pre-School, you and the guarantor. A copy of this completed and signed contract will be provided to each signatory.

Parent name 1

Signed

Date

Parent name 2

Signed

Date

Guarantor name (where applicable)

Signed

Date

Relationship to the child

Home address

Daytime/work telephone

Mobile

Email

Signed on behalf of Rixton-with-Glazebrook Pre-School

Signed

Date

Name

Role (Manager or Assistant Manager)

Commencement date of agreement: _____

09 Childcare practice procedures

09.2 Attendance and Absence

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

There are several reasons why a child may be absent from a setting. In most cases it is reasonable to expect that parents/carers alert the setting as soon as possible, or in the case of appointments and holidays give adequate notice. The Attendance and Absence Policy is shared with parents and carers, and they are advised that they should contact the setting within 15 minutes of the time the child would have been expected, to advise of their absence. Designated persons must also adhere to Local Safeguarding Partners (LSP) requirements, procedures and contact protocols for children who are absent or missing from childcare.

- If a child who normally attends fails to arrive and no contact has been received from their parents, or if the child is absent for a prolonged period of time, the designated person, takes immediate action to contact them to seek an explanation for the absence and be assured that the child is safe and well.
- Attempts to contact the child's parents or other named carers continue throughout the day on the first day of absence.
- If no contact is made with the parents and there is no means to verify the reason for the child's absence i.e. through a named contact on the child's registration form, this is recorded as an unexplained absence on the child's personal file and is followed up by the manager each day until contact is made.
- If contact has not been made, and we have any reason for concern about a child's wellbeing and welfare, children's services will be contacted for advice about making a referral. Other relevant services may be contacted as per LSP procedures.
- All absences are recorded on the child's personal file with the reason given for the absence, the expected duration and any follow up action taken or required with timescales.
- Absence records will be monitored to identify patterns and trends in children's attendance. An understanding of the child's and family's individual circumstances will inform the setting's judgement in determining what constitutes a 'prolonged period of absence'.
- Absence records are retained for at least three years, or until the next Ofsted inspection following a cohort of children moving on to school.

If at any time further information comes to light that gives cause for concern, procedure 06.1 Responding to safeguarding or child protection concerns is immediately followed.

Safeguarding vulnerable children

- The designated person or key person attempts to contact the parents to establish why the child is absent. If contact is made and a valid reason given, the information is recorded in the child's file.
- Any relevant professionals involved with the child are informed, e.g. social worker/family support worker.
- If contact is made and the designated person is concerned that the child is at risk, the relevant professionals are contacted immediately. The events, conversation and follow-up actions are recorded. If contact cannot be made, the designated person contacts the relevant professionals and informs them of the situation.
- If the child has current involvement with social care, the social worker is notified on the day of the unexplained absence.
- If at any time information comes to light that gives cause for concern, 06 Safeguarding children, young people and vulnerable adults procedures are followed immediately.

Safeguarding

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

Poor/irregular attendance

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

- In the first instance the setting manager should discuss a child's attendance with their parents to ascertain any potential barriers i.e. transport, working patterns etc and should work with the parent/s to offer support where possible.
- If poor attendance continues and strategies to support are not having an impact, the setting manager must review the situation and decide if a referral to a multi-agency team is appropriate.
- Where there are already safeguarding and welfare concerns about a child or a child protection plan is in place, poor/irregular attendance at the setting is reported to the Social Care worker without delay.

In the case of funded children the local authority may use their discretion, where absence is recurring or for extended periods, taking into account the reason for the absence and impact on the setting. The setting manager is aware of the local authority policy on reclaiming refunds when a child is absent from a setting.

09.7 Prime times – Snack-times and mealtimes

Children are supervised during mealtimes and always remain within sight and hearing of staff and where possible should be sat facing children whilst they are eating so they can make sure children are eating in a way to prevent choking and also prevent food sharing and be aware of any unexpected allergic reactions. A member of staff with a valid paediatric first aid certificate is always present at mealtimes and there is a named person responsible for ensuring that the food provided meets each child's needs.

Snack times

- A 'snack' is prepared mid-morning and can be organised according to the discretion of the setting manager e.g. picnic on a blanket.
- Children may also take turns to help set the table.
- Children wash their hands before snack and use hand-gel after eating.
- Fruit or raw vegetables, such as carrot or tomato, are offered in batons. Bananas and other foods are not cut as rounds but are sliced to minimise a choking hazard.
- Portion sizes are gauged as appropriate to the age of the child.
- Very occasionally biscuits are offered, but toast, rice cakes or oatcakes are good alternatives.
- Staff join in conversation and encourage children's independence where possible by allowing them to pour drinks, butter toast, cut fruit etc.

Mealtimes

- Tables are never overcrowded during mealtimes.
- Children are always within sight and hearing of staff at mealtimes and where possible sat facing them while they are eating.
- There is a Paediatric First Aider present at children's meal and snack times.
- Children wash their hands and sit down as food is ready to be served.
- Staff who are eating with the children role-model healthy eating and best practice at all times, for example not drinking cans of fizzy drinks in front of the children.
- Children are given time to eat at their own pace and are not hurried to fit in with adults' tasks and breaks. They are not made to eat what they do not like and are only encouraged to try new foods slowly.
- In order to protect children with food allergies or specific dietary requirements, children are discouraged from sharing and swapping their food with one another.
- If children do not eat their main course, they are not denied pudding. Food is not used as a reward or punishment.

- Mealtimes are relaxed opportunities for social interaction between children and the adults who care for them.
- Children use hand gel after lunch.
- Information for parents is displayed on the parent's notice board, including weekly menus with identification of any foods containing allergens

09 Early years practice procedures

09.8 Prime times – Intimate care and nappy changing

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

Young children, intimate care, and toileting

- Young children from two years may be put into ‘pull ups’ as soon as they are comfortable with this and if parents/carers agree.
- Changing areas are warm, appropriately sited and there are safe areas to lay young children if they need to have their bottoms cleaned.
- Members of staff put on aprons before changing starts and the area is prepared, gloves are always worn for soiled nappies.
- All members of staff are familiar with the hygiene procedures and carry these out when changing nappies.
- If children refuse to lie down for nappy change, they can be changed whilst standing up, providing it is still possible to clean them effectively.
- Each young child has his/her own bag to hand with their nappies/pull ups and changing wipes.
- Staff ensure that nappy changing is relaxed and a time to promote independence in young children.
- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- They are encouraged to wash their hands and have soap and paper towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Staff are gentle when changing and avoid pulling faces and making negative comment about the nappy contents.
- Wipes or cotton wool and water are used to clean the child. Where cultural practices involve children being washed and dried with towels, staff aim to make reasonable adjustments to achieve the desired results in consultation with the child’s parents/carers. Where this is not possible it is explained to parents/carers the reasons why. The use of wipes or cotton wool and water achieves the same outcome whilst reducing the risk of cross infection from items such as towels that are not ‘single use’ or disposable.
- Staff do not make inappropriate comments about young children’s genitals when changing their nappies.

- Sometimes a child may have a sore bottom. This may have happened at home because of poor care; or the baby may have eaten something that, when passed, created some soreness. The child also may be allergic to a product being used. This must be noted and discussed with the parent and a plan devised and agreed to help heal the soreness. If a medicated nappy cream such as Sudocrem is used, this must be recorded and reported to the parent.
- Older children use the toilet when needed and are encouraged to be independent.
- Members of staffs do not wipe older children's bottoms unless there is a need, or unless the child has asked.
- Parents/carers are encouraged to provide enough changes of clothes for 'accidents when children are potty training.
- Spare clothes are kept by the setting, and are clean, in good condition and are in a range of appropriate sizes.
- If young children are left in wet or soiled nappies/pull-ups in the setting, this may constitute neglect and will be a disciplinary matter.
- Following a nappy change, staff complete the relevant section on Tapestry.

Nappy changing is always done in an appropriate/designated area. Children are not changed in play areas or next to snack tables. If there are limitations for nappy change areas due to the lay-out of the room or space available this is discussed with the setting manager's line manager so that an appropriate site can be agreed that maintains the dignity of the child and good hygiene practice.