**Admissions, Settling in, Transitions, Partnerships with parents, Keyworkers.**

**PARENT/GUARDIAN PARTNERSHIP**

The importance of continuity and communication between home and the Nursery cannot under estimated.  Our aim is to develop an honest, open and supportive relationship with you which complements life in your home rather than contradicts it.  We are very aware of our influence as role models for your child and without your extensive knowledge of your child we would be unable to enhance your child's development.  Nursery staff are always available to discuss your child and their development.

We will:

1. We understand that the parents or guardians are the most important people in a child's life and that parents know their child best.
2. It is important that there is an ongoing frank and open exchange of information about each child between the parents and the nursery so that each child can be given the care and attention that meets its own unique needs.
3. We respect the parent's right to work
4. It is our policy to respect each child's family beliefs, traditions and wishes for the care of their children.
5. There is a written contract with parents covering the expected care of the child, activities and opportunities and business arrangements.
6. We will arrange back-up cover for emergencies and will be as flexible as is practical with arrival and collection times and in providing out of contracted hours care in exceptional circumstances.
7. We consider continuity and routine to be very important in the child's emotional and social development and thus understand children's need for ongoing care with the same carer.
8. Make all new parents aware of the nursery’s policies and consult with all parents/ carers about the times of meetings to avoid excluding anyone.
9. Ensure that parents are informed on a regular basis about their child’s progress. Parents will be informed of their child’s Key worker so that information can be exchanged daily (Parents are welcome to join any session to observe their child playing and learning).
10. Ensure that all parents have opportunities to contribute from their own skills, knowledge and interests to the activities of the group.
11. Welcome the contributions of parents in whatever form these may be.
12. Involve parents in shared record keeping about their own child, either formally or informally.
13. Ensure that all parents are fully informed about meetings, conferences, workshops and training through displays on the notice board and website.
14. Provide opportunities for parents to learn about the nursery school curriculum and about young children’s learning, in the nursery school and at home.
15. We use tapestry to enable parents to have access to the observations recorded on their children. Tapestry allows staff to post pictures of the children engaging in activities and has the option for parents to post their own comments.
16. We have recently sent parents an online questionnaire asking for feedback on their opinion of the nursery. We are committed to listening to ideas and advice from parents and would happily implement these in to our nursery day if we felt it would enhance our practice.
17. Every third month we invite parents to join us for a coffee morning. The dates are displayed on the parents notice board. It’s an informal opportunity for parents to talk with keyworkers, look at the children’s work, observe them playing with their friends and socialise with the other parents.
18. Parents receive monthly newsletters notifying them on what has been happening at the nursery, up and coming events and festivals and reminders. In addition to these newsletters we also send via email “what the children have been doing this week” updates.

**Key workers**

The nursery has a key worker system in operation. Your child will be given a member of staff who will be responsible for the initial settling-in period, this will enable your child to form a bond with his/her key-worker. Your child's key-worker will also be responsible for keeping a developmental record of your child’s progress. However, please note that the key-worker does not have sole charge of your child throughout the day and at times they will not be the person giving you feedback at the end of each day. Key workers will complete your children’s learning journal using an on line system called Tapestry. Key workers will begin making observations on your children to really get to know your child and document the information they find. Once they feel they have gotten to know your child they will start planning exciting and interesting activities of interest for the children. All parents will be given log in details for Tapestry so they can read all about what their child has done at nursery, see photos and contribute to the observations written by keyworkers.

Development reports are written by keyworkers when your child turns two this is to ensure your child is on track with their development or flag up an area of concern. Further reports are written when your child moves classrooms and again when the leave us to start school.

If there are any concerns regarding your child’s development, we would like to invite you in for a meeting to discuss strategies to encourage development or if agreed to make a referral to an external agency. We would always keep parents updated on the progress of any referrals made and of course continue to observe the child and record what we see.

**ADMISSIONS POLICY**

We operate an inclusion and equality policy and ensure that all children have access to nursery places and services irrespective of their gender, race, ability, religion or the parent’s sexual orientation.

Every child wanting to attend the setting will be treated as individuals.  In some cases, children are placed on a waiting list. All children may attend full or part time. We offer flexible sessions to accommodate the needs of individual children and families.

If a child is known to have special additional needs before they begin the setting, discussions will be made with both parent/carers and all other agencies involved, ascertaining the additional requirements of the child to ensure that the child has the best support from the setting from the moment they start here.

Where possible the child will be introduced gradually to the nursery through settling in sessions. During these sessions the parents/carers must complete an ‘All about me form’ indicating any other agencies that may be involved and a registration form.

**Settling In Policy**

This policy represents the agreed principles for Settling In throughout the Nursery. All Nursery staff, representing Stars Nursery have agreed this policy.

Stars Nursery offers flexible sessions. The morning sessions and afternoon sessions are for children from two years and over.  We want children to feel safe and happy in the absence of their parents, to recognise other adults as a source of authority, help and friendship and to be able to share with their parents afterwards the new learning experiences enjoyed in the Nursery school.   The Key worker is extremely effective in helping a child settle at the nursery.  During the sessions your childs keyworker will spend the time getting to know you and your child to help them feel comfortable and safe and nursery.

We aim to ensure your child's introduction to our setting is as stress free as possible. Once a place has been offered, we aim to achieve this by inviting you and your child to visit the nursery prior to your child's official start date. When the child is due to start we will encourage them to come to the nursery for a visit, this helps to familiarise your child with the nursery, the nursery staff and the other children, and provides the opportunity to give your journey a trial run.

A child who is tense or unhappy will not be able to play or learn properly, so it is important for parents/carers and staff to work together to help the child feel confident and secure in the group. This takes longer for some children and parents/carers should not feel worried if their child takes a while to settle. You must be prepared to accept that it may take some time for your child to adjust to the nursery but very few children fail to settle eventually. We find that staying with your child and then leaving him/her for short periods eases the separation process. Please remember, the more your child comes and experiences the activities on offer and sees you interacting with the staff, the more settled s/he will feel.

**Settling In Procedure (am)**

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| Day 1:  9.30am – 10.30am   | We suggest that you stay with your child and spend an hour together in the nursery setting. This will normally be enough for your child's first day. Ideally parents should try to leave the room for the final 15 minutes to give the child a brief experience of being left at the setting.  |
| Day 2:  9.30am - 10.30am              | You will be invited to bring your child for one hour in the nursery setting. All being well, you will be encouraged to leave your child after 15 minutes to see how well they manage on their own for a slightly longer period.  |

**TRANSTIONAL** **PROCEDURE**

Starting nursery, moving from one room to another, changing settings or starting school is an exciting time for children, but can also be a challenging and anxious time for both children and their parent/carers. We are committed to putting the needs of the child first whilst working with each other, parents/carers and other professionals to make transitions as smooth as possible for all concerned. By ensuring that all of things are in fully in place we hope to make all transitions for children and their parents/carers as stress free as possible.

**Transition from room to room**

Although children moving from room to room are comfortable in the nursery we still see this as an important transition for them and the move is planned and carried out in a way that meets the needs of each individual child.  Children normally transfer to the next room on the term before their 2nd and 3rd birthday. Prior to these children will visit the room with their key person. They will stay with them, to ensure that they are happy. They will also show them the toilets, new peg.  The child’s current key person will share relevant information with the new key person They will also pass on the child’s Learning Journal along with their record at time of transfer grid.  A Transition report will be passed on from the child’s key person containing information such as sleep times, allergies and dietary requirements. This will help all staff members in the next room in meeting the needs of the child.  The child will continue visits into the room with less support from their key person and for longer periods of time, these will be determined according to each individual child.

The child’s new key person will introduce themselves to the child’s parent/carer and give them any information that they may require.

**Transition to School**

The move from nursery to school is a big step for both children and their parents/carers. Being in the grounds of a school we have close links with them and the majority of the children that leave us feed into the Infant school. We ensure smooth transitions by:  The manager and key workers have a meeting with the head of the foundation stage to discuss the children’s needs and support their transition.  The key workers complete transition to school reports which are discussed with parents at the parents evening, signed by parents and given to the school with the My development matters charts.  These enable the school to continue supporting each individual child’s needs. The teachers from Wolfson Hillel will come into our nursery and talk through our reports and observe the children who will be leaving us and joining them whilst in our setting. If we feel it would benefit the child’s transition, we would ask the school if we could accompany the child into their setting to allow the child to familiarise themselves with their new setting.

**Transition to another Setting**

Sometimes children will move to a new setting. In this situation we will ensure that the child’s Learning Journal and record at the time of transition grid is fully up to date and ready to pass on to the new setting. If needed, and with the parent’s/carers permission we are always available to talk with the new setting and share any information that may be deemed useful.

 Nutrition and Mealtimes

At Stars Nursery we believe that mealtimes should be happy, social occasions for children and staff alike. We promote shared, enjoyable positive interactions at these times.

We are committed to offering children healthy, nutritious and balanced meals and snacks which meet individual needs and requirements.

We will ensure that:

1. A balanced and healthy breakfast, midday meal, tea and two daily snacks are provided for children attending a full day at the nursery
2. Menus are planned in advance. These are displayed for children and parents to view. All our meals are vegetarian or a fish meal.
3. We provide nutritious food at all snack and meal times, avoiding large quantities of fat, sugar, salt and artificial additives, preservatives and colourings
4. Menus include at least 2 servings of fresh fruit and vegetables per day
5. Fresh drinking water is always available and accessible. It is frequently offered to children and babies and intake is monitored. In hot weather staff will encourage children to drink more water to keep them hydrated
6. Individual dietary requirements are respected. We gather information from parents regarding their children’s dietary needs, including any special dietary requirements, preferences and food allergies that a child has and any special health requirements, before a child starts or joins the nursery. Where appropriate we will carry out a risk assessment in the case of allergies and work alongside parents to put into place an individual dietary plan for their child. Children with severe allergies are offered a sandwich (made by the nursery) or the option of bringing in a packed lunch from home (Vegetarian/Fish). Please see allergy policy for more information.
7. We give careful consideration to seating to avoid cross contamination of food from child to child. Where appropriate an adult will sit with children during meals to ensure safety and minimise risks. Where appropriate, age/stage discussions will also take place with all children about allergies and potential risks to make them aware of the dangers of sharing certain foods
8. Staff show sensitivity in providing for children’s diets and allergies. They do not use a child’s diet or allergy as a label for the child, or make a child feel singled out because of her/his diet or allergy
9. Staff set a good example and eat with the children and show good table manners. Meal and snack times are organised so that they are social occasions in which children and staff participate in small groups. During meals and snack times children are encouraged to use their manners and say 'please' and 'thank you' and conversation is encouraged
10. Staff use meal and snack times to help children to develop independence through making choices, serving food and drink, and feeding themselves
11. Staff support children to make healthy choices and understand the need for healthy eating
12. Any child who shows signs of distress at being faced with a meal he/she does not like will have his/her food removed without any fuss. If a child does not finish his/her first course, he/she will still be given a helping of dessert unless we have been asked by the parents for this not to happen.
13. Children not on special diets are encouraged to eat a small piece of everything
14. Children who refuse to eat at the mealtime are offered food later in the day
15. Children are given time to eat at their own pace and not rushed
16. Quantities offered take account of the ages of the children being catered for in line with recommended portion sizes for babies and young children
17. We promote positive attitudes to healthy eating through play opportunities and discussions
18. The nursery provides parents with daily written records of feeding routines for all children under 2.
19. No child is ever left alone when eating/drinking to minimise the risk of choking
20. We will sometimes celebrate special occasions such as birthdays with the occasional treat of foods such as cake, sweets or biscuits. These will be given at mealtimes to prevent tooth decay and not spoil the child’s appetite. Where we have frequent birthdays and celebrations we consider other alternatives such as celebrating through smiles and praise, stickers and badges, choosing a favourite story, becoming a special helper, playing a party game, dancing and/or singing their favourite song
21. We do allow allow parents to bring in cakes on special occasions as long as it is strictly kosher. We ensure that all food brought in from parents meets the above and health and safety requirements and ingredients that are listed within the Food Information for Consumers (FIR) 2014 and detailed in the allergens policy and procedure
22. All staff who prepare and handle food are competent to do so and receive training in food hygiene which is updated every three years
23. In the very unlikely event of any food poisoning affecting two or more children on the premises, whether or not this may arise from food offered at the nursery, we will inform Ofsted as soon as reasonably practical and in all cases within 14 days. We will also inform the relevant health agencies and follow any advice given.

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| **This policy was adopted on** | **Signed on behalf of the nursery** | **Date for review** |
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 **Stars Nursery Allergies and Allergic Reactions Policy**

As a Nursery we are aware that some children may have allergies which may cause allergic reactions. We will therefore ensure all staff follow this policy to ensure allergic reactions are minimised or where possible prevented and staff are confident and fully aware of how to support a child who may be having an allergic reaction.

• Staff will be made aware of the signs and symptoms of a possible allergic reactions, in the case of an unknown or first reaction in a child. These may include red rash, hives, nausea, stomach pains, diarrhoea, itchy skin, runny eyes, shortness of breath, chest pain, swelling of the mouth and tongue, wheezing and anaphylaxis.

 • Information will be passed on by the parents to the child key person from completing an allergy information sheet on the child first settle session at nursery. The allergy information sheet will contain information about the child allergy, the signs and symptoms and medical procedure to follow. The parent will then go on to complete a care plan to records further emergency procedures and what medication to give if they have an allergic reaction. All information retained from the parent on these forms will be shared with all staff who care for the child.

• Each child will be issued if required with a medicine bag containing information about the child’s allergy and the correct up to date medicine to give in an emergency with the correct dose stated.

• All food prepared for a child with a specific allergy will be prepared separately and in an area where there is no chance of contamination and served on equipment that has not been in contact with this specific food type.

• The manager and parents will work together to ensure a child with specific food allergies receives no food at nursery that may cause them harm. This may involve creating a separate menu for children with multiple food allergies. For those with severe allergy and an adrenalin auto injector medicine the child will not be able to have a hot nursery meal but may have either a packed lunch bought in from home (Vegetarian or Fish) or a sandwich made for them at nursery.

 • Children with allergies will have their food served on a green plate at all times to prevent the allergen coming in to contact with the child.

. The staff will then be responsible for ensuring the child receives the correct food. Staff will sit with the child who has the allergy and to ensure that the child’s meal does not become contaminated with the food allergen from other children’s plates.

To minimise the level of risk staff will remind parents not to bring in food from home and will do their best to ensure that food with allergens is not dropped by other children after meal times as this can be a risk to those with allergies.

• If a child has an allergic reaction to food, bee sting ,plant etc, that requires an auto-injector pen, then at least 4 members of staff including the manager will receive specific medical training to be able to administrator the treatment to each individual child. At a minimum at least one member of staff in each room will also have a Paediatric First Aid qualification.

 • A sick child above all needs their family, so every effort will be made to contact a family member as soon as possible and the child’s emergency procedure on their individual care plan needs to be followed and the critical medicine given.

• If the allergic reaction is severe a member of staff will contact the emergency services immediately. Nursery staff will not attempt to transport a sick/ injured child in any nursery vehicles. • Whilst waiting for an ambulance, we will contact and arrange to meet parents at the hospital.

• A member of staff must accompany the child and collect together registration forms, relevant medication sheets and medication and child’s belongings. All other children will be distracted and moved away from the incident.

• Staff must remain calm at all times, children who witness an allergic reaction may well be affected by the incident will be given cuddles and lots of reassurance.

• All incidents will be recorded, shared and signed by the parent at the earliest opportunity.

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Accidents and First Aid

At Stars Nursery we aim to protect children at all times. We recognise that accidents or incidents may sometimes occur. We follow this policy and procedure to ensure all parties are supported and cared for when accidents or incidents happen; and that the circumstances of the accident or incident are reviewed with a view to minimising any future risks.

Accidents

Location of accident files: is in the manager’s office

1. The person responsible for reporting accidents, incidents or near misses is the member of staff who saw the incident or was first to find the child where there are no witnesses. They must record it on an Accident Form and report it to the nursery manager. The nursery has begun to use Tapestry (as from August 2019) to log all accident and incident forms. This helps to limit the amount of paperwork needing filing and storing. For all accidents that occur at collection times paper forms will be completed to ensure that parents have been notified at collection of their child’s accident. Other staff who have witnessed the accident may also countersign the form and, in more serious cases, provide a statement. This should be done as soon as the accident is dealt with, whilst the details are still clearly remembered. Parents must be shown the Accident Report, informed of any first aid treatment given and asked to sign it on the same day, or as soon as reasonably practicable after
2. The nursery manager reviews the accident forms at least monthly/ for patterns, e.g. one child having a repeated number of accidents, a particular area in the nursery or a particular time of the day when most accidents happen. Any patterns will be investigated by the nursery manager and all necessary steps to reduce risks are put in place
3. The nursery manager will report serious accidents to the registered person for investigation for further action to be taken (i.e. a full risk assessment or report under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR))
4. The Accident File will be kept for at least 21 years and three months
5. Where medical attention is required, a senior member of staff will notify the parent(s) as soon as possible whilst caring for the child appropriately
6. Where medical treatment is required the nursery manager will follow the insurance company procedures, which may involve informing them in writing of the accident
7. The nursery manager/registered provider will report any accidents of a serious nature to Ofsted and the local authority children’s social care team (as the local child protection agency), where necessary. Where relevant such accidents will also be reported to the local authority environmental health department or the Health and Safety Executive and their advice followed. Notification must be made as soon as is reasonably practical, but in any event within 14 days of the incident occurring.

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| Organisation  | Contact  |
| Ofsted  | 0300 123 1231 |
| Local authority children’s social care team | 0208 379 2483 |
| Local authority environmental health department | 0208 379 1000 |
| Health and Safety Executive | 0300 003 1747 |
| RIDDOR report formRIDDOR contact number | <http://www.hse.gov.uk/riddor/report.htm>0345 300 9923 |

Transporting children to hospital procedure

The nursery manager/staff member must:

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

First aid

The first aid boxes are located in freezer store room and a mini set next to the front door.

These are accessible at all times with appropriate content for use with children.

The appointed person responsible for first aid checks the contents of the boxes regularly and replaces items that have been used or are out of date.

The staff first aid box is kept freezer store room. This is kept out of reach of the children.

First aid boxes should only contain items permitted by the Health and Safety (First Aid) Regulations Act 1981, such as sterile dressings, bandages and eye pads. No other medical items, such as paracetamol should be kept in them.

**The appointed person(s) responsible for first aid is Martine Leigh & Nikki Miller**

All staff are trained in paediatric first aid and this training is updated every three years. First aid certificates are displayed in the front entrance of the nursery.

All first aid trained staff are listed in every room. When children are taken on an outing away from our nursery, we will always ensure they are accompanied by at least one member of staff who is trained in first aid. A first aid box is taken on all outings.

**Food Safety and play**

Children are supervised during meal times and food is adequately cut up to reduce choking. The use of food as a play material is discouraged. However, as we understand that learning experiences are provided through exploring different malleable materials the following may be used. These are risk assessed and presented differently to the way it would be presented for eating e.g. in trays,

1. Playdough
2. Cornflour
3. Dried pasta, rice and pulses.

Food items may also be incorporated into the role play area to enrich the learning experiences for children, e.g. Fruits and Vegetables. Children will be supervised during these activities.

Personal protective equipment (PPE)

The nursery provides staff with PPE according to the need of the task or activity. Staff must wear PPE to protect themselves and the children during tasks that involve contact with bodily fluids. PPE is also provided for domestic tasks. Staff are consulted when choosing PPE to ensure all allergies and individual needs are supported and this is evaluated on an ongoing basis.

Dealing with blood

We may not be aware that any child attending the nursery has a condition that may be transmitted via blood. Any staff member dealing with blood must:

1. Always take precautions when cleaning wounds as some conditions such as hepatitis or the HIV virus can be transmitted via blood.
2. Wear disposable gloves and wipe up any blood spillage with disposable cloths, neat sterilising fluid or freshly diluted bleach (one part diluted with 10 parts water). Such solutions must be carefully disposed of immediately after use.

Needle punctures and sharps injury

We recognise that injuries from needles, broken glass and so on may result in blood-borne infections and that staff must take great care in the collection and disposal of this type of material. For the safety and well-being of the employees, any staff member dealing with needles, broken glass etc. must treat them as contaminated waste. If a needle is found the local authority must be contacted to deal with its disposal.

At Star Nursery we treat our responsibilities and obligations in respect of health and safety as a priority and we provide ongoing training to all members of staff which reflects best practice and is in line with current health and safety legislation.

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**ARRIVALS AND DEPARTURES**

**Arrivals - Children**

 Children may arrive at nursery at any time from the start of the sessions that they are booked to come to.  Parents should ring the bell by the door and wait for a staff member to come to take your child into the nursery.  All children are signed in on the register when they arrive at the nursery by a member of staff and signed out when they leave.

**Departures – Children**

Parents should arrive top collect their child ideally 5 minutes before the end of the session.  This will allow time for parents to receive a handover from staff who will give them information about their child during their nursery session.  If parents do not arrive with time for a handover, then they will not get one.

**Carer Collection**

If a child is to be collected by someone other than the parent/guardian, we must have written permission and the full name of the collector to hand over the child.

The first time a new collector visits we must see some form of identification and they must quote an agreed password agreed with the parents.

 In an emergency the parent/guardian must telephone us personally, naming the new collector and agreeing a password for them to use.

 UNLESS THESE PROCEDURES ARE FOLLOWED WE WILL NOT RELEASE THE CHILD

**Late Collection of Children**

When parents collect children late they must remember that there are additional costs to the nursery. We must ensure that our ratios are met at all times, so staff would need to be paid overtime to look after your child if you are late.  At least 2 members of staff will need to work late for every case of late collection. We will record all lateness and if you have been late three times we will warn you that on every future time we will have to charge you a late fee. The late fee is £20 for every fifteen minutes.

**Parents**

 Parents should not enter the nursery on arrival or collection unless it has been requested by nursery staff

**Visitors**

All visitors provide identification and sign in and out in the Visitors book on every occasion. Security will be notified of a pre-booked visit but will still ask for I.D at the main entrance before they let in any visitors. Any visitors that are not expected security will contact the nursery and ask whether we are expecting any visitors. If we are not expecting any visitors, they will be asked what the purpose of their visit is and then asked for I.D.

**Staff**

 Staff sign a separate register when they arrive and leave from the nursery each day. They need to record the time of arrival and time of departure.

Complaints and Compliments

At Stars Nursery we believe that parents are entitled to expect courtesy and prompt, careful attention to their individual needs and wishes. We hope that at all times parents are happy with the service provided and we encourage parents to voice their appreciation to the staff concerned.

We record all compliments and share these with staff.

We welcome any suggestions from parents on how we can improve our services, and will give prompt and serious attention to any concerns that parents may have. Any concerns will be dealt with professionally and promptly to ensure that any issues arising from them are handled effectively and to ensure the welfare of all children, enable ongoing cooperative partnership with parents and to continually improve the quality of the nursery.

We have a formal procedure for dealing with complaints where we are not able to resolve a concern. Where any concern or complaint relates to child protection, we follow our \*Safeguarding/Child Protection Policy.

Internal complaints procedure

**Stage 1**

If any parent should have cause for concern or any queries regarding the care or early learning provided by the nursery, they should in the first instance take it up with the child's key person or a senior member of staff/room leader.

**Stage 2**

If the issue remains unresolved or parents feel they have received an unsatisfactory outcome, then they must present their concerns in writing as a formal complaint to the nursery manager. The manager will then investigate the complaint and report back to the parent within 14 days. The manager will document the complaint fully and the actions taken in relation to it in the complaints log book.

(Most complaints are usually resolved informally at stage 1 or 2.)

**Stage 3**

If the matter is still not resolved, the nursery will hold a formal meeting between the manager, parent and a senior staff member to ensure that it is dealt with comprehensively. The nursery will make a record of the meeting and document any actions. All parties present at the meeting will review the accuracy of the record, and be asked to sign to agree it and receive a copy. This will signify the conclusion of the procedure.

**Stage 4**

If the matter cannot be resolved to their satisfaction, then parents have the right to raise the matter with Ofsted. Parents are made aware that they can contact Ofsted at any time they have a concern, including at all stages of the complaints procedure, and are given information on how to contact Ofsted. Ofsted is the registering authority for nurseries in England and investigates all complaints that suggest a provider may not be meeting the requirements of the nursery’s registration. It risk assesses all complaints made and may visit the nursery to carry out a full inspection where it believes requirements are not met.

A record of complaints will be kept in the nursery. The record will include the name of the complainant, the nature of the complaint, date and time complaint received, action(s) taken, result of any investigations and any information given to the complainant including a dated response.

Parents will be able to access this record if they wish to; however, all personal details relating to any complaint will be stored confidentially and will be only accessible by the parties involved. Ofsted inspectors will have access to this record at any time during visits to ensure actions have been met appropriately.

Contact details for Ofsted:

Email: enquiries@ofsted.gov.uk

Telephone: **0300 123 1231**

### **By post:**

### OfstedPiccadilly GateStore StreetManchesterM1 2WD

Parents will also be informed if the nursery becomes aware that they are going to be inspected and after inspection the nursery will provide a copy of the report to parents and/or carers of children attending on a regular basis.

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| **This policy was adopted on** | **Signed on behalf of the nursery** | **Date for review** |
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**Health and Safety**

At Stars Nursery we provide and maintain safe and healthy working conditions, equipment and systems of work for all our employees and a safe early learning environment in which children learn and are cared for. To develop and promote a strong health and safety culture within the nursery for the benefit of all staff, children and parents, we provide information, training and supervision. We also accept our responsibility for the health and safety of other people who may be affected by our activities.

1. The allocation of duties for safety matters and the particular arrangements which we  will make to implement our health and safety procedures are set out within this policy and we make sufficient resources available to provide a safe environment.

**Legal framework**



We follow alt relevant legislation and associated guidance relating to health and safety within the nursery including:

1. The requirements of The Statutory Framework for the Early Years Foundation stage (EYFS) 2017
2. The regulations of the Health & Safety at Work Act 1974 any Other relevant legislation such as Control Of Substances Hazardous to Health Regulation (COSHH)
3. Any guidance provided by Public Health England, the local health protection unit, the local authority environmental health department, fire authority or the Health and Safety Executive.

**Aims and objectives**

The aim of this policy statement is to ensure that all reasonably practical steps are taken to ensure the health, safety and welfare of all persons using the premises.

To achieve this we will actively work towards the following objectives:

1. Establish and maintain a safe and healthy environment throughout the nursery including outdoor spaces
2. Establish and maintain safe working practices amongst staff and children
3. Make arrangements for ensuring safety and the minimising of risks to health in connection with the use, handling, storage and transport of hazardous articles and substances
4. Ensure the provision of sufficient information, instruction and supervision to enable all people working in or using the nursery to avoid hazards and contribute positively to their own health and safety and to ensure that staff have access to regular health and safety training
5. Maintain a healthy and safe nursery with safe entry and exit routes

 Formulate effective procedures for use in case of fire and other emergencies and for evacuating the nursery premises. Practice this procedure on a regular basis to enable the safe and speedy evacuation of the nursery

1. Maintain a safe working environment for pregnant workers or for workers who have recently given birth, including undertaking appropriate risk assessments  Maintain a safe environment for those with special educational needs and disabilities and ensure all areas of the . nursery are accessible (wherever  practicable)
2. Provide a safe environment for students or trainees to learn in
3. Encourage all staff, visitors and parents to report any unsafe working practices or areas to ensure immediate response by the management.

We believe the risks in the nursery environment are low and we will maintain the maximum protection for children, staff and parents. The nursery will:

1. Ensure all entrances and exits from the building, including fire exits are clearly identifiable and remain clear at all times

 Regularly check the premises room by room for structural defects, worn fixtures and fittings or electrical equipment and take the necessary remedial action

1. Ensure that all staff, visitors, parents and children are aware of the fire procedures and regular fire drills are carried out



 Have the appropriate fire detection and control equipment which is checked regularly to make sure it is in working order

1. Ensure that all members 'of staff are aware of the procedure to follow in case of accidents for staff, visitors and children

 Ensure that all members of staff take all reasonable action to control the spread of infectious diseases and wear protective gloves and clothing where appropriate

1. Ensure there are suitable hygienic changing facilities (see infection control policy)
2. Prohibit smoking on the nursery premises
3. Prohibit any contractor from working on the premises without prior discussion with the officer in charge

 Encourage children to manage risks safely and prohibit running inside the premises unless in designated areas

1. Risk assess all electrical sockets and take appropriate measures to reduce risks where necessary and ensure no trailing wires are left around the nursery  Ensure all cleaning materials are placed out of the reach of children and kept in their original containers

 Wear protective clothing when cooking or serving food

1. Prohibit certain foods that may relate to children's allergies, e.g. peanuts are not allowed in the nursery

 We follow the EU Food Information for Food Consumers Regulations (EU

FtC). These rules are enforced in the UK by the Food Information Regulations 2014 (FIR). We identify the 14 allergens listed by EU Law that we use as ingredients in any of the dishes we provide to children and ensure that alt parents are informed

1. Follow the allergies and allergic reactions policy for children who have allergies

Ensure risk assessments are undertaken on the storage and preparation of food produce within the nursery

Familiarise all staff and visitors with the position of the first aid boxes and ensure all know who the appointed first aiders are 

1. Provide appropriately stocked first aid boxes and check their contents regularly

 Ensure children are supervised at all times

Ensure no student or volunteer is left unsupervised at any time

1. Ensure staff paediatric first aid certificates are on display (or made available to parents).

Responsibilities

The designated Health and Safety Officer in the nursery is Martine Leigh from January 2018 the person responsible will be Charlie Wadden

The employer has overall and final responsibility for this policy being carried out at:

 Stars Nursery, 154 Chase Road, Southgate N14 4LG

The nursery manager/deputy nursery manager will be responsible in her absence.

All employees have the responsibility to cooperate with senior staff and the manager to achieve a healthy and safe nursery and to take reasonable care of themselves and others. Neglect of health and safety regulations/duties will be regarded as a disciplinary matter (see separate policy on disciplinary procedures).

Whenever a member of staff notices a health or safety problem which they are not able to rectify, they must immediately report it to the appropriate person named above. Parents and visitors are requested to report any concerns they may have to the \*senior member of staff in the area/\*deputy manager/\*manager.

Daily contact, monthly staff meetings and health and safety meetings provide consultation between management and employees. This will include health and safety matters.

We have many procedures in place to ensure that health and safety is at the fore front of our minds. These include opening and closing checks for the kitchen, washing hands after nappy changes and before touching equipment in the kitchen or food. Changing bed sheets for the younger children and washing towels and flannels after use. Please refer to the individual sheets to understand these procedures.

Health and safety training

Person responsible for monitoring staff training is Martine Leigh

Health and safety is covered in all induction training for new staff.

Training table

|  |  |  |
| --- | --- | --- |
| Area | Training required | Who |
| Paediatric First aid | External training course | All staff |
| Dealing with blood | In house training/course | All staff and students |
| Safeguarding/Child protection | External training course | All staff and students |
| Care of babies | In house training/course | Half Of the Staff working with under 2's |
| Risk assessment | In house training/course | All staff |
| Fire safety procedures | In house training | All staff and students |
|  |  |
|  |  |  |
| Food hygiene | External training course | Managers & room leaders |
| Allergy awareness | In house training/course | All staff and students |
| Manual handling | In house training/course | All staff and students |
|  |  |  |
| Changing of nappies | In house training | All staff and students |
|  |  |  |
| Medication requiring technical or medicat knowledge e.g. Epi pen | External course | AS required |
| SENCO | External course | SENCO |
| Supervision and appraisal | External course | Manager, deputy and room supervisor |

At present at least one member of staff on duty MUST hold a full paediatric First Aid certificate in the nursery and when on outings. In addition to this, all newly qualified entrants to the early years workforce who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, must also have either a full PFA or an emergency PFA certificate within three months of starting work in order to be included in the required staff:child ratios at level 2 or level 3 in an early years setting

All trained first aiders must be listed in the first aid policy.

Health and safety arrangements. All staff are responsible for general health and safety in the nursery • Risk assessments will be conducted on all areas of the nursery, including rooms, activities, outdoor areas, resources and cleaning equipment

1. These are reviewed at regular intervals and when arrangements change  All outings away from the nursery (however short) will include a prior risk assessment — more details are included in our outings policy. Equipment, rooms and outdoor areas will be checked thoroughly by staff before children access them or the area. These checks will be recorded and initialled by the staff responsible. Unsafe areas will be made safe/removed from the area by this member of staff to promote the safety of children. If this cannot be achieved the manager will be notified immediately
2. We provide appropriate facilities for all children, staff, parents and visitors to receive a warm welcome and provide for their basic care needs, e.g. easy to access toilet area and fresh drinking water

The nursery will adhere to the Control Of Substances Hazardous to Health Regulation (COSHH) to ensure all children, staff, parents and visitors are safe in relation to any chemicals we may use on the premises

1. All staff and students will receive appropriate training in all areas of health and safety which will include risk assessments, manual handling and fire safety. We may also use benefit risk assessments for particular activities and resources for children

 We have a clear accident and first aid policy to follow in the case of any person in the nursery suffering injury from an accident or incident. We have a clear fire safety policy and procedure which supports the prevention of fire and the safe evacuation of all persons in the nursery, This is to be shared with all staff, students, parents and visitors to the nursery

1. We review accident and incident records to identify any patterns/hazardous areas

 All health and safety matters are reviewed informally on an ongoing basis and formally every six months or when something changes. Staff and parents will  receive these updates; as with all policy changes; as and when they happen

 Staff and parents are able to contribute to any policy through the suggestion scheme and during the regular meetings held at nursery.

The policy is kept up to date and reviewed especially when the nursery changes in nature and size. It is revised annually, or as and when required. We therefore welcome any useful comments from members of staff, parents and visitors regarding this policy.

|  |  |  |
| --- | --- | --- |
| This policy was adopted on | Signed on behalf of the nursery  | Date for review |
|  |  |  |

Inclusion, Equality and Diversity

At Stars Nursery we take great care to treat each individual as a person in their own right, with equal rights and responsibilities to any other individual, whether they are an adult or a child. We are committed to providing equality of opportunity and anti-discriminatory practice for all children and families according to their individual needs. Discrimination on the grounds of gender, age, race, religion or belief, marriage or civil partnership, disability, sexual orientation, gender reassignment, pregnancy or maternity, ethnic or national origin, or political belief has no place within our nursery.

A commitment to implementing our inclusion and equality policy will form part of each employee's job description. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the nursery manager, Martine Leigh at the earliest opportunity. Appropriate steps will then be taken to investigate the matter and if such concerns are well-founded, disciplinary action will be invoked under the nursery's disciplinary policy.

**The legal framework for this policy is based on:**

 Special Education Needs and Disabilities Code of Practice 2015

 Children and Families Act 2014

1. Equality Act 2010
2. Childcare Act 2006
3. • Children Act 2004

 • Care Standards Act 2002

1. Special Educational Needs and Disability Act 2001.

**The nursery and staff are committed to:**

1. Recruiting, selecting, training and promoting individuals on the basis of occupational skills requirements. in this respect, the nursery will ensure that no job •applicant or employee will receive less favourable treatment because of age, sex, gender reassignment, disability, marriage or civil partnership, race, religion or belief, sexual orientation, pregnancy or maternity/paternity  Providing a childcare place, wherever possible, for children who may have learning difficulties and/or disabilities or are deemed disadvantaged according to their individual circumstances, and the nursery's ability to provide the necessary standard of care 

Making reasonable adjustments for children with special educational needs and disabilities

 Striving to promote equal access to services and projects by taking practical steps (wherever possible and reasonable), such as ensuring access to people with additional needs and by producing materials in relevant languages and media for all children and their families

1. Providing a secure environment in which all our children can flourish and all contributions are valued

 Including and valuing the contribution of all families to our understanding of equality, inclusion and diversity

1. Providing positive non-stereotypical information
2. Continually improving our knowledge and understanding of issues of equality, inclusion and diversity
3. Regularly reviewing, monitoring and evaluating the effectiveness of inclusive practices to ensure they promote and value diversity and difference and that  the policy is effective and practices are non-discriminatory
4. Making inclusion a thread which runs through the entirety of the nursery, for  example, by encouraging positive role models through the use of toys, imaginary play and activities, promoting non-stereotypical images and language and challenging all discriminatory behaviour (see dealing with discriminatory behaviour policy).

**Admissions/service provision**

The nursery is accessible to all children and families in the local community and further afield through a comprehensive and inclusive admissions policy.

The nursery will strive to ensure that all services and projects are accessible and relevant to all groups and individuals in the community within targeted age groups.

**Recruitment**

Recruitment, promotion and other selection exercises such as redundancy selection

 will be conducted on the basis of merit, against objective criteria that avoid discrimination. Shortlisting should be done by more than one person if possible.

All members of the selection group will be committed to the inclusive practice set out in this policy and will have received appropriate training in this regard.

Application forms will be sent out along with a copy of the equal opportunities monitoring form. Application forms will not include questions that potentially discriminate on the grounds specified in the statement of intent.

Vacancies should generally be advertised to a diverse section of the labour market. Advertisements should avoid stereotyping or using wording that may discourage particular groups from applying.

At interview, no questions will be posed which potentially discriminate on the grounds specified in the statement of intent. Alt candidates witt be asked the same questions and members of the selection group will not introduce nor use any personal knowledge of candidates. acquired outside the selection process. Candidates will be given the opportunity to receive feedback on the reasons why they were not successful.

Under the Equality Act 2010 you can only ask questions prior to offering someone employment in the following circumstances:

 You need to establish whether the applicant will be able to comply with a requirement to undergo an assessment (i.e. an interview or selection test)

1. You need to establish whether the applicant will be able to carry out a function that is intrinsic to the work concerned
2. You want to monitor diversity in the range of people applying for work
3. You want to take positive action towards a particular group — for example offering a guaranteed interview scheme
4. You require someone with a particular disability because of an occupational requirement for the job.

The national College for Teaching and Leadership provides further guidance specific to working with children:

Providers have a responsibility to ensure that practitioners have the health and physical capacity to teach and will not put children and young people at  risk of harm. The activities that a practitioner must be able to perform are set out in the Education (Health Standards England) Regulations 2003. Providers are responsible for ensuring that only practitioners who have the capacity to teach remain on the staff team.

People with disabilities or chronic illnesses may have the capacity to teach, just as those without disabilities or medical conditions may be unsuitable to teach. Further information on training to teach with a disability is available from the DfE website.

Successful applicants offered a position may be asked to complete a fitness questionnaire prior to commencing the programme. Providers should not ask  all-encompassing health questions, but should ensure that they only ask targeted and relevant health-related questions, which are necessary to ensure that a person is able to teach. 

**Staff**

It is the policy of Star Nursery not to discriminate in the treatment of individuals. Al/ staff are expected to co-operate with the implementation, monitoring and improvement of this and other policies. All staff are expected to challenge language, actions, behaviours and attitudes which are oppressive or discriminatory on the grounds specified in this policy and recognise and celebrate other cultures and traditions. All staff are expected to participate in equality and inclusion training.

Staff will follow the 'Dealing with Discriminatory Behaviour' policy where applicable to report any discriminatory behaviours observed. 

**Training**

The nursery recognises the importance of training as a key factor in the implementation of an effective inclusion and equality policy. All new staff receive induction training including specific reference to the inclusion and equality policy. The nursery will strive towards the provision of inclusion, equality and diversity training for all staff on a regular basis.

**Early learning framework**

Early learning opportunities offered in the nursery encourage children to develop positive attitudes to people who are different from them. It encourages children to empathise with others and to begin to develop the skills of critical thinking.

We do this by:

1. Making children feel valued and good about themselves
2. Ensuring that all children have equal access to early learning and play opportunities
3. Reflecting the widest possible range of communities in the choice of
4. Avoiding stereotypical or derogatory images in the selection of materials

 Acknowledging and celebrating a wide range of religions, beliefs and festivals

1. Creating an environment of mutual respect and empathy

 Helping children to understand that discriminatory behaviour and remarks are Unacceptable

 Ensuring that all early learning opportunities offered are inclusive of children  with learning difficulties and/or disabilities and children from disadvantaged backgrounds

 Ensuring that children whose first language is not English have full access to early learning opportunities and are supported in their learning

1. Working in partnership with all families to ensure they understand the policy and challenge any discriminatory comments made

 Ensuring the medical, cultural and dietary needs of children are met

1. Identifying a key person to each child who will continuously observe, assess  and plan for children's learning and development

 Helping children to learn about a range of food and cultural approaches to meal times and to respect the differences among them.

**Information and meetings**

Information about the nursery, its activities and their children's development will be given in a variety of ways according to individual needs (written, verbal and translated), to ensure that all parents can access the information they need.

Wherever possible, meetings will be arranged to give all families options to attend and contribute their ideas about the running of the nursery.

Late Collection and Non-Collection

At Stars Nursery we expect all parents to agree an approximate time to collect their child from the nursery. We give parents information about the procedures to follow if they expect to be late. These include:

1. Agreeing a safety password with the nursery in advance to be used by anyone collecting a child who is not the parent (designated adult)
2. Calling the nursery as soon as possible to advise of their situation
3. Asking a designated adult to collect their child wherever possible
4. Informing the nursery of this person’s identity so the nursery can talk to the child if appropriate. This will help to reduce or eliminate any distress caused by this situation
5. If the designated person is not known to the nursery staff, the parent must provide a detailed description of this person, including their date of birth where known. This designated person must know the individual child’s safety password in order for the nursery to release the child into their care. This is the responsibility of the parent.

If a child has not been collected from the nursery after a reasonable amount of timehas been allowed for lateness, we initiate the following procedure:

1. The nursery manager will be informed that a child has not been collected
2. The manager will check for any information regarding changes to normal routines, parents’ work patterns or general information. If there is no information recorded, the manager will try to contact the parents on the telephone numbers provided for their mobile, home or work. If this fails the manager will try the emergency contacts shown on the child’s records
3. The manager/staff member in charge and one other member of staff must stay behind with the child (if outside normal operating hours). During normal operating times, the nursery will plan to meet required staff ratios. If the parents have still not collected the child, the manager will telephone all contact numbers available every 10 minutes until contact is made. These calls will be logged on a full incident record
4. In the event of no contact being made after one hour has lapsed, the person in charge will ring the local authority children’s social services emergency duty team
5. The nursery will inform Ofsted as soon as convenient
6. The two members of staff will remain in the building until suitable arrangements have been made for the collection of the child
7. The child’s welfare and needs will be met at all times and to minimise distress staff will distract, comfort and reassure the child during the process
8. In order to provide this additional care a late fee £20 for every 15 minutes will be charged to parents. This will pay for any additional operational costs that caring for a child outside their normal nursery hours may incur.

**Contact numbers:**

|  |  |
| --- | --- |
| **Name** | **Contact No** |
| Social Services Emergency Duty Team | 0208 379 5555 out of hours 020 8379 100 |
| Ofsted  | 0203 123 1231 |

|  |  |  |
| --- | --- | --- |
| **This policy was adopted on** | **Signed on behalf of the nursery** | **Date for review** |
| *]* |  |  |

**Safeguarding Children Policy**

**Aims and objectives**

Children have a right to protection from being hurt, and from violence, abuse and neglect.

The health, safety and welfare of all our children are of paramount importance to all the adults who work in our setting. Children have the right to protection, regardless of age, gender, race, culture, background or disability. This policy is in line with LSCB (Local Safeguarding Children Boards) local guidance and procedures.

Our aim is:

1. to provide a safe environment for children to learn in;
2. to establish what actions staff can take to ensure that children remain safe, at home as well as at the setting.
3. to identify children who are suffering, or likely to suffer, significant harm;
4. to ensure effective communication between all staff on child protection issues;
5. to set down the correct procedures for those who encounter any issue of safeguarding
6. to work in partnership with parents/carers to build their understanding of and commitment to the principles of safeguarding all our children.

We have a Designated Safeguarding Lead (DSL) for our setting Martine Leigh who is responsible for the implementation of this policy and ensures it is adhered to at all times by all staff. The designated lead takes responsibility for referrals, training and raising awareness of safeguarding issues.

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

**The legal frameworks:**

**Primary legislation**

The Children Act 1989 - s 47

The Protection of Children Act 1999

Data Protection Act 1998

The Children Act 2004 (Every Child Matters) *Guidance*

What to do if You Are Worried a Child is Being Abused (2015)

The Framework for the Assessment of children in Need and Their Families (2000) Working Together to Safeguard Children (revised 2015)

**Secondary Legislation**

Sexual Offences Act (2003)

Criminal Justice and Court Services Act (2000)

Human Rights Act (1999)

Race Relations (Amendment) Act (2000)

Race Relations (Amendment) Act (1976) Regulations

Rehabilitation of Offenders Act 1974

**Liaison with other bodies**

1. We work within the ‘Safeguarding Children’s Board’ guidelines.
2. We have a copy of **'What to do if you are worried a child is being abused'(2015)** for parents/carers and staff.
3. We have procedures for contacting the local authority on child protection issues, including maintaining a list of names, addresses and telephone numbers of social workers to ensure that it is easy, in any emergency, for the setting and social services to work well together.
4. Ofsted will be notified of any incident or accident and any changes in our arrangements which may affect the wellbeing of children.
5. Details of the local National Society for the Prevention of Cruelty to Children (NSPCC) contacts are also kept.
6. If a referral is to be made to the local authority social services department, we act within the Local Safeguarding Children’s Boards guidance in deciding whether we must inform the child's Parents/Carers at the same time.

**Responding and recording suspicions of abuse**

1. We acknowledge that abuse of children can take different forms - physical, emotional, sexual, as well as neglect.
2. When children are suffering from physical, sexual or emotional abuse, or may be experiencing neglect, this may be demonstrated through the things they say (direct or indirect disclosure) or through changes in their appearance, their behaviour, or their play.
3. Where such evidence is apparent, the child's key person makes a dated record of the details of the concern and discusses what to do with the setting leader or the 'designated person'. The information is stored on the child's personal file.
4. Staff take care not to influence the outcome either through the way they speak to children or by asking questions of children. Only fact will be written, and the actual account of the concern.
5. Concerns may be shared with Social Services, health visitors, the Police or NSPCC.
6. If any member of staff is concerned that a child may be subject to abuse or at risk they must complete an alert form and hand it to the DSCO

When a child discloses any form of abuse, staff must follow the correct procedures. This includes never promising a child confidentiality. Staff must allow the child to talk freely and not to make judgements or assumptions about what the child is telling them. As soon as possible after the disclosure details must be logged accurately.

All concerns must be discussed with the settings DSL and manager. Action to be taken must then be discussed and recorded; this may involve completing an early help form and raising concerns with the local authority children’s social care team and Ofsted. The setting expects all members of staff to co-operate with the local authority children’s social care, police, and Ofsted in any way necessary to ensure the safety of the children.

Confidentiality must be adhered at all times.

**Physical abuse**

This can involve hitting, shaking, throwing, burning, scalding, drowning and suffocating as well as other forms of physical abuse. It can also result when a parent or carer deliberately causes ill health of a child, known as fabricated or induced illness. It also includes “Female Genital Mutilation” or circumcision, which is an illegal and abusive act; although we know that some communities see it as a cultural requirement. It is also against the law to arrange for a child to be taken abroad with the intention of having her circumcised. Practitioners and volunteers need to be alert to this possibility when children are being taken out of the country for any period, although it is more likely in children of statutory school age.

**Possible signs or indicators**

1. bruising especially in or around the mouth, back, buttocks, or soft tissue areas  bruises around the eyes
2. any mark or bruise where there is an outline of an implement, for example, a belt
3. lots of different aged marks or bruises
4. fractures to arms, legs or ribs , especially in a small child
5. finger mark, grasp or grab marks on the limbs of a small child
6. bites
7. burn or scald marks, especially where there is a clear outline
8. small round burns that could be caused by a cigarette
9. sore scalp, missing hair
10. child often unwell
11. fabricated symptoms
12. child seems fearful of adult parent/carer or says they are afraid of named person
13. aggressive behaviour
14. any reference to child being possessed (this could indicate a risk of abuse through belief in spirit possession)
15. anxious withdrawn child
16. unwilling to change clothes
17. reports of being hit/kicked/locked in cupboard
18. frequent absences or child going missing
19. being taken out of the country for lengthy period of time (by certain cultures), especially if reference to family ceremony.

**Note that these are possible signs and do not necessarily mean a child is being abused. We know that children do suffer accidental injury and there may be a good explanation. However, we should always be alert to the possibility of abuse and follow up immediately.**

**Any injury in a young child, especially pre-mobile, is cause for concern as babies are especially fragile and can be easily injured by shaking or rough handling.**

**Those who are charged with investigating injuries in children will consider to what extent the explanation and evidence is consistent with the injury as well as frequency and severity**

**Sexual Abuse**

Sexual abuse covers a wide range of abusive behaviours and involves forcing or enticing a child or young person to take part in sexual activity, whether or not the child is aware of what is happening. This may include physical contact, from inappropriate touching to full penetration, and also non-contact activity such as accessing child abuse images on line or forcing children to look at pornography. Sexual abuse is usually perpetrated by someone known and trusted by the child and is rarely disclosed directly by a child or young person.

**Possible signs or indicators**

1. physical effects such as genital discomfort, bleeding, itching, difficulty in going to the toilet
2. frequent use/reluctance to use toilet
3. wetting, soiling, smearing faeces
4. overly affectionate
5. developmental delay, for example, language and behaviour
6. sexualised play or behaviour
7. compulsive masturbation
8. sleep disorders for example, nightmares
9. sexual awareness and provocative behaviour
10. withdrawn, anxious behaviour, or changes in behaviour
11. eating problems
12. depression and other forms of mental health problems
13. pregnancy especially where child’s father not disclosed ( older children)
14. drug or alcohol abuse (older children)
15. self-harming behaviour (older children)
16. going missing from home/school (older children

**Neglect**

This is the persistent failure to meet a child’s basic physical and psychological needs, causing damage to their health and development. It may involve a parent or carer failing to provide adequate food, warmth, shelter, clothing or stimulation. It includes failure to protect a child from harm or danger or failure to seek medical care.

**Possible signs or indicators**

1. failure to thrive (babies and young children)
2. persistent untreated nappy rash
3. lethargic, listless demeanour
4. constantly crying, unhappy baby
5. child left dirty/wet and unchanged
6. inadequate or dirty clothing
7. smelly child, poor hygiene
8. child constantly hungry and scavenging for food
9. poor management of childhood illnesses for example, asthma
10. illnesses or injuries that are left untreated
11. repeated absence from setting
12. weight problems (either underweight or excessively overweight)
13. developmental and social delay
14. failure to provide adequate standards of personal hygiene, clothing and comfort in the home
15. child not collected from setting
16. parent/carer risk factors including substance misuse
17. excessive need for attention and affection
18. stealing
19. lack of stimulation, social contact or education
20. inadequate supervision, being left alone
21. children who are given responsibility for siblings
22. children who may themselves be caring for parents to the detriment of their own health and development

**Emotional Abuse**

Emotional abuse happens when a child’s needs for love security, praise and recognition are not met. It usually co-exists with other forms of abuse but can occur alone. Emotionally abusive behaviour occurs if a parent, carer or authority figure is consistently hostile, rejecting, threatening or undermining. It can result if developmentally inappropriate expectations are placed on a child or if a child is over protected to the extent of being denied opportunity for contact or play with other children. It can also include children who live with domestic violence or abuse.

**Possible signs or indicators**

1. excessively clingy or attention seeking behaviour
2. very low self esteem
3. changes in behaviour
4. fearfulness or withdrawn behaviour
5. despondency
6. anxious and fearful of going home
7. poor concentration
8. aggressive, bullying behaviour
9. inability to play or relate well to other children
10. unable to have fun
11. constantly seeking to please
12. lack of appropriate boundaries with strangers
13. eating disorders
14. mood swings
15. various mental health problems

**Staff training**

All adults in the Nursery receive regular training to raise their awareness of abuse, and to improve their knowledge of Safeguarding procedures that have been agreed locally. The maximum period of time before refresher training must take place is three years.

**When to be Concerned**

Staff should be concerned about a pupil if he or she: -

* + 1. has any injury which is not typical of the bumps and scrapes normally associated with children’s injuries
		2. regularly has unexplained injuries
		3. frequently has injuries (even when apparently reasonable explanations are given)
		4. gives confused or conflicting explanations on how injuries were sustained
		5. exhibits significant changes in behaviour, performance or attitude
		6. indulges in sexual behaviour which is unusually explicit and/or inappropriate to his or her age
		7. discloses an experience in which he or she may have been harmed
		8. gives other cause to believe that he or she may be suffering significant harm

**Dealing with a Disclosure**

If a pupil discloses that he or she has been abused in some way, the member of staff should:-

* + 1. listen to what is being said without displaying shock or disbelief
		2. accept what is being said
		3. allow the child to talk freely
		4. reassure the child but not make promises which it might not be possible to keep
		5. not promise confidentiality – it might be necessary to refer to Children Schools and Families
		6. reassure him or her that what has happened is not his or her fault
		7. stress that it was the right thing to tell
		8. listen, rather than ask direct questions
		9. if necessary, ask open questions, not leading questions
		10. not criticise the alleged perpetrator
		11. explain what has to be done next and who has to be told.

**Record Keeping and Monitoring**

When a pupil has made a disclosure, the member of staff should: -

1. make brief notes during and as soon as possible after the conversation
2. not destroy the original notes in case they are needed by a court
3. record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
4. complete the diagram with an outline of a body shape, to indicate the position of any bruising or other injury
5. record statements and observations rather than interpretations or assumptions
6. the DSP is required to undertake an annual Safeguarding Checklist

Dealing with a disclosure from a child, and a Safeguarding case in general, is likely to be a stressful experience.  The member of staff should, therefore, consider seeking support for him/herself and discuss this with the DSP.

**Allegations Against Staff**

If an allegation is made against a member of the nursery staff (or a volunteer helper), it will always be investigated by the managers, or, in the case of the allegation being against the managers Children Schools and Families will be contacted immediately. If it is felt, after these initial investigations, that a further enquiry is needed, then the member of staff will be suspended. Suspension is a neutral act, and in no way implies that the person is guilty of any wrongdoing. However, it is acknowledged that this would be distressing for the person concerned, and the Nursery will do all it can to balance the interests of any individual with that of the need to keep children safe. The Nursery will seek advice from Children Schools and Families on these matters, and comply with national and locally agreed guidance.

Peer on peer abuse, If we are concerned about any child being bullied we will invite the parents into the nursery and discuss their behaviour and work out strategies.

**Physical Restraint**

There may be times when adults, in the course of their duties, have to intervene physically in order to restrain children and prevent them from coming to harm or harming others. Such intervention will always be the minimum necessary to resolve the situation. Any physical intervention will be recorded on the incident form and on the log form kept in the store room. These forms will need to be seen and signed by the parents on the same day.  See the behaviour policy for more detail.

**Confidentiality**

DfEE 10/95 acknowledges that Safeguarding Children raises issues of confidentiality that must be clearly understood by all staff in schools.  The Circular advises that all staff in the nursery have:

“A responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children Schools and Families and the Police).  If a child confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the child sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies for the child’s sake.  Within that context, the child should, however, be assured that the matter will be disclosed only to people who need to know about it. Staff who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts. Child Protection records should be kept securely locked”.

The nursery has its own private face book page. Only current parents of children who attend the nursery have access to this page and need to request to have access to this group. We update this with photos of the daily activities. Parents need to sign permission for the child to be in any of these photos. Parents are not allowed to take photos or videos of any children other than their own to post on social media.

**Family Support**
The nursery will take every step in its power to build up trusting and supportive relationships between families, staff and volunteers in the group.

Where abuse at home is suspected, the Nursery School will continue to welcome the child and family while investigations proceed.

**Female Genital Mutilation (FGM)**

Definition of FGM

“Female genital mutilation comprises of a procedure involving partial or total removal of the external female genital or other injury to the female genital organs for cultural or non-therapeutic reasons” World Health Organisation 1997

FGM is considered a type of physical abuse in the UK and a grave violation of the human rights for girls and women. In all circumstances where FGM is practiced on a child is a violation of the child’s right to life, their right to their bodily integrity as well as their right to health. This type of abuse is practiced as a cultural ritual by certain ethnic groups and there is more awareness of its prevalence in some communities in the UK, including its effect on the child and any other siblings involved.

Female circumcision is illegal in the U.K

If there are concerns that a girl is at risk of FGM this is a child protection matter. This would need to be documented and reported to the police.

Signs and symptoms MAY include;

Bleeding, Painful areas, acute urinary retention and/or urinary infections, wound infection, septicaemia, incontinence, vaginal and pelvic infections, depression and post-traumatic stress disorder as well as physiological concerns.

 Some warning signs of it happening MAY include;

If a girl comes from a country that has a high prevalence of FGM and parents notify us of an extension to a holiday back to that country.

If the mother or siblings have already undergone FGM and the children begin to talk about a special event for them that they are attending.

If signs of FGM are apparent and observed by a member of staff during routine care such as nappy changing, the member of staff will notify the safeguarding officer Martine Leigh who will contact the police as this is evidence of actual bodily harm.

If we are concerned that this may be happening we will follow the nursery child protection procedure, documenting everything and making the relevant referral.

**Child sexual exploitation (CSE)**

Working Together to Safeguard Children 2015 (2017 updated version) defines CSE as “…a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.”

We will be aware of the possibility of CSE and the signs and symptoms this may manifest as. If we have concerns, we will follow the same procedures as for other concerns and we will record and refer as appropriate.

**Fabricating or inducing illness.**

Fabricated or inducing illness (FII) is a rare form of physical child abuse. It occurs when a parent or carer, exaggerates or deliberately causes symptoms of illness in the child. FII is also known as Munchausen’s syndrome by proxy.

Signs and symptoms MAY include,

A carer exaggerating a real illness or symptoms, complete fabrication of symptoms, inducing physical illness e.g. through poisoning, starvation etc., this may also be presented through false allegations of abuse, or encouraging the child to appear disabled, or ill to obtain unnecessary treatment or specialist support.

If any child comes into nursery with any sign of a mark/injury, we will record this on the pre-existing injuries form whether this is disclosed by a parent/carer or a member of staff. If a concern is raised through observed behaviour or a disclosure from the child, a record of concern form will be used to document this. A chronology log may also be used to help build up a picture of repeated occurrences

FII is a child protection issue and so we would need to follow the procedure for physical abuse. This includes recording all injuries’, the notifying member of staff will inform the safe guarding officer Martine Leigh who would then make the relevant referral to ensure the wellbeing of the child.

 If you suspect that someone is fabricating or inducing illness in their child it is not recommended that you confront them directly. A direct confrontation may cause the adult to dispose of any evidence and they most likely would deny that this is happening. You can contact the NSPCC’S child protection helpline on 0800 800 5000.

Nursery staff need to be able to recognise signs of abuse and understand the barriers of recognising the signs of abuse with children who have Special educational needs or a disability. Barriers may relate to attitudes, assumptions, communications or a reluctance to challenge parents, carers or professionals. Sometimes actions or inactions might not immediately be thought of as signs of abuse but If these injuries or concerns are persistent they could be indicators of abuse. It is important to identify possible triggers for changes in mood and behaviour. It is important that keyworkers get to know their children and will then learn which behaviours are normal for particular children. Indicators of abuse should be considered in light of the child’s development and context. Indicators only serve as guide and the presence of one or more should not be taken as proof of abuse. If staff are concerned about changes in behaviours or worried about children, they need to follow the same procedure and notify the local safeguarding children’s board.

**Anti-bullying/Peer on peer abuse.**

Bullying takes many forms. It can be physical, verbal or emotional, but it is always a repeated behaviour that makes other people feel uncomfortable or threatened. We acknowledge that any form of bullying is unacceptable and will be dealt with immediately while recognising that physical aggression is part of children’s development in their early years. We need to be aware of bullying amongst our staff team. If we are worried about this, we would arrange a meeting immediately to discuss what had been happening. This could lead to disciplinary action and end in the termination of employment.

We recognise that children need their own time and space and that it is not always appropriate to expect a child to share. We believe it is important to acknowledge each child’s feelings and to help them understand how others might be feeling.

We encourage children to recognise that bullying, fighting, hurting and discriminatory comments are not acceptable behaviour. We want children to recognise that certain actions are right and that others are wrong.

At our nursery, staff follow the procedure below to enable them to deal with challenging behaviour:

1. Staff are encouraged to ensure that all children feel safe, happy and secure
2. Staff are encouraged to recognise that active physical aggression in the early years is part of the child’s development and that it should be channelled in a positive way
3. Children are helped to understand that using aggression, to get things, is inappropriate and they will be encouraged to resolve problems in other ways
4. Our staff will intervene when they think a child is being bullied, however mild or harmless it may seem
5. Staff will initiate games and activities with children when they feel play has become aggressive, both indoors or out
6. Staff will sensitively discuss any instance of bullying with the parents of all involved to look for a consistent resolution to the behaviour
7. We will ensure that this policy is available for staff and parents and it will be actively publicised at least once a year to parents and staff.
8. If any parent has a concern about their child, a member of staff will be available to discuss those concerns. It is only through co-operation that we can ensure our children feel confident and secure in their environment, both at home and in the nursery
9. All concerns will be treated in the strictest confidence.

By positively promoting good behaviour, valuing co-operation and a caring attitude, we hope to ensure that children will develop as responsible members of society.

**Honour based violence**

Honour based violence is the term used to describe murders in the name of so called honour, sometimes called honour killings. It is a form or domestic abuse. The honour code which it refers to is set at the discretion of male relatives and women who do not abide by the “rules” are then punished by bringing shame onto the family.

If nursery staff are worried about this type of abuse, we would need to follow our safeguarding procedure. Document all concerns and notify the local safeguarding children board or the police depending on the information disclosed.

**BRITISH VALUES AND PREVENT DUTY. PREVENT DUTY**

The counter terrorism and security act 2015 contains a duty on specific authorities to have due regard to the need to protect people from being drawn into terrorism. This is also known as Prevent Duty. This is important as we now know that this does happen and we need to stop people being drawn into terrorism. The original strategy was based on 4 areas.

Prevent-their radicalisation to start with

Protect-the public

Prepare- for attacks

Pursue – the attackers

Prevent relates to the supportive intervention of local Authorities and people with safeguarding duties to stop the process of radicalisation and challenge extremist views.

Staff will be alert to harmful behaviours by influential adults in the child life. This may include discriminatory and/or extremist discussions between parents, family and/or staff member. We will take action if we observe behaviour of concern.

We will assess the risk of children being drawn into terrorism and work in partnership with the police and LSCB. If we have concerns regarding members of our team we will seek advice and support from the local authority community safety unit on the number below.

Some of signs could be verbal such as discussing extremist ideas

When working with young adults (our staff) we need to be aware of the signs,

1. Change in behaviour becoming withdrawn, isolated or excluded.
2. Family pressure
3. A new desire for adventure and excitement
4. A need for identity
5. Speech, using new phases
6. Quick to get angry and aggressive behaviour
7. Closed discussions

Definition of extremism – The holding of extreme political or religious views. Being vocal and actively against British Values.

Definition of radicalisation- The action or process of causing someone to adopt radical positions on political or social issues.

If young people are identified as being vulnerable to radicalisation further advice and support can be found by calling the local authority community safety unit on 020 8379 4085/6137

Anti – Terrorism hotline POLICE 0800789321 - (www.met.police.uk/terrorism)

**British Values**

According to DFE, British values are: democracy; the rule of law; mutual respect for and tolerance of those with different faiths and beliefs and for those without faith.

As Britain has changed so much in recent decades and has now become an increasingly diverse society. It is important to teach our children that it is possible to live together peacefully and that everyone is a valuable part of our multi-cultural world.

Within these guidelines we will be helping children to become compassionate, considerate individuals.

The 4 British values are listed below with a summary of how we implement them at nursery;

Democracy – here everyone is treated equally and has equal rights. We support children’s personal emotion and social development by giving them opportunities to develop their self-confidence and self-awareness, to make choices and decisions. We encourage negotiation, sharing and taking turns during activities and play.

Rule of Law- This is about learning boundaries and understanding that rules matter. Children are encouraged to manage their own feelings and behaviour learn right from wrong and dealing with consequences for negative behaviour.

Individual Liberty and Mutual Respect- We want all the children to have a positive sense of themselves. We want the children to be confident in making their own decision and have the confidence to choose an option and understand not everyone will make the same choice as them and that is ok.

Tolerance for those with different faiths- We need the children and staff to always treat other how we all wish to be treated ourselves. Also what it means to be part of a diverse community. We want children to appreciate and respect their own culture and that of others in our community.

With our resources that we have at the nursery we try to reflect the diversity of our world and encourage the children to challenge gender, cultural, racial stereotypes. Through songs, stories, visual posters, role play and all other activities we hope we can instil these values in the children to promote a peaceful world.

***Our local Social Services and Local Safeguarding Children’s Board is based at:***

The Assessment Team

Charles Babbage House

1

 Orton Grove

Enfield

EN1 4TU

Children’s social care team

020 8379 2507

Designated Officer 0208 379 2746 / 2850

Local Safeguarding children’s board (LCSB) 020 8379

2767

Monday

to Friday: 9:00am

-

5:00

pm

At other times and on public holidays, call the Out of Hours service on 020 8379 1000.

You can also talk to a teacher, school nurse, and doctor or health visitor or call your Local

Police Station. In an emergency dial 999.

The NSPCC has a 24 hr help line:

You can **contact the Helpline** in a number of ways to get expert advice from one of our advisers; all are trained child protection officers.

**Phone call**

0808 800 5000

**Text phone**

We have a free Text phone service for people who are deaf or whose hearing is impaired on 0800 056 0566.

**Email** **help@nspcc.org.uk**

**Post**

NSPCC Helpline, 42 Curtain Road, London, EC2A 3NH. Helpline website

**Ofsted**

0300 123 1234

Sickness, Illness and Immunisations

At Stars Nursery we promote the good health of all children attending. To help keep children healthy and minimise infection, we do not expect children to attend nursery if they are unwell. If a child is unwell it is in their best interest to be in a home environment with adult’s they know well rather than at nursery with their peers. When the children first start at the nursery we ask if all immunisations are up to date and record which vaccines the children have received.

**Our procedures**

In order to take appropriate action of children who become ill and to minimise the spread of infection we implement the following procedures:

1. If a child becomes ill during the nursery day, we contact their parent(s) and ask them to pick up their child within 1 hour. During this time we care for the child in a quiet, calm area with their key person, wherever possible

# We follow the guidance given to us by Public Health England (formerly the Heath Protection Agency) in Guidance on Infection Control in Schools and other Child Care Settings and advice from our local health protection unit on exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles and chicken pox, to protect other children in the nursery

1. Should a child have an infectious disease, such as sickness and diarrhoea, they must not return to nursery until they have been clear for at least 48 hours. We notify Ofsted as soon as possible and in all cases within 14 days of the incident where we have any child or staff member with food poisoning. We inform all parents if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection
2. We exclude all children on antibiotics for the first 48 hours of the course (unless this is part of an ongoing care plan to treat individual medical conditions e.g. asthma and the child is not unwell) This is because it is important that children are not subjected to the rigours of the nursery day, which requires socialising with other children and being part of a group setting, when they have first become ill and require a course of antibiotics
3. We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable
4. If a parent finds that their child has headlice we would be grateful if they could inform the nursery so that other parents can be alerted to check their child’s hair.

How long the children need to stay off nursery with the following medical conditions:

Conjunctivitis is contagious until the eyes are no longer red and there is no discharge children should not attend the nursery until they are clear for 48 hours without discharge forming in either eye. This length of time has been advised to us by a pharmacist whom informed us that if there is any gunk in the eyes they are still contagious and should be kept away from other children during this time.

1. We have provided exclusions periods for common illnesses below.
2. Vomiting – return 48 hours after last episode
3. Diarrhoea – return 48 hours after last episode
4. Temperature (over 38 with other symptoms, over 39 without other symptoms) – 35 hours.
5. Chicken Pox – return 7 days after the appearance of rash/or spots are dry (scabbed over)
6. Gastro-enteritis – as with vomiting but with the advice of a doctor should be sort
7. Food Poisoning– as with vomiting but with the advice of a doctor should be sort
8. Measles – return 7 days after the appearance of rash
9. Head Lice – until treatment has been given
10. Mumps – return 7 days after the onset, when the swelling has subsided and/or after medical advice.
11. German Measles/Rubella – return 7 days after the appearance of rash and after medical advice
12. Hand Foot and Mouth – return after 2 days to prevent the spread of infection.
13. We will consult the NHS website to guide us with recommendations or quarantine for all illnesses.
14. We hope that all parents recognize the need to be careful and considerate to others to prevent the spread of infections and also allow your children to recover properly before returning to nursery.

Meningitis procedure

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

**Severe Temperatures**

If a child has a temperature of over 39.5 we consider this a severe temperature. When a child has a temperature of 40 degrees it can be very dangerous and they can experience seizures and deteriorate rapidly. We would like to avoid these situations occurring and we will offer to give the child some Paracetamol to try and prevent their child being in a more dangerous situation. We need written permission by parents to confirm that they are happy for us to give one dose of medicine and to confirm that the child has not been given any medication within the last 6 hours. We will phone parents to ask them to email permission as soon as possible. Parents are still expected to collect within the hour. If the medicine doesn’t bring the temperature down and it reaches 40 degrees then an ambulance will be called and then the parents will be notified. The nursery reserves the right to care and protect the children within their care and as their primary carer with the child in their sight we will make the decision to get medical help as soon as possible as the children’s wellbeing is always our main priority.

Transporting children to hospital procedure

The nursery manager/staff member must:

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

*\*If a child has an accident that may require hospital treatment but not an ambulance and you choose to transport children within staff vehicles Citation advise you consider the following in your policy:*

1. *Requesting permission from parents*
2. *Ratio requirements of the setting being maintained*
3. *The age and height of the child, in regards to will they need a seat/booster cushion? Further guidance can be found at* [*www.childcarseats.org.uk/types-of-seat/*](http://www.childcarseats.org.uk/types-of-seat/)
4. *There are some exceptions for needing a child seat depending again on their age. Further guidance can be found at* [*www.childcarseats.org.uk/the-law/cars-taxis-private-hire-vehicles-vans-and-goods-vehicles/#under-three*](http://www.childcarseats.org.uk/the-law/cars-taxis-private-hire-vehicles-vans-and-goods-vehicles/#under-three)
5. *With the fitting of the car seat, we also need to ask has the individual had training in carrying in carrying this out?*
6. *Is this transport covered under business insurance, so a call to your insurance company will be needed, or do they have business insurance on their vehicle?*
7. *Safeguarding of the child needs to be looked at. In certain situations e.g. A designated member of staff should be appointed to plan and provide oversight of all transporting arrangements and respond to any difficulties that may arise. Wherever possible and practicable it is advisable that transport is undertaken other than in private vehicles, with at least one adult additional to the driver acting as an escort. Staff should ensure that their behaviour is safe and that the transport arrangements and the vehicle meet all legal requirements. They should ensure that the vehicle is roadworthy and appropriately insured and that the maximum capacity is not exceeded*
8. *Emergency procedures, e.g. what happens if the child’s health begins to deteriorate during the journey.*

|  |  |  |
| --- | --- | --- |
| **This policy was adopted on** | **Signed on behalf of the nursery** | **Date for review** |
|  |  |  |

Teaching and Learning Style

At Stars Nursery we aim to give all our children the opportunity to succeed and reach the highest level of personal achievement. We analyse the attainment of different groups of children to ensure that all children are achieving as much as they can. We also make ongoing assessments of each child’s progress. Staff use this information when planning. It enables them to take into account the abilities of all their children.

When the attainment of a child falls significantly below the expected level, staff enable the child to succeed by planning work that is in line with that child’s individual needs. Where the attainment of a child significantly exceeds the expected level of attainment, staff use appropriate resources and learning styles, and extend the breadth of work within the area or areas for which the child shows particular aptitude.

**Behaviour Policy** including physical intervention.

As stated in the EYFS Framework under the heading of ‘keeping safe’, having consistent boundaries for behaviour helps children feel confident and learn what is and what is not acceptable.

We like to encourage parents/carer to share with us ways they manage their children’s behaviour to ensure consistency of care for their child.

Our aims are to help children develop self-esteem and learn between right and wrong.

We promote positive behaviour through rewarding all good behaviour and offering lots of praise when achieved.

1. Plan for good behaviour
2. We will ensure clear and consistent boundaries
3. Offer consistent rewards for good behaviour
4. We will be positive, set a good example and be a positive role model. We would do this by modelling the behaviour wanted.
5. Allow children to make choices
6. Use the language of choice. Use positive language explain what you would like them to do not what you want them to stop doing.
7. Actively build trust
8. Always follow up on issues that count

We do not and will never threaten to smack as a way of managing behaviour.

In event of your child hurting another, we will calmly explain that it is not nice to hurt and encourage them to say ‘sorry’.

We will always remain calm and explain reasons why their behaviour is unacceptable. This will always be shared with the parents/carers.

In the event of staff having to intervene they would only use physical intervention when absolutely necessary to maintain the safety of all parties (children & adults) and to prevent and to avoid damage to property.

All incidents requiring adult intervention will be recorded in detail on an incident form and the physical intervention log. These are located in the store room.

**Behaviour management for Babies and Toddlers**

Behaviour management techniques will be carefully considered in close consultation with parents and used with an awareness of the children’s stage of development, level of understanding and maturity in mind.

Staff will provide a safe happy secure environment where children feel valued and cared for. Staff will ensure to have clear and consistent routines and rules. Staff will also be good role models who can care for the children confidently.

Parents need to be aware that staff need to be more hands on with the younger children in order to prevent accident or injury to themselves or to others. For example, lifting children down if they are climbing – moving a child away if there is conflict- placing a child somewhere safe if they a having a temper tantrum – providing a safe place to express their emotions.

**Play**

We consider that, for young babies and young children, play is central to their mental, physical and social development. We follow the 7 areas of learning when planning our day and always consider the characteristics of learning when making observations. For children under 2 the staff will focus on their Personal, social and emotional development, Physical development and communication and language skills. This is a continuous part of our day and the staff are always thinking of new and exciting activities to stretch the children developmentally in these core areas. It is believed that if the children do well in these 3 areas they are the foundation of learning for the future.

 During a typical day we provide opportunities for both structured and unstructured play to suit and stretch each child according to his or her individual aptitude and ability.

 Whilst playing, we encourage language development, writing skills, number skills, social interaction and co-operation, sharing, creativity and self- confidence through positive reinforcement and conversation. We always encourage and promote good self- belief, always with a clear positive attitude.

 Our equipment and play items and material are made available with close supervision where necessary. Potentially messy or risky activities such as painting or cooking are carried out in a suitable structured and supervised setting. No child is ever forced into an activity that they do not wish to take part in, but support and guidance will be used to help these children who find that certain activities uncomfortable or who are reluctant to try something new.

Wherever possible the child is encouraged to initiate creative activities (e.g. drawing material are always available) and books are, likewise always accessible.

All toys, books and equipment are for use by every child. We actively discourage stereotyping whether gender, racial, or mental/physical ability. All children in our care are encouraged to reach their full potential while playing.

Medication

At Stars Nursery we promote the good health of children attending nursery and take necessary steps to prevent the spread of infection (see sickness and illness policy). If a child requires medicine we will obtain information about the child’s needs for this, and will ensure this information is kept up to date.

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

Medication prescribed by a doctor, dentist, nurse or pharmacist

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

1. Prescription medicine will only be given when prescribed by the above and for the person named on the bottle for the dosage stated
2. Medicines must be in their original containers
3. Those with parental responsibility for any child requiring prescription medication should hand over the medication to the most appropriate member of staff who will then note the details of the administration on the appropriate form and another member of staff will check these details
4. Those with parental responsibility must give prior written permission for the administration of each and every medication. However, we will accept written permission once for a whole course of medication or for the ongoing use of a particular medication under the following circumstances:
5. The written permission is only acceptable for that brand name of medication and cannot be used for similar types of medication, e.g. if the course of antibiotics changes, a new form will need to be completed
6. The dosage on the written permission is the only dosage that will be administered. We will not give a different dose unless a new form is completed
7. Parents must notify us IMMEDIATELY if the child’s circumstances change, e.g. a dose has been given at home, or a change in strength/dose needs to be given.
8. The nursery will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by written instructions from a relevant health professional such as a letter from a doctor or dentist
9. The parent must be asked when the child has last been given the medication before coming to nursery; and the staff member must record this information on the medication form. Similarly, when the child is picked up, the parent or guardian must be given precise details of the times and dosage given throughout the day. The parent’s signature must be obtained at both times
10. At the time of administering the medicine, a senior member of staff will ask the child to take the medicine, or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form. (It is important to note that staff working with children are not legally obliged to administer medication)
11. If the child refuses to take the appropriate medication, then a note will be made on the form
12. Where medication is “essential” or may have side effects, discussion with the parent will take place to establish the appropriate response.
13. If a child fails to return a much needed medicine for example if a child takes their auto-injector home for the weekend but fails to return it on the child’s return to nursery, by law the nursery has to refuse that child until the medication is handed to a member of staff.

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

1. The nursery will not administer any non-prescription medication containing aspirin or paracetamol

 The nursery will only administer non-prescription medication for a short initial period, dependant on the medication or the condition of the child. After this time medical attention should be sought

1. If the nursery feels the child would benefit from medical attention rather than non-prescription medication, we reserve the right to refuse nursery care until the child is seen by a medical practitioner
2. On registration, parents will be asked if they would like to fill out a medication form to consent to their child being given a specific type of medication or anti-histamine in particular circumstances such bad teething pain or a wasp or bee sting. This form will state the dose to be given, the circumstances in which this can be given, the specific brand name or type of non-prescription medication and a signed statement to say that this may be administered in an emergency if the nursery CANNOT contact the parent
3. If a child does exhibit the symptoms for which consent has been given to give non-prescription medication during the day, the nursery will make every attempt to contact the child’s parents. Where parents cannot be contacted then the nursery manager will take the decision as to whether the child is safe to have this medication based on the time the child has been in the nursery, the circumstances surrounding the need for this medication and the medical history of the child on their registration form. Giving non-prescription medication will be a last resort and the nursery staff will use other methods first to try and alleviate the symptoms, e.g. for an increase in temperature the nursery will remove clothing, use fanning, tepid cooling with a wet flannel. The child will be closely monitored until the parents collect the child
4. For any non-prescription cream for skin conditions e.g. Sudocrem, prior written permission must be obtained from the parent and the onus is on the parent to provide the cream which should be clearly labelled with the child’s name
5. If any child is brought to the nursery in a condition in which he/she may require medication sometime during the day, the manager will decide if the child is fit to be left at the nursery. If the child is staying, the parent must be asked if any kind of medication has already been given, at what time and in what dosage and this must be stated on the medication form
6. As with any kind of medication, staff will ensure that the parent is informed of any non-prescription medicines given to the child whilst at the nursery, together with the times and dosage given
7. The nursery DOES NOT administer any medication unless prior written consent is given for each and every medicine.

Injections, pessaries, suppositories

As the administration of injections, pessaries and suppositories represents intrusive nursing, we will not administer these without appropriate medical training for every member of staff caring for this child. This training is specific for every child and not generic. The nursery will do all it can to make any reasonable adjustments including working with parents and other professionals to arrange for appropriate health officials to train staff in administering the medication.

**Staff medication**

All nursery staff have a responsibility to work with children only where they are fit to do so. Staff must not work with children where they are infectious or too unwell to meet children’s needs. This includes circumstances where any medication taken affects their ability to care for children, for example, where it makes a person drowsy. If any staff member believes that their condition, including any condition caused by taking medication, is affecting their ability they must inform their line manager and seek medical advice. \*The nursery manager/person’s line manager/registered provider will decide if a staff member is fit to work, including circumstances where other staff members notice changes in behaviour suggesting a person may be under the influence of medication. This decision will include any medical advice obtained by the individual or from an occupational health assessment.

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

Storage

All medication for children must have the child’s name clearly written on the original container and kept in a closed box, which is out of reach of all children.

Emergency medication, such as inhalers and auto- injectors (more commonly referred to by one of the manufacturer trade names Epipens or Emerade, will be within easy reach of staff in case of an immediate need, but will remain out of children’s reach.

Any antibiotics requiring refrigeration must be kept in a fridge inaccessible to children.

All medications must be in their original containers, labels must be legible and not tampered with or they will not be given. All prescription medications should have the pharmacist’s details and notes attached to show the dosage needed and the date the prescription was issued. This will all be checked, along with expiry dates, before staff agree to administer medication.

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| **This policy was adopted on** | **Signed on behalf of the nursery** | **Date for review** |
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