

Acorns Preschool



Kington St Michael

Procedural Polices Document

INDEX

1. Purpose of this document
2. Uncollected Child
3. Missing Child
4. Key Person and Settling In
5. Children who are Sick, Infectious or with Allergies
6. Recording and Reporting of Accidents and Incidents
7. Intimate Care & Nappy Changing
8. Food, Drink and Food Hygiene
9. Achieving Positive behaviour
10. Children's Safety and Security
11. Risk Assessment
12. Fire Safety and Evacuation
13. Admissions
14. Children's records
15. Transitions & Transfer of records to school
16. Information Sharing
17. Making a Complaint
18. E - Safety
19. Existing Injuries
20. First Aid
21. Non-Payment of Fees
22. Parent involvement
23. Woodpeckers
24. Sun Smart
25. Early Drop Off
26. School Associations
27. Administering Medicines

This document should be read in conjunction with the Safeguarding and Employment Policy documents.

- Safeguarding Policy Document
- Employment Policy Document

1. Purpose of this document

This document combines the procedural aspects of Acorns Preschool which act as guidelines for the day to day running of the preschool to ensure the safety and security of the children in our care.

2. Uncollected Child

Statement

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

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

Procedures

- Parents of children starting at the setting are asked to provide the following specific information, which is recorded on our Registration Form;
 - Home address and telephone number - if the parents do not have a telephone, an alternative number must be given, perhaps a neighbour or close relative.
 - Place of work, address and telephone number (if applicable).
 - Mobile telephone number (if applicable).
 - Names, addresses, telephone numbers of adults who are authorised by the parents to collect their child from the setting, for example a childminder or grandparent.
 - Who has parental responsibility for the child.
 - Information about any person who does not have legal access to the child.
- On occasions when parents are aware that they will not be at home or in their usual place of work, they inform us in writing of how they can be contacted.
- On occasions when parents, or the persons normally authorised to collect the child, are not able to collect the child, they provide us with written details of the name, address and telephone number of the person who will be collecting their child. We agree with parents how to verify the identity of the person who is to collect their child.

- Parents are informed that if they are not able to collect the child as planned, they must inform us so that we can begin to take back-up measures.
- We provide parents with our contact telephone number.
- We inform parents that we apply our child protection procedures in the event that their children are not collected by an authorised adult within one hour after the setting has closed and the staff can no longer supervise the child on our premises.

If a child is not collected at the end of the session/day, we follow the procedures below;

- The child's file is checked for any information about changes to the normal collection routines.
- If no information is available, parents/carers are contacted at home or at work.
- If this is unsuccessful the adults who are authorised by the parents to collect their child from the setting and whose telephone numbers are recorded on the Registration Form, are contacted.
- All reasonable attempts are made to contact the parents or nominated carers.
- The child does not leave the premises with anyone other than those named on the Registration Form or in their file.
- If no-one collects the child after the setting has closed and there is no-one who can be contacted to collect the child, we apply the procedures for uncollected children;
 - We contact our local authority children's social care team:
Multi Agency Safeguarding Hub (MASH) 0300 456 0108
 - The child stays at the setting in the care of two fully-vetted workers until the child is safely collected either by the parents or by a social care worker.
 - Social care will aim to find the parent or relative. If they are unable to do so, the child will become looked after by the local authority.
 - If advised to by the Referral and Assessment Team, we will go to the parent/carers address to look for them, if there are only two fully-vetted workers with the child then we will be unable to do this.
 - Depending on circumstances, we reserve the right to charge parents for the additional hours worked by our staff.

Ofsted may be also be informed: 0300 123 1231

3. Missing Child

Statement

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

Procedures

Child going missing on the premises

- As soon as it is noticed that a child is missing, the key person/staff alerts the Manager.
- The Manager will carry out a thorough search of the building and garden.
- Doors and gates are checked to see if there has been a breach of security whereby a child could wander out.
- The Manager talks to the staff to find out when and where the child was last seen and records this.
- The Manager calls the police and reports the child as missing and then calls the parent. The register is checked to make sure no other child has also gone astray.
- The Manager contacts the Chair and reports the incident. The Chair comes to the setting immediately to carry out an investigation, with the management team where appropriate.
- Designated Safeguarding Lead in setting to inform Ofsted of serious incident occurring (lost child).
- Designated Safeguarding Lead in setting to inform Public Liability Insurer of serious incident occurring (lost child).
- Designated Safeguarding Lead in setting to inform Designated Officer for Allegations (formerly known as LADO) of serious incident occurring (lost child).
- Designated Safeguarding Lead in setting to investigate how serious incident occurred, and take steps to minimize future occurrence.

Child going missing on an outing

This describes what to do when staff have taken a small group on an outing, leaving the Manager and/or other staff back in the setting. If the Manager has accompanied children on the outing, the procedures are adjusted accordingly.

What to do when a child goes missing from a whole setting outing may be a little different, as parents usually attend and are responsible for their own child.

- As soon as it is noticed that a child is missing, staff on the outing ask children to stand with their designated carer and carry out a headcount to ensure that no other child has gone astray. One staff member searches the immediate vicinity, but does not search beyond that.
- The setting Manager is contacted immediately (if not on the outing) and the incident is recorded.
- The Manager contacts the police and reports the child as missing.
- The Manager contacts the parent, who makes their way to the setting.
- Staff take the remaining children back to the setting.
- In an indoor venue, the staff contact the venue's security who will handle the search and contact the police if the child is not found.
- The Manager contacts the Chair and reports the incident. The Chair comes to the setting immediately to carry out an investigation, with the management committee, (where appropriate).
- The Manager or member of staff may be advised by the police to stay at the venue until they arrive.
- Designated Safeguarding Lead in setting to inform Ofsted of serious incident occurring (lost child).
- Designated Safeguarding Lead in setting to inform Public Liability Insurer of serious incident occurring (lost child).

- Designated Safeguarding Lead in setting to inform Designated Officer for Allegations (formerly known as LADO) of serious incident occurring (lost child).
- Designated Safeguarding Lead in setting to investigate how serious incident occurred, and take steps to minimize future occurrence.

The investigation

- Staff keep calm and do not let the other children become anxious or worried.
- The Manager together with a representative of the management team, speaks with the parent(s).
- The Chair carries out a full investigation taking written statements from all the staff in the room or who were on the outing.
- The key person/staff member writes an incident report detailing:
 - The date and time of the report.
 - What staff/children were in the group/outing and the name of the staff designated responsible for the missing child.
 - When the child was last seen in the group/outing.
 - What has taken place in the group or outing since the child went missing.
 - The time it is estimated that the child went missing.
- A conclusion is drawn as to how the breach of security happened.
- If the incident warrants a police investigation, all staff co-operate fully. In this case, the police will handle all aspects of the investigation, including interviewing staff. Children's social care may be involved if it seems likely that there is a child protection issue to address.
- The incident is reported under RIDDOR arrangements (see the Recording and Reporting of Accidents and Incidents policy); the local authority Health and Safety Officer may want to investigate and will decide if there is a case for prosecution.
- In the event of disciplinary action needing to be taken, Ofsted is informed.
- The insurance provider is informed.

Managing people

- Missing child incidents are very worrying for all concerned. Part of managing the incident is to try to keep everyone as calm as possible.
- The staff will feel worried about the child, especially the key person or the designated carer responsible for the safety of that child for the outing. They may blame themselves and their feelings of anxiety and distress will rise as the length of time the child is missing increases.
- Staff may be the understandable target of parental anger and they may be afraid. The Manager needs to ensure that staff under investigation are not only fairly treated but receive support while feeling vulnerable.
- The parents will feel angry, and fraught. They may want to blame staff and may single out one staff member over others; they may direct their anger at the Manager. When dealing with a distraught and angry parent, there should always be two members of staff, one of whom is the Manager and the other should be the Chairperson (if available) or another staff member. No matter how understandable the parent's anger may be, aggression or threats against staff are not tolerated, and the police should be called.
- The other children are also sensitive to what is going on around them. They too may be worried. The remaining staff caring for them need to be focused on their needs and must not discuss the incident in front of them. They should answer children's questions honestly but also reassure them.

- In accordance with the severity of the final outcome, staff may need counselling and support. If a child is not found, or is injured, or worse, this will be a very difficult time. The Chairperson or proprietor will use their discretion to decide what action to take.
- Staff must not discuss any missing child incident with the press without taking advice.

4. Key Person and Setting In

Statement

We believe that children settle best when they have a key person to relate to, who knows them and their parents well, and who can meet their individual needs. Research shows that a key person approach benefits the child, the parents, the staff and the setting by providing secure relationships in which children thrive, parents have confidence, staff are committed and the setting is a happy and dedicated place to attend or work in.

We want children to feel safe, stimulated and happy in the setting and to feel secure and comfortable with staff. We also want parents to have confidence in both their children's well-being and their role as active partners with the setting.

We aim to make the setting a welcoming place where children settle quickly and easily because consideration has been given to the individual needs and circumstances of children and their families.

The key person role is set out in the Safeguarding and Welfare Requirements of the Early Years Foundation Stage. Each setting must assign a key person for each child.

The procedures set out a model for developing a key person approach that promotes effective and positive relationships for children who are in settings.

Procedures

We allocate a key person before the child starts.

In some settings where a home visit is carried out before the child starts, this is done by the manager and the key person.

The key person is responsible for the induction of the family and for settling the child into our setting.

The key person offers unconditional regard for the child and is non-judgemental.

The key person works with the parents to plan and deliver a personalised plan for the child's well-being, care and learning.

The key person acts as the key contact for the parents and has links with other carers involved with the child, such as a childminder, and co-ordinates the sharing of appropriate information about the child's development with those carers.

The key person is responsible for developmental records and for sharing information on a regular basis with the child's parents to keep those records up-to-date, reflecting the full picture of the child in our setting and at home.

The key person encourages positive relationships between children.

If the child's key person is absent then the manager and staff will step in to provide support.

We promote the role of the key person as the child's primary carer in our setting, and as the basis for establishing relationships with other staff and children.

Settling-in

Before a child starts to attend the setting, we use a variety of ways to provide his/her parents with information. These include written information (including our prospectus and policies), displays about activities available within the setting, information days and evenings and individual meetings with parents.

Before the child is enrolled, we provide opportunities for the child and his/her parents to visit the setting.

We allocate a key person to each child and his/her family before she/he starts to attend; the key person welcomes and looks after the child and his/her parents at the child's first session and during the settling-in process.

We may offer a home visit by the manager, to ensure all relevant information about the child can be made known and to help develop a relationship between the family and Acorns.

We use pre-start visits and the first session at which a child attends to explain and complete, with his/her parents, the child's registration records.

When a child starts to attend, we explain the process of settling-in with his/her parents and jointly decide on the best way to help the child to settle into the setting.

We encouraged the parent/carer to stay during the child/children's first few sessions if needed, we listen to the parent/carers views and will work together to help the child/children settle and feel part of Acorns.

Younger children will take longer to settle in, as will children who have not previously spent time away from home. Children who have had a period of absence may also need their parent to be on hand to re- settle them.

We will develop strategies with the parent/carer to help the child feel settled.

We judge a child to be settled when they have formed a relationship with their key person; for example, the child looks for the key person when he/she arrives, goes to them for comfort, and seems pleased to be with them. The child is also familiar with where things are and is pleased to see other children and participate in activities.

When parents leave, we ask them to say goodbye to their child and explain that they will be coming back, and when.

We do not believe that leaving a child to cry will help them to settle any quicker. We believe that a child's distress will prevent them from learning and gaining the best from the setting.

We reserve the right not to accept a child into the setting without a parent or carer if the child finds it distressing to be left. This is especially the case with very young children.

Within the first four to six weeks of starting, we discuss and work with the child's parents to begin to create their child's record of achievement.

The progress check at age two

The key person carries out the progress check at age two in accordance with any local procedures that are in place and referring to the guidance A Know How Guide: The EYFS progress check at age two.

The progress check aims to review the child's development and ensures that parents have a clear picture of their child's development.

Within the progress check, the key person will note areas where the child is progressing well and identify areas where progress is less than expected.

The progress check will describe the actions that will be taken by the setting to address any developmental concerns (including working with other professionals where appropriate) as agreed with the parent(s).

The key person will plan activities to meet the child's needs within the setting and will support parents to understand the child's needs in order to enhance their development at home.

5. Children who are Sick, Infectious or with Allergies

Statement

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

Procedures for children who are sick or infectious

If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager calls the parents and asks them to collect the child, or send a known carer to collect the child on their behalf.

If a child has been sick, parents are asked to keep children home for 48 hours after they have last vomited.

If a child has a temperature, they are kept cool by removing top clothing and sponging their heads with cool water but kept away from draughts.

The child's temperature is taken using a forehead thermometer strip, kept in the first aid box.

In extreme cases of emergency the child should be taken to the nearest hospital and the parent informed.

Parents are asked to take their child to the doctor before returning them to the setting, the setting can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.

Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.

After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.

The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 and includes common childhood illnesses such as measles.

Reporting of 'notifiable diseases'

If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to the Health Protection Agency.

When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.

HIV/AIDS/Hepatitis procedure

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

Single-use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.

Protective rubber gloves are used for cleaning/slucing clothing after changing.

Soiled clothing is rinsed and bagged for parents to collect.

Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.

Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

Nits and head lice

Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.

On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

Children with allergies

When parents start their children at the setting they are asked if their child suffers from any known allergies, this is recorded on the Registration Form.

If a child has an allergy, a risk assessment form is completed to detail the following;

- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
- The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
- Control measures - such as how the child can be prevented from contact with the allergen.
- The Registration form is kept in the child's personal file and a copy is displayed where staff can see it.

Parents train staff in how to administer special medication in the event of an allergic reaction.

Generally, no nuts or nut products are used within the setting.

Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

Insurance requirements for children with allergies and disabilities

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

At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in *Managing Medicines in Schools and Early Years Settings* (DfES 2005).

Oral medication

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

Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.

The setting must be provided with clear written instructions on how to administer such medication.

All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.

The setting must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.

Life saving medication and invasive treatments

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

The provider must have;

a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;

- written consent from the parent or guardian allowing staff to administer medication; and
- proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse as advised by Wiltshire County Council.

Key person for special needs children - children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.

The key person must have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, we will seek guidance from Wiltshire County Council regarding training to help perform the necessary treatment which will also be reviewed by the appropriate medical professional and staff.

6. Recording and Reporting of Accidents and Incidents

(Including the procedure for reporting accidents and incidents to the HSE under RIDDOR requirements)

Statement

We follow the guidelines of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) for the reporting of accidents and incidents. Child protection matters or

behavioural incidents between children are not regarded as incidents and there are separate procedures for this.

Procedures

Our accident book;

- is kept in a safe and secure place;
- is accessible to staff and volunteers, who all know how to complete it; and
- is reviewed at least half termly to identify any potential or actual hazards.

Reporting accidents and incidents

Ofsted is notified as soon as possible, but at least within 14 days, of any instances which involve;

- food poisoning affecting two or more children looked after on our premises;
- a serious accident or injury to, or serious illness of, a child in our care and the action we take in response; and
- the death of a child in our care.

Local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, while in our care and we act on any advice given by those agencies.

Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health Department.

We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). We report to the Health and Safety Executive:

- any work-related accident leading to an injury to a child or adult, for which they are taken to hospital;
- any work-related injury to a member of staff, which results in them being unable to work for seven consecutive days;
- when a member of staff suffers from a reportable work-related disease or illness;
- any death, of a child or adult, that occurs in connection with activities relating to our work; and
- any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done; such as a gas leak.

Our incident book

- We have ready access to telephone numbers for emergency services, including the local police. Where we are responsible for the premises we have contact numbers for the gas and electricity emergency services, and a carpenter and plumber. Where we rent premises we

ensure we have access to the person responsible and that there is a shared procedure for dealing with emergencies.

- We keep an incident book for recording major incidents, including those that are reportable to the Health and Safety Executive as above.
- These incidents include;
 - a break in, burglary, or theft of personal or the setting's property;
 - an intruder gaining unauthorised access to the premises;
 - a fire, flood, gas leak or electrical failure;
 - an attack on member of staff or parent on the premises or nearby;
 - any racist incident involving staff or family on the setting's premises;
 - a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on the premises;
 - the death of a child or adult, and
 - a terrorist attack, or threat of one.

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

Legal framework

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

Further guidance

- RIDDOR Guidance and Reporting Form: www.hse.gov.uk/riddor

7. Intimate Care & Nappy Changing

Statement

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene, which demand direct or indirect contact with, or exposure of the genitals. Examples include care associated with continence.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide care to the children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at the setting work in partnership with parent/carers to provide continuity of care to children where possible.

Staff deliver a personal safety curriculum as part of the EYFS to all children as appropriate to their development level and degree of understanding. This is shared with the parents carers who are encouraged to reinforce the personal safety message within the home.

The setting is committed to ensure that all staff responsible for intimate care will undertake their duties in a professional manner at all times. The setting recognises that there is a need to treat children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Our approach to Best Practice

All children who require intimate care are treated respectfully at all times, the children's welfare and dignity is paramount.

Staff that provide intimate care are aware of best practice. Apparatus will be provided to assist children who need special arrangements following assessment from physiotherapists/occupational therapists as required.

Staff will need training and will need to adapt their practice to meet the needs of the individual child.

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible, given their age and abilities. Staff will encourage each child to do as much as possible for themselves as they can.

Each child has a right to privacy. Careful consideration will be given to each child's situation to determine how many carers might be needed to be present when a child needs intimate care. Where possible, the child's key workers will care for them, if another adult is needed then this will be documented in the incident book.

If a member of staff has any concerns about physical changes in a child's presentation e.g. marks, bruising or soreness etc she/he will immediately report concerns to the appropriate person for child protection. A clear record of the concern will be completed and referred on if necessary.

If a child becomes distressed or unhappy being cared for by a particular member of staff this will be looked into and outcomes recorded.

The parent/carers will be contacted in order to find a solution.

Outside agencies may be contacted with parent's permission for further advice.

Nappy Changing

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards toilet

training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

We provide nappy changing facilities and exercise good hygiene practices in order to accommodate children who are not yet toilet trained.

We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

Procedures

- Children from two years should normally wear pull ups, or other types of trainer pants, as soon as they are comfortable with this and their parents agree.
- All staff change clothing and nappies.
- Nappies are changed in the disabled toilet where the child lays on a special padded mat which can be wiped clean, the door is never shut but is left open enough for other staff to see in (child protection). The changing mat in the girls toilets is never used as it is unsafe.
- All disposable aprons, gloves, nappy sacks and wipes are kept in a large plastic lidded box. The box is kept during the session in the disabled toilet.
- Parents must provide nappies, nappy sacks, wipes and spare clothing for their children.
- Gloves and aprons are put on by staff before changing starts and the areas are prepared.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- In addition staff ensure that nappy changing is relaxed and a time to promote independence in young children.
- Children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- Children are encouraged to wash their hands, and have soap and towels to hand.
- Anti-bacterial soap is used.
- Staff are gentle when changing, they avoid pulling faces and making negative comments about 'nappy contents'.
- Staff do not make inappropriate comments about children's genitals when changing their nappies.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- Nappies and pull ups are disposed of hygienically. Any soil (faeces) in nappies or pull ups is flushed down the toilet and the nappy or pull up is bagged and put in the bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parent to take home.
- We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect and will be a disciplinary matter.

8. Food, Drink and Food Hygiene

Statement

Our provision regards snack and meal times as an important part of our day. Eating represents a social time for children and adults and helps children to learn about healthy eating. We promote healthy eating through activities and visits from outside agencies. At snack and meal times, we aim to provide nutritious food, which meets the children's individual dietary needs.

Procedures

- We follow these procedures to promote healthy eating in our setting.
- Before a child starts to attend the setting, we ask their parents about their dietary needs and preferences, including any allergies.
- We record information about each child's dietary needs in the Registration Form and parents sign the form to signify that it is correct.
- We regularly consult with parents to ensure that our records of their children's dietary needs, including any allergies are up-to-date. Parents sign the up-dated record to signify that it is correct.
- We display current information about individual children's dietary needs so that all staff and volunteers are fully informed about them.
- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences, as well as their parents' wishes.
- We plan menus in advance, involving children and parents in the planning.
- We display the menus of meals/snacks for parents to view.
- We provide nutritious food for all meals and snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives and colourings.
- We include a variety of foods from the four main food groups:
 - meat, fish and protein alternatives;
 - dairy foods;
 - grains, cereals and starch vegetables
 - fruit and vegetables.

- We include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- We take care not to provide food containing nuts or nut products and are especially vigilant where we have a child who has a known allergy to nuts.
- Through discussion with parents and research reading by staff, we obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, as well as about food allergies. We take account of this information in the provision of food and drinks.
- We provide a vegetarian alternative on days when meat or fish are offered and make every effort to ensure Halal meat or Kosher food is available for children who require it.
- We require staff to show sensitivity in providing for children's diets and allergies. Staff do not use a child's diet or allergy as a label for the child, or make a child feel singled out because of her/his diet or allergy.
- We organise meal and snack times so that they are social occasions in which children and staff participate.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.

- We have fresh drinking water constantly available for the children. We inform the children about how to obtain the water and that they can ask for water at any time during the day.
- In accordance with parents' wishes, we offer children arriving early in the morning, and/or staying late, an appropriate meal or snack.
- We inform parents who provide food for their children about the storage facilities available in the setting.
- We give parents who provide food for their children information about suitable containers for food.
- In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.
- For young children who drink milk, we provide semi-skimmed pasteurised milk.

Packed lunches

Children staying for lunch are required to bring a suitable packed lunch, we endeavour to;

- ensure perishable contents of packed lunches are refrigerated or contain an ice pack to keep food cool
- inform parents of our policy on healthy eating
- encourage parents to provide sandwiches with a healthy filling, fruit, and milk based deserts, such as yoghurt or crème fraîche. We discourage sweet drinks and can provide children with water or milk.
- discourage packed lunch contents that consist largely of crisps, processed foods, sweet drinks and sweet products such as cakes or biscuits. We reserve the right to return this food to the parent as a last resort
- provide children bringing packed lunches with plates, cups and cutlery

Legal framework

- Regulation (EC) 852/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs.

Snacks

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

- Snacks.

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

We are registered as a food provider with the local authority Environmental Health Department.

Procedures

- The person in charge and the person responsible for food preparation understands the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to their business. This is set out in Safer Food, Better Business (Food Standards Agency 2011). The

basis for this is risk assessment of the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.

- All staff follow the guidelines of Safer Food, Better Business.
- All staff involved in the preparation and handling of food have received training in food hygiene.
- The person responsible for food preparation and serving carries out daily opening and closing checks on the kitchen to ensure standards are met consistently.
- On a day that parent helpers are preparing the snack staff direct them in using the correct coloured chopping board, only using the main kitchen sink for washing up food related items, disinfecting the tables etc.
- We use reliable suppliers for the food we purchase.
- Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.
- Packed lunches are stored in a cool place; un-refrigerated food is served to children within 4 hours of preparation at home.
- Food preparation areas are cleaned before use as well as after use.
- There are separate facilities for hand-washing and for washing up.
- All surfaces are clean and non-porous.
- All utensils, crockery etc are clean and stored appropriately.
- Waste food is disposed of daily.
- Cleaning materials and other dangerous materials are stored out of children's reach.
- Children do not have unsupervised access to the kitchen.
- When children take part in cooking activities, they:
 - are supervised at all times;
 - understand the importance of hand washing and simple hygiene rules;
 - are kept away from hot surfaces and hot water; and
 - do not have unsupervised access to electrical equipment, such as blenders etc.

Reporting of food poisoning

- Food poisoning can occur for a number of reasons; not all cases of sickness or diarrhoea are as a result of food poisoning and not all cases of sickness or diarrhoea are reportable.
- Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within the setting, the manager will contact the Environmental Health Department to report the outbreak and will comply with any investigation.
- Any confirmed cases of food poisoning affecting two or more children looked after on the premises are notified to Ofsted as soon as reasonably practicable, and always within 14 days of the incident.

Legal framework

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

Further guidance

Safer Food Better Business (Food Standards Agency 2011)

9.Achieving Positive behaviour

Statement

Acorns Preschool believes that children flourish best when their personal, social and emotional needs are met and where there are clear and developmentally appropriate expectations for their behaviour.

Children need to learn to consider the views and feelings, needs and rights, of others and the impact that their behaviour has on people, places and objects. This is a developmental task that requires support, encouragement, teaching and setting the correct example. The principles that underpin how we achieve positive and considerate behaviour exist within our programme for promoting personal, social and emotional development.

Procedures

- We have a named person Lee Churchill who has overall responsibility for our programme for supporting personal, social and emotional development, including issues concerning behaviour.
- We require the named person to:
 - keep her/himself up-to-date with legislation, research and thinking on promoting positive behaviour and on handling children's behaviour where it may require additional support;
 - access relevant sources of expertise on promoting positive behaviour within our programme for supporting personal, social and emotional development; and
 - check that all staff have relevant in-service training on promoting positive behaviour. We keep a record of staff attendance at this training.
- We recognise that codes for interacting with other people vary between cultures and require staff to be aware of, and respect, those used by members of the setting.
- We require all staff, volunteers and students to provide a positive model of behaviour by treating children, parents and one another with friendliness, care and courtesy.
- We familiarise new staff and volunteers with the setting's Achieving Positive Behaviour Policy and its guidelines for behaviour.
- We expect all members of our setting - children, parents, staff, volunteers and students - to keep to the guidelines, requiring these to be applied consistently.
- We work in partnership with children's parents. Parents are regularly informed about their children's behaviour by their key person. We work with parents to address recurring inconsiderate behaviour, using our observation records to help us to understand the cause and to decide jointly how to respond appropriately.

Strategies with children who engage in inconsiderate behaviour

- We require all staff, volunteers and students to use positive strategies for handling any inconsiderate behaviour, by helping children to find solutions in ways which are appropriate for the children's ages and stages of development. Such solutions might include, for example, acknowledgement of feelings, explanation as to what was not acceptable, and

supporting children to gain control of their feelings, so that they can learn a more appropriate response.

- We ensure that there are enough popular toys and resources and sufficient activities available so that children are meaningfully occupied without the need for unnecessary conflict over sharing and waiting for turns.
- We acknowledge considerate behaviour such as kindness and willingness to share.
- We support each child in developing self-esteem, confidence and feelings of competence
- We support each child in developing a sense of belonging in our group, so that they feel valued and welcome.
- We avoid creating situations in which children receive adult attention only in return for inconsiderate behaviour.
- We try to deal with situations by explanation, if this does not work then the child has thinking time with an adult. An adult will sit with the child and explain in a way which is understandable to them about their behaviour and how it may have effected others. The adult and child will be sat near the other children so as not to feel singled out.
- When children behave in inconsiderate ways, we help them to understand the outcomes of their actions and support them in learning how to cope more appropriately.
- We never send children out of the room by themselves, nor do we use a 'naughty chair' or a 'time out' strategy that excludes children from the group.
- We never use physical or corporal punishment, such as smacking or shaking. Children are never threatened with these.
- We do not use techniques intended to single out and humiliate individual children.
- We use physical restraint, such as holding, only to prevent physical injury to children or adults and/or serious damage to property. Details of such an event (what happened, what action was taken and by who, and the names of witnesses) are brought to the attention of our setting leader and are recorded in the incident book.
- The child's parent(s) is/are informed on the same day.
- In cases of serious misbehaviour, such as racial or other abuse, we make clear immediately the unacceptability of the behaviour and attitudes, by means of explanations rather than personal blame.
- We do not shout or raise our voices in a threatening way to respond to children's inconsiderate behaviour.

Children under three years

- When children under three years old behave in inconsiderate ways we recognise that the strategies for supporting them will need to be developmentally appropriate and differ from those for older children.
- We recognise that very young children are unable to regulate their own emotions, such as fear, anger or distress, and require sensitive adults to help them do this.
- Common inconsiderate or hurtful behaviours of young children include tantrums, biting or fighting. Staff are calm and patient, offering comfort to intense emotions, helping children to manage their feelings and talk about them to help resolve issues and promote understanding.
- If tantrums, biting or fighting are frequent, we try to find out the underlying cause, such as a change or upheaval at home, or a frequent change of carers. Sometimes a child has not settled in well and the behaviour may be the result of 'separation anxiety'. We will share our concerns with the parents and see if we can work together to find a solution that can be worked on at home and in the setting.

- We focus on ensuring a child's attachment figure in the setting, their key person, is building a strong relationship to provide security to the child.

Rough and tumble play and fantasy aggression

Young children often engage in play that has aggressive themes, such as superhero and weapon play. Some children appear pre-occupied with these themes, but their behaviour is not necessarily a precursor to hurtful behaviour or bullying; although it may be inconsiderate at times and may need addressing using strategies as above.

- We recognise that teasing and rough and tumble play are normal for young children and acceptable within limits. We regard these kinds of play as pro-social and not as problematic or aggressive.
- We will develop strategies to contain play that are agreed with the children, and understood by them, with acceptable behavioural boundaries to ensure children are not hurt.
- We recognise that fantasy play also contains many violently dramatic strategies, e.g. blowing up and shooting, and that themes often refer to 'goodies and baddies' and as such offer opportunities for us to explore concepts of right and wrong.
- We are able to tune in to the content of the play, perhaps to suggest alternative strategies for heroes and heroines, making the most of 'teachable moments' to encourage empathy and lateral thinking to explore alternative scenarios and strategies for conflict resolution.

Hurtful behaviour

We take hurtful behaviour very seriously. Most children under the age of five will at some stage hurt or say something hurtful to another child, especially if their emotions are high at the time, but it is not helpful to label this behaviour as 'bullying'. For children under five, hurtful behaviour is momentary, spontaneous and often without cognisance of the feelings of the person whom they have hurt.

We recognise that young children behave in hurtful ways towards others because they have not yet developed the means to manage intense feeling that sometimes overwhelm them.

- We will help them manage these feelings, as they have neither the biological means nor the cognitive means to do this for themselves .
- Our way of responding to pre-verbal children is to calm them through holding and cuddling. Verbal children will also respond to cuddling to calm them down, but we offer them an explanation and discuss the incident with them to their level of understanding.
- We recognise that young children require help in understanding the range of feelings they experience. We help children recognise their feelings by naming them and helping children to express them, making a connection verbally between the event and the feeling. "Adam took your car, didn't he, and you were enjoying playing with it. You didn't like it when he took it, did you? Did it make you feel angry? Is that why you hit him?" Older children will be able to verbalise their feelings better, talking through themselves the feelings that motivated the behaviour.
- We help young children learn to empathise with others, understanding that they have feelings too and that their actions impact on others' feelings. "When you hit Adam, it hurt him and he didn't like that and it made him cry."

- We help young children develop pro-social behaviour, such as resolving conflict over who has the toy. "I can see you are feeling better now and Adam isn't crying any more. Let's see if we can be friends and find another car, so you can both play with one."
- We are aware that the same problem may happen over and over before skills such as sharing and turn-taking develop. In order for both the biological maturation and cognitive development to take place, children will need repeated experiences with problem solving, supported by patient adults and clear boundaries.
- We support social skills through modelling behaviour and through activities, drama and stories. We build self-esteem and confidence in children, recognising their emotional needs through close and committed relationships with them.
- We help a child to understand the effect that their hurtful behaviour has had on another child; we do not force children to say sorry, but encourage this where it is clear that they are genuinely sorry and wish to show this to the person they have hurt.
- When hurtful behaviour becomes problematic, we work with parents to identify any triggers that cause it and find a solution together. The main reasons for very young children to engage in excessive hurtful behaviour are that;
 - they do not feel securely attached to someone who can interpret and meet their needs - this may be in the home and it may also be in the setting;
 - their parent, or carer in the setting, does not have skills in responding appropriately, and consequently negative patterns are developing where hurtful behaviour is the only response the child has to express feelings of anger; .
 - the child may have insufficient language, or mastery of English, to express him or herself and may feel frustrated;
 - the child is exposed to levels of aggressive behaviour at home and may be at risk emotionally, or may be experiencing child abuse;
 - the child has a developmental condition that affects how they behave.
- Where this does not work, we use the Special Educational Needs Code of Practice to support the child and family, making the appropriate referrals to a Behaviour Support Team where necessary.

Bullying

We take bullying very seriously. Bullying involves the persistent physical or verbal abuse of another child or children. It is characterised by intent to hurt, often planned, and accompanied by an awareness of the impact of the bullying behaviour.

A child who is bullying has reached a stage of cognitive development where he or she is able to plan to carry out a premeditated intent to cause distress to another. Bullying can occur in children five years old and over and may well be an issue in after school clubs and holiday schemes catering for slightly older children.

If a child bullies another child or children;

- we show the children who have been bullied that we are able to listen to their concerns and act upon them.
- we intervene to stop the child who is bullying from harming the other child or children.

- we explain to the child doing the bullying why her/his behaviour is not acceptable.
- we give reassurance to the child or children who have been bullied.
- we help the child who has done the bullying to recognise the impact of their actions.
- we make sure that children who bully receive positive feedback for considerate behaviour and are given opportunities to practise and reflect on considerate behaviour.
- we do not label children who bully as 'bullies'.
- we recognise that children who bully may be experiencing bullying themselves, or be subject to abuse or other circumstances causing them to express their anger in negative ways towards others.
- we recognise that children who bully are often unable to empathise with others and for this reason we do not insist that they say sorry unless it is clear that they feel genuine remorse for what they have done. Empty apologies are just as hurtful to the bullied child as the original behaviour.
- we discuss what has happened with the parents of the child who did the bullying and work out with them a plan for handling the child's behaviour; and
- we share what has happened with the parents of the child who has been bullied, explaining that the child who did the bullying is being helped to adopt more acceptable ways of behaving.

We have a 'visual' anti-bullying policy which is regularly shared with the children.

10. Children's Safety and Security

Statement

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

Children's personal safety

- We ensure all employed staff have been checked for criminal records via an enhanced disclosure through the Disclosure and Baring Service.
- Children are never left on their own with adults who are not DBS (CRB) checked
- All children are supervised by adults at all times.
- Whenever children are on the premises at least two adults are present who are DBS (CRB) checked.
- We carry out risk assessments to ensure children are not made vulnerable within any part of our premises, nor by any activity.

Security

- Systems are in place for the safe arrival and departure of children.
- The times of the children's arrivals and departures are recorded.
- The arrival and departure times of adults - staff, volunteers and visitors - are recorded.
- Our systems prevent unauthorised access to our premises.
- Our systems prevent children from leaving our premises unnoticed.
- The personal possessions of staff and volunteers are securely stored during sessions.

11. Risk Assessment

Statement

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

When planning, preparing and completing a risk assessment we think about

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

Procedures

- Our risk assessment process covers adults and children and includes;
 - determining where it is helpful to make some written risk assessments in relation to specific issues, to inform staff practice, and to demonstrate how we are managing risks if asked by parents and/or carers and inspectors
 - checking for and noting hazards and risks indoors and outside, in relation to our premises and activities
 - assessing the level of risk and who might be affected
 - deciding which areas need attention
 - developing an action plan that specifies the action required, the time-scales for action, the person responsible for the action and any funding required.
- Where more than five staff and volunteers are employed, the risk assessment is written and is reviewed regularly.
- We maintain lists of health and safety issues, which are checked daily before the session begins, as well as those that are checked on a weekly and termly basis when a full risk assessment is carried out.

Legal framework

- Management of Health and Safety at Work Regulations (1999)

12. Fire Safety and Evacuation

Statement

We ensure our premises present no risk of fire by ensuring the highest possible standard of fire precautions. The person in charge and staff are familiar with the current legal requirements. Where necessary we seek the advice of a competent person, such as our Fire Officer or Fire Safety Consultant.

Our aim is to ensure the preschool children, staff, parents, visitors and the village shop staff and customers are evacuated from the building swiftly.

Procedures

The basis of fire safety is risk assessment, carried out by a 'competent person'.

- Where we rent premises, we will ensure that we have a copy of the fire safety risk assessment that applies to the building and that we contribute to regular reviews.
- Fire doors are clearly marked, never obstructed and easily opened from inside.
- Smoke detectors/alarms and fire fighting appliances conform to BSEN standards, are fitted appropriate high risk areas of the building and checked as specified by the manufacturer.
- Our emergency evacuation procedures are approved by the Fire Safety Officer and are:
 - clearly displayed in the premises;
 - explained to new staff, volunteers and parents and are practised at the beginning of every new term, they are recorded in the fire drill book and servicing of fire safety equipment.

Evacuation procedure

The designated person responsible for safety is the manager.

The whistle is hung on the light above the kitchen counter and is clearly labelled. A responsible adult will blow this to alert the need to evacuate the building.

Children to be helped to line up by the door they will be exiting from by the deputy and another member of staff.

Toilets to be checked/cleared by a preschool assistant.

A preschool assistant will ensure that the kitchen, boiler room and staff toilet is clear before joining the children to exit the building.

Children and all other adults with siblings to be ushered out through the door quickly with no sense of panic and follow staff out around the building and through the gates to the assembly point where a member of staff will be waiting. A member of staff or parent helper will alert the shop as they leave the building.

Mobile phone, register, signing book and registration form file to be taken from the counter by Manager/deputy.

The manager/deputy will be the last one to leave the building, having checked that the main hall is empty.

The manager/deputy will call the register, children are encouraged to shout 'yes', rota parents, siblings, visitors and staff to be included as well as people from the shop.

A member of staff to alert emergency services '999' on mobile phone.

Every one to be evacuated from the car park to the church yard/porch. Parents will be contacted to collect children from the church.

NO ONE is to hold up the evacuation by collecting personal effects or re-entering the building to do so.

We hold practice fire evacuations drills for one week each new term. This is recorded in the fire drill book which can be found in the cupboard below the kitchen counter.

The fire drill record book contains:

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

A record is kept of how many times each child takes part in a Fire Drill to ensure all children have had an opportunity to practice.

13. Admissions

Policy statement

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

Procedures

- We ensure that the existence of our setting is widely advertised in places accessible to all sections of the community.
- We ensure that information about our setting is accessible and provided in written and spoken form.
- We will provide translated written materials where language needs of families suggest this is required, as well as access to an interpreter. Where necessary, we will try to provide information in Braille, or through British Sign Language.
- We arrange our waiting list in birth order. In addition, our policy may take into account the following;
 - the vicinity of the home to the setting; and
 - siblings already attending the setting.
- We keep a place vacant, if this is financially viable, to accommodate an emergency admission.
- We describe our setting and its practices in terms that make it clear that it welcomes both fathers and mothers, other relations and other carers, including childminders.

- We describe how our practices treat each child and their family, having regard to their needs arising from their gender, special educational needs, disabilities, social background, religion and ethnicity or from English being a newly acquired additional language.
- We describe how our practices enable children and/or parents with disabilities to take part in the life of the setting.
- We monitor the gender and ethnic background of children joining the group to ensure that our intake is representative of social diversity.
- We make our Valuing Diversity and Promoting Equality Policy widely known.
- We consult with families about the opening times of the setting to ensure we accommodate a broad range of families' needs.
- We are flexible about attendance patterns to accommodate the needs of individual children and families, providing these do not disrupt the pattern of continuity in the setting that provides stability for all the children.

14. Children's Records

Policy statement

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

This policy and procedure is taken in conjunction with the Confidentiality and Client Access to Records Policy and the Information Sharing Policy.

Procedures

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

Developmental records

- These include observations of children in the setting, photograph and samples of their work and summary developmental reports.
- These are kept in a locked filing cabinet but can be freely accessed and contributed to by staff, the child and the child's parents.

Personal records

- These include registration and admission forms, signed consent forms, correspondence concerning the child or family, reports or minutes from meetings concerning the child from other agencies, an ongoing record of relevant contact with parents, and observations by staff on any confidential matter involving the child, such as developmental concerns or child protection matters.
- These confidential records are stored in a lockable file or cabinet and are kept secure by the person in charge in an office or other suitably safe place.
- Parents have access, in accordance with our Client Access to Records Policy, to the files and records of their own children, but do not have access to information about any other child.
- Staff will not discuss personal information given by parents with other members of staff, except where it affects planning for the child's needs. Staff induction includes an awareness of the importance of confidentiality in the role of the key person.

- We retain children's records for three years after they have left the setting, except records that relate to an accident or child protection matter, which are kept until a child reaches the age of 21 years. These are kept in a secure place.

Other records

- We keep a daily record of the names of the children we are caring for, their hours of attendance and the names of their key person.
- Issues to do with the employment of staff, whether paid or unpaid, remain confidential to the people directly involved with making personnel decisions.
- Students or other recognised qualifications and training, when they are observing in the setting, are advised of our Confidentiality and Client Access to Records Policy and are required to respect it.

Legal framework

- Data Protection Act (1998)
- Human Rights Act (1998)

15. Transitions & Transfer of records to school

Statement

Acorns Preschool aims to provide a high quality early years experience and provide firm foundations for their academic and social, emotional success. Ensuring continuity between settings is key and the child's emotional needs are addressed appropriately.

If the child attends other settings we will then link up with them to work together to help development of the individual child.

Transitions

When a child moves from one stage in their education to the next, a seamless transition should occur.

At Acorns we feel it is imperative that parents, carers and early years practitioners understand what a child could be going through during times of change.

This change could affect their emotional, physical and intellectual development. Having the ability to empathise during this time will enable the child to have the capacity to adjust and continue to learn while receiving the reassurance and support they will need during the transition from our setting to their school.

Methods

- Squirrels sessions for our children who are about to start school helps children develop friendships and develop the skills needed for a smooth transition into school life.

- We encourage child who will be attending the same school to form a link to help them settle when first starting.
- We invite local school reception teachers into the setting to meet the children and to see their Squirrels book. Parents are informed of the visits and verbal permission will be sought regarding sharing their children's books.
- During the sessions we prepare activities to cover all area's of learning as well as changing for P.E. We discuss aspects of school life in a sensitive way and encourage children to express any concerns they have and if necessary share them with parents.
- A poster is put up in the setting advising parents/carers how to register their child into school, reminders nearer the closing date are put in the newsletter.
- During term 3-4 Transition Inclusion Support Meetings are instigated if appropriate. Special educational needs transfer records are sent to schools at the end of term 4 along with SEN records.
- Transition records are forwarded to the relevant schools during term 6. Parents are given a copy of the Transition record for their information and then invited to a parent consultation where their child's progress is discussed.

Transfer of Documents

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

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

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

The procedure guides this process and determines what information we can and cannot share with a receiving school or setting.

Procedures

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

- Using the Development Matters in the Early Years Foundation Stage guidance and our assessment of children's development and learning, the key person will prepare a summary of achievements in the seven areas of learning and development.
- The record refers to;
 - any additional language spoken by the child and his or her progress in both languages;
 - any additional needs that have been identified or addressed by the setting;
 - any special needs or disability, whether a CAF was raised in respect of special needs or disability, whether there is a Statement of Special Educational Needs, and the name of the lead professional.
- The record contains a summary by the key person and a summary of the parent's view of the child.

- The document may be accompanied by other evidence, such as photos or drawings that the child has made.
- When a child transfers to a school, most local authorities provide an assessment summary format or a transition record, which we will follow as applicable.
- If there have been any welfare or protection concerns, a star is placed on the front of the assessment record.

Transfer of confidential information

- The receiving school or setting will need to have a record of any safeguarding or child protection concerns that were raised in the setting and what was done about them.
- A summary of the concerns will be made to send to the receiving setting or school, along with the date of the last professional meeting or case conference. Some Local Safeguarding Children Boards will stipulate the forms to be used and provide these.
- Where a CAF has been raised in respect of any welfare concerns, the name and contact details of the lead professional will be passed on to the receiving setting or school.
- Where there has been a s47 investigation regarding a child protection concern, the name and contact details of the child's social worker will be passed on to the receiving setting or school – regardless of the outcome of the investigation.
- This information is posted or taken to the school or setting, addressed to the setting or school's designated person for child protection and marked as 'confidential'.

Legal framework

- Data Protection Act (1998)
- Freedom of Information Act (2000)
- Human Rights Act (1998)
- Children Act (1989)

16. Information Sharing

Statement

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

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

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

The decision should never be made as an individual, but with the back-up of the management team. The three critical criteria are:

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

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

Procedures

Our procedure is based on the seven golden rules for information sharing as set out in Information Sharing: Guidance for Practitioners and Managers (DCSF 2008).

Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

- Our policy and procedures on Information Sharing provide guidance to appropriate sharing of information with external agencies.

Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could, be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

In our setting we ensure parents:

- receive information about our Information Sharing Policy when starting their child in the setting and that they sign our Registration Form to say that they understand the circumstances in which information may be shared without their consent. This will only be when it is a matter of safeguarding a child or vulnerable adult;
- have information about our Safeguarding Children and Child Protection Policy; and
- have information about the other circumstances when information will be shared with external agencies, for example, with regard to any special needs the child may have or transition to school.

Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

- Managers contact children's social care for advice where they have doubts or are unsure.

Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

- Guidelines for consent are part of this procedure.

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

In our setting we:

- record concerns and discuss these with the setting's designated person and/or designated officer from the management committee for child protection matters;
- record decisions made and the reasons why information will be shared and to whom; and
- follow the procedures for reporting concerns and record keeping.

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

- Our Safeguarding Children and Child Protection Policy sets out how and where information should be recorded and what information should be shared with another agency when making a referral.

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

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

Consent

Parents have a right to be informed that their consent to share information will be sought in most cases, as well as the kinds of circumstances when their consent may not be sought, or their refusal to give consent may be overridden. We do this as follows:

- Our policies and procedures set out our responsibility regarding gaining consent to share information and when it may not be sought or overridden.
- We may cover this verbally when the child starts or include this in our prospectus.
- Parents sign our Registration Form at registration to say they understand this.
- Parents are asked to give written consent to share information about any additional needs their child may have, or to pass on child development summaries to the next provider/school.
- Copies are given to parents of the forms they sign.
- We consider the following questions when we need to share:
 - Is there legitimate purpose to sharing the information?
 - Does the information enable the person to be identified?
 - Is the information confidential?
- If the information is confidential, do we have consent to share?
 - Where we have a statutory duty or court order requiring us to share the information?
 - If consent is refused, or there are good reasons not to seek consent, is there sufficient public interest for us to share information?
 - If the decision is to share, are we sharing the right information in the right way?
 - Have we properly recorded our decision?

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

Legal framework

- Data Protection Act (1998)
- Human Rights Act (1998)

Further guidance

- Information Sharing: Guidance for Practitioners and Managers (DCSF 2008)

17. Making a Complaint

Statement

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

Procedures

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

Making a complaint

Stage 1

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

Stage 2

- If this does not have a satisfactory outcome, or if the problem recurs, the parent moves to this stage of the procedure by putting the concerns or complaint in writing to the Manager and the Committee.
- For parents who are not comfortable with making written complaints, there is a template form for recording complaints in the Complaint Investigation Record; the form may be completed with the person in charge and signed by the parent.

- The setting stores written complaints from parents in the child's personal file. However, if the complaint involves a detailed investigation, the Manager may wish to store all information relating to the investigation in a separate file designated for this complaint.
- When the investigation into the complaint is completed, the Manager or Chair meets with the parent to discuss the outcome.
- Parents must be informed of the outcome of the investigation within 28 days of making the complaint.
- When the complaint is resolved at this stage, the summative points are logged in the Complaint Investigation Record.

Stage 3

- If the parent is not satisfied with the outcome of the investigation, he or she requests a meeting with the Manager and the Chair. The parent may have a friend or partner present if they prefer and the Manager should have the support of the Committee.
- An agreed written record of the discussion is made, as well as any decision or action to take as a result. All of the parties present at the meeting sign the record and receive a copy of it.
- This signed record signifies that the procedure has concluded. When the complaint is resolved at this stage, the summative points are logged in the Complaint Investigation Record.

Stage 4

- If at the stage three meeting the parent and setting cannot reach agreement, an external mediator is invited to help to settle the complaint. This person should be acceptable to both parties, listen to both sides and offer advice. A mediator has no legal powers, but can help to define the problem, review the action so far and suggest further ways in which it might be resolved.
- The mediator keeps all discussions confidential. S/he can hold separate meetings with the setting personnel (Manager and Chair) and the parent, if this is deemed to be helpful. The mediator keeps an agreed written record of any meetings that are held and of any advice s/he gives.

Stage 5

- When the mediator has concluded her/his investigations, a final meeting between the parent, the Manager and the Chair is held. The purpose of this meeting is to reach a decision on the action to be taken to deal with the complaint. The mediator's advice is used to reach this conclusion. The mediator is present at the meeting if all parties think this will help a decision to be reached.
- A record of this meeting, including the decision on the action to be taken, is made. Everyone present at the meeting signs the record and receives a copy of it. This signed record signifies that the procedure has concluded.

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

- Parents may approach Ofsted directly at any stage of this complaints procedure. In addition, where there seems to be a possible breach of the setting's registration requirements, it is essential to involve Ofsted as the registering and inspection body with a duty to ensure the Safeguarding and Welfare Requirements of the Early Years Foundation Stage are adhered to.
- The number to call Ofsted with regard to a complaint is: 0300 123 1231
- These details are displayed on our setting's notice board.
- If a child appears to be at risk, our setting follows the procedures of the Local Safeguarding Children Board.
- In these cases, both the parent and setting are informed and the Manager works with Ofsted or the Local Safeguarding Children Board to ensure a proper investigation of the complaint, followed by appropriate action.

Records

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

18. E - Safety

Statement

Our setting will ensure the safety of the children is of paramount importance with respect to the settings use of the internet. The internet can be accessed via mobile phones, including the settings own mobile phone and via a WiFi connection based in the village shop next door.

Currently the laptop used by the children does not have access to the internet.

Aim

We aim to provide a safe environment for the children and adults.

Methods

All mobile phones of staff, parent helpers, visitors and volunteers are kept in a box on the kitchen counter and may only be used in session with permission from the Manager.

Mobile phones must not be kept in pockets unless express permission is sought and granted by the Manager of the setting. When such permission is given a note will be made in the diary to confirm this decision.

Any phone calls made or accepted must be made or accepted outside or away from the children.

It is not permitted to take photos of the children using mobile phones.

19. Existing Injuries

Statement

To enable us to work together and protect your child and the staff at Acorns Preschool our setting will work with children, parents and the community to ensure the rights and safety of children and to give them the very best start in life.

We ask all parents and carers to be completely honest with staff and to make us aware of any accidents or incidents that have occurred to their child before they arrive at Acorns preschool.

If a child has been absent from the setting due to illness or injury or wishes to return whilst still undergoing treatment (such as having a limb in plaster), the Preschool will endeavour to accommodate them whilst maintaining the safety and well being of the other children in the setting.

Procedures

We work together with parents and work to the requirements of the EYFS.

If a child has had an injury or accident outside of the setting the parent/carers at the beginning of the session will be required to make staff aware of any injuries or accidents that have occurred.

A member of staff will record the details of the injury/accident/incident in our Incident/Accident book and the parent/carer will sign to confirm the injury/accident/incident happened outside the preschool.

Any child wishing to return to the setting whilst having treatment (such as having a broken leg) will be asked to meet with the Manager to discuss the requirements of the child and their suitability for returning to the setting. A written letter from the doctor or hospital must be shown to prove that the child is in a fit state to return to Preschool without their parent/carer. A risk assessment will take place in order to ascertain the potential dangers to both the returning child and those they come in contact with.

The Manager will make the final decision regarding the suitability of the child returning based upon the information provided and any advice sought.

20. First Aid

Statement

In our setting, staff are able to take action to apply first aid treatment in the event of an accident involving a child or adult. All staff are first aid trained and this can be applied on the premises or on

outings. The first aid qualification includes first aid training for infants and young children. We aim to ensure that first aid training is local authority approved and is relevant to staff caring for young children.

Procedures

The first aid kit

Our first aid kit is accessible at all times, complies with the Health and Safety (First Aid) Regulations 1981 and contains the following items;

- Triangular bandages (ideally at least one should be sterile) x 4.
- Sterile dressings:
 - Small x 3.
 - Medium x 3.
 - Large x 3.
- Composite pack containing 20 assorted (individually-wrapped) plasters x 1.
- Sterile eye pads (with bandage or attachment) e.g. No 16 dressing x 2.
- Container of 6 safety pins x 1.
- Guidance card as recommended by HSE x 1.

In addition to the first aid equipment, each box should be supplied with:

- 2 pairs of disposable plastic (PVC or vinyl) gloves.
- 1 plastic disposable apron.
- A children's forehead 'strip' thermometer.
- The first aid box is easily accessible to adults and is kept out of the reach of children.
- No un-prescribed medication is given to children, parents or staff.

At the time of each child's admission to the setting, parents' written permission for obtaining emergency medical advice or treatment is sought. Parents sign and date their written approval.

Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.

Legal framework

- Health and Safety (First Aid) Regulations (1981)

Further guidance

- First Aid at Work: Your questions answered (HSE Revised 2009)
- Basic Advice on First Aid at Work (HSE Revised 2008)
- Guidance on First Aid for Schools (DfEE)

21. Non Payment of Fees

Statement

To ensure that any fees owed to Acorns are paid in a timely fashion. To facilitate an impartial and non discriminatory procedure for parents that may not be able make timely payments, to arrange mutually acceptable alternatives.

Aim

To ensure the preschool offers a fair and transparent procedure for fee paying families.

Methods

- The preschool's Vice Treasurer, sends out invoices, via the parents' mail folders at the preschool, on the Wednesday of the first week of term. The invoice stipulates that the deadline for payment is the end of the second week of term.
- On the Monday of the third week of term those parents with outstanding fees will receive a 'red letter' from the preschool's Vice-Treasurer, via their mail folder at the preschool. If payment is not received once the reminder has been issued a charge of £5 may be added to the bill.
- If payment is not received by the fourth week of term those parents with outstanding fees will receive a letter from the preschool's Vice-Treasurer requesting them to make an appointment to meet with the Chair
- The preschool's Chair will consider non-payment of fees on a case-by-case basis.
- If the agreement is not adhered to, the child(ren) will be excluded from the preschool.
- As a registered charity we are required to make every effort to recover unpaid fees and to that end would seek recovery through the Small Claims Court.

22. Parent Involvement

Statement

We believe that children benefit most from early years education and care when parents and the preschool work together in partnership.

Our aim

Our aim is to support parents as their children's first and most important educators by involving them in their children's education and in the full life of the preschool. We also aim to support parents in their own continuing education and personal development.

Method

In order to fulfil these aims we;

- are committed to ongoing dialogue with parents to improve our knowledge of the needs of their children and to support their families
- inform all parents about how the preschool is run and its policies through access to written information and through regular informal communication. We check to ensure parents understand the information that is given to them
- encourage and support parents to play an active part in the governance and management of the preschool
- inform all parents on a regular basis about their children's progress
- involve parents in the shared record keeping about their children - either formally or informally - and ensure parents have access to their children's written developmental records
- provide opportunities for parents to contribute their own skills, knowledge and interests to the activities of the preschool
- inform parents about relevant conferences, workshops and training
- consult with parents about the times of meetings to avoid excluding anyone
- provide information about opportunities to be involved in the preschool in ways that are accessible to parents with basic skills needs, or those for whom English is an additional language
- hold meetings in venues that are accessible and appropriate for all
- welcome the contributions of parents, in whatever form these may take
- inform all parents of the systems for registering queries, complaints or suggestions and check to ensure these are understood. All parents have access to our written complaints procedure
- provide opportunities for parents to learn about the curriculum offered in the preschool and about young children's learning, in the preschool and at home

23. Woodpeckers

Aim

We aim to give children and practitioners a shared understanding of using the outside as a learning environment. This approach enables young children to be independent, self-motivated, courageous, considerate and sets them up for lifelong learning. It particularly supports the development of self-esteem and self-confidence.

Environmental Considerations

There should be an environmental awareness at the heart of our Outdoor Adventures. Wherever possible environmentally friendly products and recycled materials should be used when appropriate. Good practice should be modelled by adults showing children that the world in which we live in should be cared for. Involving children in site checks and planning environmental games will help support this.

Health and Safety Considerations

The Woodpeckers programme will support young children to develop responsibility for themselves and others. It will even encourage early risk management strategies that will ensure that young children start to consider the impact of their actions on themselves and on others.

Child and Vulnerable Persons

Woodpeckers Leaders and practitioners should regard their duty of care when working with young person's as extremely important.

- Everyone involved in Woodpeckers is fully briefed on health and safety, risk assessment of sites and activities. Staff and volunteers should be made aware of the relevant school policies and ensure that they adhere to the guidance contained in them.
- Key members of staff will have Child Protection Training and will have a named Child Protection member of staff.
- Staff delivering training will have an enhanced level CRB check. It is strongly recommended that any regular volunteer attending Woodpeckers should also have this. Where a volunteer or member of staff does not hold a current CRB certificate then they should not be left unsupervised with children.
- Vulnerable groups are those under the age of 18 and those people of all ages with a disability or with a diagnosed mental health problem.
- Any concerns about a child's physical or mental wellbeing should be shared with the preschools named Child Protection Person, so that the preschools child protection policy can then be followed.
- We regard safety and good practice as extremely important and it is the responsibility of individual staff and volunteers to ensure general safety during working.
- Confidentiality should be maintained at all times.

Considerations for Equality and Inclusion

In Woodpeckers sessions all persons should be treated equally.

We aim to and are committed to;

- Providing a secure environment in which children can flourish and in which all contributions are valued
- Including and value the contribution of all children and adults to our understanding of equality and diversity
- Make inclusion a thread which runs through all of the activities of Woodpeckers Outdoor Adventures

The legal framework for this guidance is;

- Race Relations Act 1976
- Race Relations Amendment Act 2000
- Sex Discrimination Act 1986
- Children Act 1989
- Special Educational Needs and Disability Act 2001

Change of Venue

In the event of extremes of weather (Very high or low temperatures, very wet or windy) we will arrange to meet at Kington St Michael School and use their facilities to ensure the safety and comfort of the children.

This decision will be made prior to drop off, under no circumstances will the venue be changed during a session.

Cancellation Procedure

There may be times when Woodpeckers sessions have to be cancelled due to unforeseen circumstances. These may be;

- Staff illness – which prevents staff / child ratios being met.
- Severe weather conditions.
- Any situation that poses a health and safety risk.

In the event of this situation arising we recommend that;

- Cancellation decisions are made as soon as possible and that the parents are contacted via telephone/email/Face Book. In the event of a parent not being contacted a member of staff or Committee will meet the parent at the pre-arranged drop-off time to explain the situation.

24. Sun Smart

Statement

The preschool's Sun Smart policy has been developed to ensure that all children, staff, volunteers and visitors attending the preschool are protected from skin damage caused by the harmful ultraviolet rays of the sun.

Aim

The preschool aims to provide an environment that enables children, staff, volunteers and visitors to stay safe in the sun.

The preschool aims to ensure children, staff and parents are informed of the importance of sun protection.

Methods

- The preschool will ensure all parents, children and staff are aware of the preschools Sun Smart policy.
- Educating the children about sun safety to increase knowledge and influence behaviour.
- Children will engage in activities (pictures, paintings, songs etc) designed to promote Sun Smart behaviour.

- The preschool's Sun Smart policy is considered when planning all outdoor activities. Where possible we hold outdoor activities in the early part of the morning i.e. before 1030am, or will we use indoor facilities.
- The preschools Sun Smart policy is considered when planning all outdoor activities all year round with heightened awareness from April to September, which is the most dangerous time of year.
- Children who do not have the appropriate protection will not be able to take part in outdoor activities.
- Children are required to wear hats that protect their heads, necks and ears, i.e. legionnaires or wide brimmed; (baseball caps do not offer enough protection so are not recommended).
- The preschool requests parents to apply sunscreen of factor 15+ before dropping their child(ren) off at the preschool. Sun-cream needs to be applied 20 minutes before going outdoors.
- If further applications of sunscreen are needed, each child will need to bring in their own bottle, clearly labelled with their name, of factor 15+ sunscreen. This would not be used on any other child.
- Parental permission has to be given in writing for staff to apply sunscreen to children.
- Children are required to wear tops that cover their shoulders (vests and strappy tops are discouraged).
- The preschool discourages the wearing of open-toe sandals and flip-flops as they are a safety hazard in the playground and the preschool would prefer children to wear covered sandals.
- Children are permitted to wear UV protected sunglasses.
- Staff, volunteers and visitors must adhere to the preschools' Sun Smart policy.
- Staff are requested and volunteers and visitors are encouraged to act as role models by following the preschools' Sun Smart Policy.
- If a child is sunburned upon arrival at the preschool, it will be recorded in the incident book.

25. Early Drop Off

Statement

It is our intention to give working parents the opportunity of dropping their child off earlier than our usual start time while maintaining the safety and well being of the children in our care.

Aim

We aim to ensure that all parents and carers understand the process and legal obligations involved with the early dropping off of children at the setting.

Procedure

Parents may bring their child to the setting between the times of 8:45am and 9am for a small additional fee on the understanding that;

- No child may be left until a minimum of two staff are present at the setting without exception.
- The child sits quietly either singularly or with others and looks at a book whilst staff set up for the day.
- No additional demands are made on the staff during this early drop off period (eg. providing breakfast etc.)
- The parent has a genuine reason to request an early drop off.
- An agreement is read, understood and signed explaining the obligations of the preschool, the child and the parent/carer.
- Any child who is deemed unsuitable for an early drop off due to their behaviour will have to revert to a 9am drop off time.

Conditions

Whilst the setting is prepared for the arrival of the children at 9am there is a significant amount of moving and carrying of heavy equipment and furniture. Any child arriving during this period must be able to understand the potential hazards involved and remain in the book corner at all times to avoid possible injury to themselves and others.

A member of staff will remain in the room at all times to ensure the children are never left unattended.

Any child who's behaviour puts themselves, another child or a member of staff at risk during this time will no longer be given the option of an early drop off.

All the undertakings above are subject to the paramount commitment of the preschool, which is to the safety and well-being of the child.

26. School Associations

Statement

It is our intention to provide parents and children with a balanced exposure to local schools through organised visits to the setting.

Aim

We aim to ensure that all parents and carers do not feel that their child is being in any way pressured to attend a particular school while maintaining close links with local schools.

Procedure

We will endeavour to maintain close links with our local school in Kington St Michael through pre-arranged visits. These may involve the reception year visiting the Preschool or our own children visiting the school to use their facilities.

We will not promote any individual school to parents; our opinions will be balanced and honest with clear distinction given when expressing either the views of the Preschool or those of a personal nature.

Conditions

1. Acorns Preschool will not permit the distribution of 'general' leaflets from a school unless promoting a particular event (ie. An open day or Summer Fete)
2. Non-specific visits will not be permitted during terms one, two and three to ensure children and parents are not being pressured to attend any particular school.
3. The Preschool will use the facilities at Kington St Michael school for our gain; this may include amongst other events, occasional Woodpeckers sessions, watching the Nativity and using the school playing field for Sports Day.
4. Acorns Preschool is not affiliated with any particular school.

27. Administering Medicines

Statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

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

These procedures are written in line with guidance in *Managing Medicines in Schools and Early Years Settings*; the manager is responsible for ensuring all staff understand and follow these procedures.

The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager is responsible for the overseeing of administering medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.

- Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor). NB Children's paracetamol (un-prescribed) is administered only for children under the age of one year with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - the full name of child and date of birth;
 - the name of medication and strength;
 - who prescribed it;
 - the dosage to be given in the setting;
 - how the medication should be stored and its expiry date;
 - any possible side effects that may be expected; and
 - the signature of the parent, their printed name and the date.

PRESCRIBED MEDICINES ARE KEPT IN A LOCKED RED METAL BOX WHICH DURING THE SESSION IS KEPT ON THE KITCHEN COUNTER AND LOCKED IN THE CUPBOARD BELOW THE KITCHEN COUNTER WHEN STORED.

- The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the key person/manager. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:
 - name of the child;
 - name and strength of the medication;
 - date and time of the dose;
 - dose given and method;
 - signature of the key person/manager; and
 - parent's signature.
- We use the Preschool Learning Alliance's Medication Record book for recording the administration of medicine and comply with the detailed procedures set out in that publication.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

- If rectal diazepam is given, another member of staff must be present and co-signs the record book.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

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

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

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles.
- This procedure is read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations (2012)

Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)

This policy was adopted at a Committee meeting of Acorns Preschool, Kington St Michael

Signed:

Chair

Manager

Date: