

GIRTON COTTONTAILS PRESCHOOL & FOREST SCHOOL



Policies and Procedures
September 2022



Contents

Introduction.....	3
Adopting, implementing and reviewing policies.....	3
Policy and procedures implementation and review policy.....	7
Implementation and review procedure.....	8
Safeguarding Policy.....	10
Safeguarding procedures.....	28
Visitor or intruder on the premises procedure.....	34
Uncollected child procedure.....	35
Missing child procedure.....	37
Incapacitated parent procedure.....	39
Death of a child on-site procedure.....	41
Looked after children procedure.....	42
E-safety procedure.....	44
Key person supervision procedure.....	48
Whistle blowing policy.....	51
Whistle blowing procedures.....	53
Health and safety policy.....	55
Risk assessment procedure.....	58
Kitchen procedure.....	61
Children's bathrooms/changing areas procedure.....	62
Short trips, outings and excursions procedure.....	64
Outdoors procedure.....	67
Staff cloakrooms and belongings procedure.....	69
Maintenance and repairs procedure.....	70
Staff personal safety procedure.....	71
Dealing with agitated parents/visitors in the setting.....	72
Threats and abuse towards staff and volunteers procedure.....	73
Entrances and approach to the building procedure.....	78
Control of Substances Hazardous to Health (COSHH) procedure.....	79
Manual handling procedure.....	80
Decorations procedure.....	82
Jewellery and hair accessories procedure.....	83
Notifiable incident, non- child protection procedure.....	84
Terrorist threat/attack and lock-down procedure.....	89
Closed circuit television (CCTV) procedure.....	92
Fire safety policy.....	97
Fire safety procedures.....	98
Food safety and nutrition policy.....	101
Food preparation, storage and purchase procedures.....	103
Food for play and cooking activities procedure.....	107
Snack planning – Packed lunches and nutrition procedures.....	109
Meeting dietary requirements procedure.....	110
Health policy.....	112
Accidents and emergency treatment procedure.....	113
Administration of medicine procedure.....	116
Life-saving medication and invasive treatments procedure.....	120
Allergies and food intolerance procedure.....	122
Poorly children procedure.....	124
Oral health procedure.....	128

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Promoting inclusion, equality and valuing diversity policy	129
Equality procedures.....	133
Record keeping policy	141
Children's records and data protection procedure.....	143
Confidentiality, recording and sharing information procedure	147
Client access to records procedure	155
Transfer of records procedure	159
Staff, volunteers and students policy	164
Staff deployment procedure.....	165
Deployment of volunteers and parent helpers procedure.....	167
Student placement procedure.....	168
Early years practice policy	170
Waiting list and admissions procedure.....	172
Waiting list and admissions procedure.....	174
Absence procedure.....	177
The role of the key person procedure	180
Settling in and transitions procedure.....	182
Establishing children's starting points procedure	184
Arrivals and departures procedure.....	185
Snack-times and lunchtimes procedure	187
Intimate care and nappy changing procedure	189
Sleep and rest time procedure.....	192
Promoting positive behaviour procedure.....	193
Identification, assessment and support for children with SEND procedure.....	202
Transition to school procedure.....	209
Progress check at age two procedure.....	211
Working in partnership with parents and other agencies policy.....	212
Working in partnership with parents and other agencies procedure.....	214
Complaints procedure for parents and service users procedure	217



Introduction

Early years providers must meet all the statutory requirements of the Early Years Foundation Stage and take all necessary steps to keep children safe and well, including by maintaining records, policies and procedures.

As working documents policies and procedures govern all aspects of the setting's operations and are vital for consistency and quality assurance across the provision. They are required to be in writing.

Policies describe the approach of operating as an organisation and incorporate current legislation and registration requirements. Procedures detail the methods by which the policies are implemented.

Staff, volunteers and students need to fully understand and know how to implement the policies and procedures, which must also be accessible to parents, so that everyone knows what actions they need to take in practice to achieve them.

Adopting, implementing and reviewing policies

- Copies of the policies and procedures are made available to all parents and staff.

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- It is explained to parents, employees and volunteers that the policies contain the rules required for running the setting in a way which complies with the requirements of the EYFS and Ofsted registration and must be adhered to.
- All staff and volunteers are told they need to be aware of the content of the policies and procedures, and their role and responsibility in implementing them.
- Each policy and procedure is continually monitored.

If any adaptations are needed to any policy or procedure, it is ensured that it still meets the requirements of the relevant regulations.

Risk assessment is vital to implementation of many procedures. The Emma and Laura ensures that risk assessments as detailed are carried out at least once a year – more if the need arises and will amend or add to the procedures as required.

Children's rights and entitlements statement

We support the 54 Articles contained within the UN Convention on the Rights of the Child (1989). We recognise that these articles apply to children globally and draw attention to the disparity between and within countries and across regions of the world in the way that children receive and enjoy basic rights. We support organisations and statutory agencies to promote recognition and achievement of children's rights to ensure a better experience for all children.

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

1. The preschool is committed to building a '**culture of safety**' in which children are protected from abuse and harm in all areas of its service delivery.
2. The preschool is committed to **responding promptly and appropriately** to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in 'What to do if you are worried a child is being abused' (HMG 2015)

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3. The preschool is committed to promoting awareness of child abuse issues throughout its training and learning programmes for adults. It is also committed to empowering young children, through its early childhood curriculum, promoting their right to be **strong, resilient and listened to.**

What it means to promote children's rights and entitlements:

To be **strong** means to be

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

To be **resilient** means to

- *be sure* of their self worth and dignity
- *be able to be assertive* and state their needs effectively
- *be able to overcome* difficulties and problems
- *be positive* in their outlook on life
- *be able to cope* with challenge and change

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- have a *sense of justice* towards self and others
- to develop a *sense of responsibility* towards self and others
- to be able to *represent* themselves and others in key decision making processes

To be **listened to** means:

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



Policy and procedures implementation and review policy

Aim

We have one set of policies and procedures which are consistent across Girton Cottontails Preschool and in line with the current EYFS requirements.

Objectives

We adhere to and implement operational policies and procedures by:

- ensuring that all members of staff are aware of their role and responsibility in policy and procedure implementation
- ensuring that members of staff are aware of the content of the policies and procedures through:
 - induction
 - line management and staff meetings and training events
 - contributing feedback to procedure review
 - use of relevant publications
- Staff are aware of their duty to adhere to the operational policies and procedures and how they contribute to a consistent approach throughout the organisation.

Legal references

Childcare Act (2006)

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Education Act (2011)

Implementation and review procedure

We have one set of policies and procedures which are consistent across our provision and in line with the current EYFS requirements.

- Policies and procedures are written and reviewed annually.
- Changes are only made to the policies and procedures by the directors Emma Pell & Laura Norman.
- Policies and procedures are risk assessed and reviewed following any incident that is reportable under RIDDOR.
- Disciplinary action may be taken where individuals have disregarded policies and procedures.

Familiarisation and implementation

- It is the responsibility of every member of staff, volunteer and student within the setting to adhere to and always implement the policies and procedures.
- The setting manager offers advice and support to staff regarding procedure implementation.
- An overview of policies and procedures is included in induction for individual members of staff, with specific emphasis given to safeguarding procedures.
- Members of staff must sign to say that they are aware of and will adhere to the current policies and procedures.

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- Members of staff understand that they must refer to the procedures as they support all aspects of their work within the setting.
- Staff meetings and in-house training events are used as opportunities to focus on procedures as required, and to discuss their implementation.
- Where there is an outbreak of a communicable disease or infection, the relevant procedure is photocopied and displayed for parents' reference during the outbreak.
- Other procedures may be displayed where a situation arises, for example to highlight health and safety concerns such as closing the gate.
- Following implementation of a procedure, such as emergency evacuation or other health and safety procedures, the setting manager will conduct a review as follows:
 - did all members of staff follow the procedure?
 - is further training required on any aspect of implementation?
 - did the procedure fit the circumstance; does it need adapting or changing?

Parents

- Parents know how to access a full set of policies and procedures.



Safeguarding Policy

Girton Cottontails prechool fully recognises the responsibility to have arrangements in place to safeguard and promote the welfare of all children. Our policy applies to all staff, paid and unpaid, working in the setting, including volunteers and students, all of whom have a vital role in safeguarding children. Concerned parents may also contact the setting's Designated Person/s for Child Protection.

This policy sets out how the setting complies with statutory responsibilities relating to safeguarding and promoting the welfare of children who attend the setting. The policy will be reviewed regularly, annually as a minimum.

This policy reads alongside setting's Safeguarding and Child Protection procedures which provides staff, volunteers, students and parents/carers with details about specific safeguarding concerns that may impact on the welfare of children in their care or living locally. As a society we all have a duty to safeguarding children but it is particularly important that those working or volunteering with children remain vigilant to the signs and indicators of abuse and neglect. Staff, volunteers and students should be familiar with the safeguarding procedures within the setting and know how to respond to concerns about children or adults.

We recognise that high self-esteem, confidence, supportive friends and good lines of communication with a trusted adult help to protect children. The setting will therefore:

- Establish and maintain an ethos where children feel secure, are encouraged to talk, and are actively listened to.
- Ensure children know that there are adults in the setting whom they can approach if they feel worried or in difficulty



Designated Persons for Child Protection in our setting:

Name: Emma Pell

Safeguarding Practice in our Setting

Designated Persons for Child Protection (DP)

- A trained DP is available and on site (wherever possible) at all times the setting is open to be able to access relevant records and take the necessary action. Contingency arrangements will be put in place should the DP not be available.
- All DPs will refresh their training every two years. In addition DPs knowledge and skills will be refreshed regularly (at least annually) via information sources such as the DP Knowledge Hub, Child Protection Information Networks, the EY Safeguarding Conference and Cambridgeshire and Peterborough Safeguarding Children Partnership Board.
- The importance of the role of the Designated Person is acknowledged by ensuring they have the time and training to undertake their duties.
- The Cambridgeshire and Peterborough Safeguarding Children Partnership Board procedures, having regard for Working Together to Safeguard Children, 2018 and What to Do if You are Worried a Child is Being Abused, 2015 are adhered to. The Designated Person has contact details for Children's Social Care and the Early Help Hub readily accessible for use when required.

Staff Members and Volunteers and Students

- Have a robust induction including all relevant aspects of safeguarding practice.
- Know the names of the Designated Persons and what their role includes.
- Know how to record and pass on concerns about a child or adult.
- Understand their individual responsibility to refer child protection concerns to relevant agencies as a matter of urgency if there is no DP present and/or they feel the child remains at risk of significant harm.
- Attend basic child protection training every three years as a minimum and within 6 weeks of commencing employment. Training will contain details of the local safeguarding procedures within Cambridgeshire and support staff to identify signs of possible abuse and neglect at the earliest opportunity and to respond to these in a timely and appropriate way.
- Receive regular and relevant updates on safeguarding practice (at least annually).

Responding to safeguarding or child protection concerns

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Responding to marks or injuries observed

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

Responding to the signs and symptoms of abuse

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- Concerns about the welfare of a child are discussed with the designated person without delay.
- A written record is made of the concern before the discussion with the designated person.
- Concerns that a child is in immediate danger or at risk of significant harm are responded to immediately and if a referral is necessary this is made on the same working day.

Responding to a disclosure by a child

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

Decision making (all categories of abuse)

- The designated person makes a professional judgement about referring to other agencies, including Social Care using the Local Safeguarding Partnership (LSP) threshold document:

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- Level 1: Child's needs are being met. Universal support.
 - Level 2: Universal Plus. Additional professional support is needed to meet child's needs.
 - Level 3: Universal Partnership Plus. Targeted Early Help. Coordinated response needed to address multiple or complex problems.
 - Level 4: Specialist/Statutory intervention required. Children in acute need, likely to be experiencing, or at risk of experiencing significant harm.
- Staff are alert to indicators that a family may benefit from early help services and should discuss this with the designated person, also completing 06.1b Safeguarding incident reporting form if they have not already done so.

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

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

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

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

Informing parents when making a child protection referral

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

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

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

Referring

- The designated person or back-up follows their LSP procedures for making a referral.
- If the designated person or their back-up is not on site, the most senior member of staff present takes responsibility for making the referral to social care.
- If a child is believed to be in immediate danger, or an incident occurs at the end of the session and staff are concerned about the child going home that day, then the Police and/or social care are contacted immediately.

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- If the child is 'safe' because they are still in the setting, and there is time to do so, the senior member of staff contacts the setting's designated officer for support.
- Arrangements for cover (as above) when the designated person and back-up designated person are not on-site are agreed in advance by the setting manager and clearly communicated to all staff.

Further recording

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

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

- The designated person is responsible for reporting to the designated officer and seeking advice if required prior to making a referral as described above..

**** Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant**

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impairment of their health and development and/or who are disabled. Tier 4: Children in acute need, who are suffering or are likely to suffer significant harm.

Professional disagreement/escalation process

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

Low level concerns and allegations of serious harm or abuse against staff, volunteers or agency staff

Concerns may come from a parent, child, colleague or member of the public.

Allegations or concerns must be referred to the designated person without delay - even if the person making the allegation later withdraws it.

What is a low-level concern?

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

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

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

- *inadvertent or thoughtless behaviour*
- *behaviour that might be considered inappropriate depending on the circumstances*

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- *behaviour which is intended to enable abuse*

Examples of such behaviour could include:

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

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

Responding to low-level concerns

Any low-level concerns about the conduct of staff, students or volunteers must be shared with the designated person and recorded. Low level concerns form. The designated person should be informed of all low-level concerns and make the final decision on how to respond.

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

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

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

Identifying

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

- behaved in a way that has harmed, or may have harmed a child

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

Informing

- All staff report allegations to the designated person.
- The designated person who should form a view about what immediate actions are taken to ensure the safety of the children and staff in the setting, and what is acceptable in terms of fact-finding.
- It is essential that no investigation occurs until and unless the LADO has expressly given consent for this to occur, however, the person responding to the allegation does need to have an understanding of what explicitly is being alleged.
- The designated person must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.
- The Local Authority Designated Officer (LADO) is contacted as soon as possible and within one working day. If the LADO is on leave or cannot be contacted the LADO team manager is contacted and/or advice sought from the point of entry safeguarding team/mash/point of contact, according to local arrangements.
- A child protection referral is made by the designated person if required. The LADO, line managers and local safeguarding children's services can advise on whether a child protection referral is required.
- The designated person asks for clarification from the LADO on the following areas:
 - what actions the designated person must take next and when and how the parents of the child are informed of the allegation
 - whether or not the LADO thinks a criminal offence may have occurred and whether the police should be informed and if so who will inform them



- whether the LADO is happy for the setting to pursue an internal investigation without input from the LADO, or how the LADO wants to proceed
- whether the LADO thinks the person concerned should be suspended, and whether they have any other suggestions about the actions the designated person has taken to ensure the safety of the children and staff attending the setting
- The designated person records details of discussions and liaison with the LADO including dates, type of contact, advice given, actions agreed and updates on the child's case file.
- Parents are not normally informed until discussion with the LADO has taken place, however in some circumstances the designated person may need to advise parents of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.
- Staff do not investigate the matter unless the LADO has specifically advised them to investigate internally. Guidance should also be sought from the LADO regarding whether or not suspension should be considered. The person dealing with the allegation must take steps to ensure that the immediate safety of children, parents and staff is assured. It may be that in the short-term measures other than suspension, such as requiring a staff member to be office based for a day, or ensuring they do not work unsupervised, can be employed until contact is made with the LADO and advice given.
- The designated person ensures staff fill in 06.1b Safeguarding incident reporting form.
- If after discussion with the designated person, the LADO decides that the allegation is not obviously false, and there is cause to suspect that the child/ren is suffering or likely to suffer significant harm, then the LADO will normally refer the allegation to children's social care.
- If notification to Ofsted is required the designated person will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The designated person will liaise with the designated officer about notifying Ofsted.

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- The designated person ensures that the 06.1c Confidential safeguarding incident report form is completed and sent to the designated officer. If the designated officer is unavailable their equivalent must be contacted.
- Avenues such as performance management or coaching and supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate. If an allegation is ultimately upheld the LADO may also offer a view about what would be a proportionate response in relation to the accused person.
- The designated person must consider revising or writing a new risk assessment where appropriate, for example if the incident related to an instance where a member of staff has physically intervened to ensure a child's safety, or if an incident relates to a difficulty with the environment such as where parents and staff are coming and going and doors are left open.
- All allegations are investigated even if the person involved resigns or ceases to be a volunteer.

Allegations against agency staff

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

Allegations against the designated person

- If a member of staff has concerns that the designated person has behaved in a way that indicates they are not suitable to work with children as listed above, this is reported to Laura Norman
- During the investigation, the designated officer will identify another suitably experienced person to take on the role of designated person.

Recording

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- A record is made of an allegation/concern, along with supporting information, using. This is then entered on the file of the child, and the Child welfare and protection summary is completed and placed in the front of the child's file.
- If the allegation refers to more than one child, this is recorded in each child's file
- If relevant, a child protection referral is made, with details held on the child's file.

Disclosure and Barring Service

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

Escalating concerns

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

Liaison with other agencies

The setting will:

- Work to develop effective links with relevant services to promote the safety and welfare of all children.
- Co-operate as required, in line with Working Together to Safeguard Children 2018, with key agencies in their enquiries regarding child protection matters including attendance and providing written reports at child protection conferences and core groups.
- Notify the relevant Social Care Team immediately if there is an unexplained absence or there is any change in circumstances to a child who is subject to a Child Protection Plan.
- Respond to requests for information about children in the setting's care from the Education Navigator at the MASH or a Social Worker in a timely manner.

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Record keeping

The setting will keep clear, detailed written records of concerns about children's welfare using the Log of Concern Form. Records will be kept in individual child welfare files. Records will be stored securely and confidentially.

During registration of each new child we ask for information about other settings the child currently or previously attended. The DP will make contact to request relevant safeguarding and welfare information is shared. This will be ongoing where children attend more than 1 setting concurrently.

Parents do not have an automatic right to access child welfare records and consideration will be given as to what the consequences of information sharing might be (in line with Information Sharing Guidance, 2018). Unless it would place the child at risk of significant harm, parents will be informed that a Log of Concern Form has been completed, where it will be stored and what will happen to it when the child leaves the setting.

When a child leaves or moves to another setting

Their individual child welfare file will be transferred to the receiving school or setting using the following protocol:

- The file will be marked 'Confidential, Addressee Only' and sent to the Designated Person, if known, of the receiving setting/school. The file will be delivered by hand if possible; otherwise sent by delivery that can be tracked and signed for.
- The setting will contact the receiving setting/school by telephone to make them aware that there is a child welfare file and, once sent, ask them to confirm as soon as possible that they have received the file. The setting will keep a record that the file has been received in order to be able to identify its location.
- Parents will be made aware that child welfare records will be transferred, unless this would place the child at risk of acute harm.
- The setting will not keep a copy of transferred records, unless there are younger siblings for whom there are similar concerns about, but will keep a record of the current file location and date the file was transferred.
- If individual child welfare files cannot be transferred for any reason, the setting will archive them for 25 years from the child's date of birth.
- All actions and decisions will be led by what is considered to be in the best interests of the child.

Confidentiality and information sharing

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. The DP will be guided by the the Department for Education (DfE) Guidance 'Information sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers' - July 2018

Fears about sharing information will not stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect. The General Data Protection

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Regulation (GDPR) and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe:

- 'information will be shared legally without consent, if the DP or a member of staff is unable to or cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.'
- relevant personal information will be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.'

(Information Sharing, July 2018, Page 5)

What information will be shared?

When taking decisions about what information to share, the DP will consider how much information they need to release and the impact of disclosing information on the information subject and any third parties. Information should be proportionate to the need and level of risk. Only information that is relevant to the purposes will be shared with those who need it. This allows others to do their job effectively and make informed decisions.

Information sharing decisions must be recorded, whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom. If the decision is not to share, the DP will record the reasons for this decision and discuss them with the person requesting the information.

If a child discloses information that may indicate that they are at risk of abuse or neglect, the staff member will be clear that they cannot promise to keep the information a secret. The staff member will be honest with the child and explain that it will be necessary to tell someone else in order to help them and to keep them safe.

Communication with Parents

The setting will:

- Undertake appropriate discussion with parents prior to involvement of another agency, unless the circumstances may put the child at further risk of harm.
- Ensure that all parents/carers have an understanding of the responsibility placed on the setting and staff for safeguarding and child protection by ensuring that they receive a copy of this policy when registering their child at the setting.
- Record on the log of concern form what discussions have taken place with parents and if a decision was made not to discuss the matter with parents, the reason why not (circumstances may include if the DP is unable to or cannot be reasonably expected to gain consent from the individual, or if gaining consent could place a child at risk of harm such as potential physical or sexual abuse).

Supporting Children

We recognise that children who are abused or witness abuse may find it difficult to develop a sense of self-worth and trust those around them. Some children may adopt inappropriate

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or abusive behaviours and that these children may be referred on for appropriate support and intervention.

The setting will support children through:

- Activities to encourage self-esteem, self-motivation and resilience.
- An ethos that actively promotes a positive, supportive and secure environment that values people.
- A behaviour policy aimed at supporting all children. All staff will agree on a consistent approach, which focuses on the behaviour of the child but does not damage the child's sense of self-worth. The setting will ensure that the child knows that some behaviour is unacceptable but she/he is valued and not to be blamed for any abuse which has occurred.
- Liaison with other agencies which support the child and family such as Children's Social Care and District Teams.
- A commitment to develop partnerships with parents.
- Recognition that children living in a home environment where there is domestic abuse/violence, mental ill-health or substance misuse may be vulnerable and in need of support and protection.
- Monitoring children's welfare, keeping records and seeking advice or making a referral to other agencies, e.g. Children's Social Care, when necessary.

Privately Fostered Children

Private fostering is when a child under the age of 16, (under 18 if disabled) is provided with care and accommodation by a person who is not a parent, person with parental responsibility for them or relative in their own home for 28 days or more. The setting will follow the mandatory duty to inform the Local Authority of any 'Private Fostering' arrangements and refer to the Specialist Fostering Team.

Promoting a protective ethos

The setting will create an ethos in which children feel secure, their viewpoints are valued, they are encouraged to talk and they are listened to. This will be achieved in the following ways:

- All staff, including the Designated Persons, are trained regularly to ensure skills and knowledge are up-to-date.
- Staff know how to respond to child protection concerns.
- Contribution to an inter-agency approach to child protection by working effectively and supportively with other agencies.
- Raising children's awareness and actively promoting self-esteem building, so that children have a range of strategies and contacts to ensure their safety.
- Using personal safety programmes, such as Protective Behaviours and the NSPCC PANTS campaign.
- Working with parents to build an understanding of the setting's responsibility to the welfare of the children.
- Ensuring the relevant policies are in place, i.e. the use of mobile phones and cameras, behaviour management, intimate care, whistle-blowing, social networking.
- Being vigilant to the inappropriate behaviour of staff or adults working with children and ensuring that all staff and volunteers know the allegations procedure.

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- Staff acting as positive role models to children and young people.
- Ensuring staff are aware of the need to maintain appropriate and professional boundaries in their relationships with children and parents/carers in line with our setting's staff code of conduct/behaviour policy.

Preventing unsuitable people from working with children and young people

The setting has a duty to ensure that people looking after children are suitable to fulfil the requirements for their role. The setting will follow safer recruitment practices including verifying qualifications and ensuring appropriate DBS and reference checks are undertaken. The setting will not allow people, whose suitability has not been checked, to have unsupervised contact with children.

Summary: Suitability to work with children

Staff are expected to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment at the setting).

These members of staff have undertaken Safer Recruitment training:

Emma Pell

Laura Norman

Whistleblowing

The setting has a separate Whistle-Blowing Policy which aims to help and protect both staff and children by:

- Preventing a problem getting worse;
- Safeguarding children and young people;
- Reducing the potential risks to others.

The earlier a concern is raised, the easier and sooner the setting can take action. The responsibility for expressing concerns about unacceptable practice or behaviour rests with all staff, students and volunteers.

Allegation against a person who works or volunteers with children

An allegation may relate to a person who works or volunteers with children who has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children

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- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

If an allegation is made against a person who works or volunteers with children, the following action will be taken (as 'Allegation against a person who works or volunteers with children' flowchart and guidance):

- The setting will ensure the immediate safety of the children.
- The setting will **not** start to investigate but will immediately contact the Local Authority Designated Officer (LADO): 01223 727967.
- If the LADO decides the matter is a child protection case, external/internal agencies (e.g. police) will be informed by the LADO and the setting will act upon the advice given to ensure that any investigation is not jeopardised.
- The setting will notify Ofsted of a significant event
- It may be necessary for the employer to suspend the alleged perpetrator. Suspension is a neutral act to allow a thorough and fair investigation.
- If it is agreed that the matter is not a child protection case, the setting will investigate the matter themselves.

The setting will ensure that any disciplinary proceedings against staff relating to child protection matters are concluded in full even when the member of staff is no longer employed at the setting and that notification of any concerns is made to the relevant agencies, the Disclosure and Barring Service (DBS) and included in references where applicable. For further information, refer to the setting's safer recruitment policy.

Useful contacts

Children's Social Care:

Contact Centre (for telephone referrals)	0345 045 5203
Emergency Duty Team (out of office hours)	01733 234724

Early Help Hub	01480 376666
Local Authority Designated Officer (LADO)	01223 727967
Ofsted	0300 123 1231
Senior Adviser Intervention and Safeguarding (Gemma Hope)	01223 714760
Early Years' Service	earlyyears.service@cambridgeshire.gov.uk

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Safeguarding procedures

General signs and Indicators of Abuse and Neglect may include:

- Significant changes in children's behaviour.
- Deterioration in children's general well-being.
- Unexplained bruising, marks, injuries or other signs of abuse or neglect.
- Children's comments during their play or otherwise which give cause for concern.
- Pattern of absences or frequent absences.
- Any other reasons to suspect neglect or abuse outside the setting for example in the child's home.
- Inappropriate behaviour displayed by other members of staff or any other person working with the children.

Domestic Abuse (DA)

DA is defined as: 'any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: Psychological, physical, sexual, financial and emotional' (Home Office, 2013)

The setting recognises that where there is DA in a family, the child/young person will always be affected; the longer the DA continues, the greater the risk of significant and enduring harm, which they may carry with them into their adult life and relationships. DA can also affect children in their personal relationships as well as in the context of home life.

The setting will follow the procedures outlined in this policy if DA concerns arise. The DP will monitor vigilantly the welfare of children living in DA households, offer support to them and their parents/carers and contribute to any Multi-Agency Risk Assessment Conference (MARAC) safety plan as required.

Early Years Settings

Our setting is working in partnership with the Police and Cambridgeshire County Council (CCC) to identify and provide appropriate support to children who have experienced DA; this scheme is called Operation Encompass.

In order to achieve this, CCC Education Safeguarding Team will share police information of all DA incidents, where a child (attending our setting) was present, with our DP. On receipt of any information, the DP will decide on the appropriate support the child may require.

The Operation Encompass information is stored in line with all other confidential safeguarding and child protection information. All information sharing and resulting actions will be undertaken in accordance with the 'Cambridgeshire and Peterborough Joint

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Agency Protocol for Domestic Abuse – Notifications to Schools, Colleges and Early Years settings'.

If our setting understands that a sibling/s of the child attend other provision such as breakfast or after school clubs, we will contact the DP in this setting to share relevant and proportionate information about the DA concern.

Children with Special Educational Needs and/or Disabilities (SEND)

We recognise that, statistically, children with additional needs, special educational needs, emotional and behavioural difficulties and disabilities are most vulnerable to abuse. Setting staff who deal with children with complex and multiple disabilities and/or emotional and behavioural problems should be particularly sensitive to indicators of abuse.

Children with communication difficulties are also vulnerable to abuse because they are unable to express themselves to others. Instead such children will often exhibit changes in behaviours or signs and indicators of abuse. Staff will be trained to recognise these indicators. Where necessary, the setting will seek advice from other professionals and specialist services and provide additional training to staff in the use of Makaton, PECS or other communication systems.

Parents/Carers Misusing Drugs and/or Alcohol

Misuse of drugs and/or alcohol is strongly associated with the risk of significant harm to children, particularly when combined with other features such as domestic violence.

If the setting has concerns about drug and/or alcohol abuse by a child's parents/carers they will follow appropriate procedures. This is particularly important if the following factors are present:

- Use of the family resources to finance the parent's dependency, characterised by inadequate food, heat and clothing for the children.
- Children exposed to unsuitable caregivers or visitors, e.g. customers or dealers.
- The effects of drugs and/or alcohol leading to an inappropriate display of sexual and/or aggressive behaviour.
- Chaotic drug and/or alcohol use leading to emotional unavailability, irrational behaviour and reduced parental vigilance.
- Disturbed moods as a result of withdrawal symptoms or dependency.
- Unsafe storage of drugs and/or alcohol or injecting equipment.
- Drugs and/or alcohol having an adverse impact on the growth and development of the unborn child.

Children Misusing Drugs or Alcohol

The discovery that a young person is misusing legal or illegal substances or reported evidence of their substance misuse is not necessarily sufficient in itself to initiate child protection proceeding. The setting will consider such action in the following situations: When there is evidence or reasonable cause:

- To believe the young person's substance misuse may cause him or her to be vulnerable to other abuse such as sexual abuse

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- To believe the young person's substance related behaviour is a result of abuse or because of pressure or incentives from others, particularly adults
- Where the misuse is suspected of being linked to parent/carer substance misuse
- Where the misuse indicates an urgent health or safeguarding concern
- Where the young person is perceived to be at risk of harm through any substance associated criminality

-

Children with Family Members in Prison

The setting is committed to supporting children/young people who have a parent or close relative in prison and will work with the family to find the best ways of supporting the child. The setting recognises that children with family members in prison are at risk of poor outcomes including: poverty, stigma, isolation, poor mental health and poor attendance. The setting will treat information shared by the family in confidence and it will be shared on a 'need to know' basis. The setting will work with the family and the child to minimise the risk of the child not achieving their full potential.

Young Carers

The setting recognises that children who are living in a home environment which requires them to act as a young carer for a family member or a friend, who is ill, disabled or misuses drugs or alcohol can increase their vulnerability and that they may need additional support and protection.

The setting will: seek to identify young carers; offer additional support internally; signpost to external agencies; be particularly vigilant to the welfare of young carers and follow the procedures outlined in this policy, referring to Early Help or Social Care as required if concerns arise.

Online Safety

It is important that children and young people receive consistent messages about the safe use of technology and are able to recognise and manage the risks posed in both the real and the virtual world. Terms such as 'e-safety', 'online', 'communication technologies' and 'digital technologies' refer to all fixed and mobile technologies that adults and children may encounter, now and in the future, which allow them access to content and communications that could raise issues or pose risks to their well-being.

The issues can be categorised into three areas of risk:

- **Content** – being exposed to illegal, inappropriate or harmful material.
- **Contact** – being subjected to harmful online interaction with other users.
- **Conduct** – personal online behaviour that increases the likelihood of, or causes, harm.

Best practice:

- **Whole setting approach** – staff recognise and are aware of e-safety issues and the management team make online safety a priority.
- **Policies** – online safety policies and procedures are in place and implemented.

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- **Monitoring and evaluation** – risk assessment is taken seriously and used to promote online safety. There are appropriate filters and monitoring systems in place to protect children from harmful online material.
- **Management of Personal Data** – data is managed securely and in accordance with the requirements of the GDPR and Data Protection Act 2018.

Honour- Based Violence (HBV):

So called 'honour-based' violence encompasses incidents which have been committed to protect or defend the honour of the family and/or community, including:

- Female Genital Mutilation
- Breast Ironing
- Forced Marriage

The setting takes these concerns seriously and staff are made aware of the possible signs and indicators that may alert them to the possibility of HBV through training. Staff are required to treat all forms of HBV as abuse and follow the procedures outlined in this policy.

Female Genital Mutilation (FGM)

FGM is a procedure involving the partial or total removal of the external female genitalia or other injury to the female genital organs. FGM is illegal in the UK. Any indication that a child is at risk of FGM, where FGM is suspected, or where the woman is over 18, will be dealt with under the child protection procedures outlined in this policy. Staff will report concerns to the DP, who will make appropriate and timely referrals to social care. In these cases, parents will not be informed before seeking advice and the case will still be referred to social care even if it is against the child or young person's wishes. The Multi-agency statutory guidance on female genital mutilation, 2020 will be followed

In accordance with the Female Genital Mutilation Act, it is a statutory duty for professionals to report 'known' cases of FGM in under-18s which they identify in the course of their professional work to the police.

Breast Ironing

Breast ironing also known as 'Breast Flattening' is the process whereby young pubescent girls breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage and therefore be kept in education. Much like FGM, Breast Ironing is a harmful cultural practice and is child abuse and is classified as physical abuse.

Forced Marriage

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they

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have learning disabilities, for example). Nevertheless, some perpetrators use perceived cultural practices as a way to coerce a person into marriage. Schools and colleges can play an important role in safeguarding children from forced marriage.

Child Exploitation: Extremism and Radicalisation

In 2010 the Government published The Prevent Strategy. This highlighted the need to safeguard children, young people and families from violent extremism and radicalisation. The setting recognises that children and young people are vulnerable to extremist ideology and radicalisation and that protecting children from this risk forms part of the setting's safeguarding procedures. The Prevent Duty, Departmental advice for schools and childcare providers', DfE (June 2015) will be followed.

Staff are required to be alert to changes in children's behavior which could indicate they need help or protection. The committee/owner will ensure that the all staff have undertaken Prevent training (online).

Child Sexual Exploitation (CSE)

CSE is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. (Child Sexual Exploitation, Definition and Guide: DFE, 2017)

CSE can take many different forms from the seemingly 'consensual' relationship to serious organised crime involving gangs and groups. Potential indicators of CSE will be addressed within staff training, including raising awareness with staff that some young people who are being sexually exploited do not show any external signs of abuse and may not recognise it as abuse. Staff will follow the procedures outlined in this policy if concerns of CSE arise.

Child Criminal Exploitation (CCE)

CCE is a form of harm that is a typical feature of county lines activity. Drug networks or gangs exploit children and young people to carry drugs and money from urban areas to suburban and rural areas. CCE can occur even if activity appears to be consensual.

The setting will address indicators of CCE with staff through training. Staff will follow the procedures outlined in this policy if concerns of CCE arise.

The DP will complete the Safeguarding Partnership Board Exploitation Risk Assessment and Management Tool and refer to Children's Social Care if there is a concern that a young person may be at risk of CCE.



Child on Child Abuse including Sexual Violence and Harassment

Children and young people may be harmful to one another in a number of ways, this is classified as child on child (or peer on peer) abuse, this can include:

- Bullying (including cyberbullying)
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling
- Sexual bullying
- Being coerced to send sexual images (sexting)
- Sexual assault
- Teenage relationship abuse
- Upskirting – where someone takes a picture under a person's clothing (not necessarily a skirt) without their permission and or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm.

The setting recognise that sexual violence and sexual harassment can occur between two children of any age and sex. Sexual violence may include rape, assault by penetration or sexual assault. Sexual harassment refers to 'unwanted conduct of a sexual nature', such as sexual comments, sexual taunting or physical behaviour such as deliberately brushing against someone. Online sexual harassment may include non-consensual sharing of sexual images and videos, sexualised online bullying, unwanted sexual comments and messages, sexual exploitation, coercion and threats.

The setting will:

- Be clear that child on child abuse, sexual violence and sexual harassment will not be tolerated.
- Provide training for staff on how to manage and report concerns.
- Make decisions on a case-by-case basis.
- Reassure victims that they are being taken seriously, offer appropriate support and take the wishes of the victim into account when decision making.
- Implement measures to keep the victim, alleged perpetrator and if necessary other children and staff members, safe. Record any risk assessments and keep them under review.
- Give consideration to the welfare of both the victim(s) and perpetrator(s) in these situations
- Liaise closely with external agencies, including police and social care, when required.



Visitor or intruder on the premises procedure

The safety and security of the premises is maintained at all time and staff are vigilant in areas that pose a risk, such as shared premises. A risk assessment is completed to ensure that unauthorised visitors cannot gain access.

Visitors with legitimate business - generally a visitor will have made a prior appointment

- On arrival, they are asked to verify their identity and confirm who they are visiting.
- Staff will ask them to sign in and explain the procedures for the use of mobile phones and emergency evacuation.
- Visitors (including visiting VIPs) are never left alone with the children at any time.
- Visitors to the setting are monitored and asked to leave immediately should their behaviour give cause for concern.

Intruder

An intruder is an individual who has not followed visitor procedures and has no legitimate business to be in the setting; he or she may or may not be a hazard to the setting.

- An individual who appears to have no business in the setting will be asked for their name and purpose for being there.
- The staff member identifies any risk posed by the intruder.
- The staff member ensures the individual follows the procedure for visitors.
- The setting manager is immediately informed of the incident and takes necessary action to safeguard children.
- If there are concerns for the safety of children, staff evacuate them to a safe place in the building and contact police. In some circumstance this could lead to 'lock-down' of the setting and will be managed by the responding emergency service (see procedure Terrorist threat/attack and lock-down).
- The designated person informs their designated officer of the situation at the first opportunity.



Uncollected child procedure

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

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

Members of staff do not:

- go off the premises to look for the parents
 - leave the premises to take the child home or to a carer
 - offer to take the child home with them to care for them in their own home until contact with the parent is made
- Staff make a record of the incident in the child's file using , usually a practitioner. A record of conversations with parents should be made, with parents being asked to sign and date the recording.
 - This is logged on the child's personal file along with the actions taken. Log of concern form will also be completed or if Social Care have been involved due to the late collection.
 - If there are recurring incidents of late collection, a meeting is arranged with the parents to agree a plan to improve time-keeping and identify any further support that may be required.



Missing child procedure

In the building

- As soon as it is noticed that a child is missing, the member of staff informs the designated person who initiates a search within the setting.
- If the child is found on-site, the designated person checks on the welfare of the child and investigates the circumstances of the incident.

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- If the child is not found on site, one member of staff searches the immediate vicinity, if there is no sign of the child, the police are called immediately.
- The parents are then called and informed.
- The designated person contacts their designated officer, to inform them of the situation and seek assistance.

Off-site (outing or walk)

- As soon as it is noticed that a child is missing, the senior staff present carries out a headcount.
- One member of staff searches the immediate vicinity.
- If the child is not found, the senior staff calls the police and then contacts the designated person.
- The designated person informs the parents.
- Members of staff return the children to the setting as soon as possible if it is safe to do so. According to the advice of the police, one senior member of staff should remain at the site where the child went missing and wait for the police to arrive.
- The designated person contacts the designated officer, who attends the setting.

Recording and reporting

- A record is made on Child welfare and protection summary and Safeguarding incident reporting form. The manager as designated person completes and circulates Confidential safeguarding incident report form to the designated officer on the same day that the incident occurred.

The investigation

- Ofsted are informed as soon as possible (and at least within 14 days).
- The designated officer carries out a full investigation.
- The designated person and the designated officer speak with the parents together and explain the process of the investigation



- Each member of staff present during the incident writes a full report using Safeguarding incident reporting form, which is filed in the child's file. Staff do not discuss any missing child incident with the press.

Incapacitated parent procedure

Incapacitated refers to a condition which renders a parent unable to take responsibility for their child; this could be at the time of collecting their child from the setting or on arrival. Concerns may include:

- appearing drunk
- appearing under the influence of drugs

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- demonstrating angry and threatening behaviour to the child, members of staff or others
- appearing erratic or manic

Informing

- If a member of staff is concerned that a parent displays any of the above characteristics, they inform the designated person as soon as possible.
- The designated person assesses the risk and decides if further intervention is required.
- If it is decided that no further action is required, a record of the incident is made on form Safeguarding incident reporting form.
- If intervention is required, the designated person speaks to the parent in an appropriate, confidential manner.
- The designated person will, in agreement with the parent, use emergency contacts listed for the child to ask an alternative adult to collect the child.
- The emergency contact is informed of the situation by the designated person and of the setting's requirement to inform social care of their contact details.
- The designated officer is informed of the situation as soon as possible and provides advice and assistance as appropriate.
- If there is no one suitable to collect the child social care are informed.
- If violence is threatened towards anybody, the police are called immediately.
- If the parent takes the child from the setting while incapacitated the police are called immediately and a referral is made to social care.

Recording

- The designated person completes incident reporting form including all services which are involved
- Further updates/notes/conversations/ telephone calls are recorded.



Death of a child on-site procedure

Identifying

- If it is suspected that a child has died in the setting, emergency resuscitation will be given to the child by a qualified First Aider until the ambulance arrives.
- Only a medical practitioner can confirm a child has died.

Informing

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- The designated person ensures emergency services have been contacted; ambulance and police.
- The parents are contacted and asked to come to the setting immediately, informing them that there has been an incident involving their child and that an ambulance has been called; asking them to come straight to the setting or hospital as appropriate.
- A member of staff is delegated to phone all parents to collect their children. The reason given must be agreed by the designated officer and the information given should be the same to each parent.
- The decision on how long the setting will remain closed will be based on police advice.
- Ofsted are informed of the incident by the nominated person and a RIDDOR report is made.
- Staff will not discuss the death of a child with the press.

Responding

- The directors will decide how the death is investigated within the organisation after taking advice from relevant agencies.
- The directors will coordinate support for staff and children to ensure their mental health and well-being.

Looked after children procedure

Identification.

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

Services provided to Looked After Children

Two-year-olds

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

Three- and four-year-olds

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

Additional Support

- The designated person and key person liaise with agencies and professionals involved with the child, and his or her family, and ensure appropriate information is gained and shared.
- A meeting of professionals involved with the child is convened by the setting at the start of a placement. A Personal Education Plan (PEP) for children over 3 years old is put in place within 10 days of the child becoming looked after.
- Following this meeting, 6.8a Care plan for looked after children form is completed. The care plan is reviewed after two weeks, six weeks, three months, and thereafter at three to six monthly intervals.
- Regular contact will be maintained with the social worker through planned meetings, which will include contribution to the PEP which is reviewed annually.



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

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

Terms such as 'e-safety', 'online', 'communication technologies' and 'digital technologies' refer to fixed and mobile technologies that adults and children may

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encounter, now and in the future, which allow them access to content and communications that could raise issues or pose risks. The issues are:

Content – being exposed to illegal, inappropriate or harmful material

Contact – being subjected to harmful online interaction with other users

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

I.C.T Equipment

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

Internet access

- Children never have unsupervised access to the internet.
- The setting manager ensures that risk assessments in relation to e-safety are completed.
- Only reputable sites with a focus on early learning are used (e.g. CBeebies).
- Children are taught the following stay safe principles in an age appropriate way:
 - only go online with a grown up
 - be kind online **and** keep information about me safely
 - only press buttons on the internet to things I understand
 - tell a grown up if something makes me unhappy on the internet
- Staff support children's resilience in relation to issues they may face online, and address issues such as staying safe, appropriate friendships, asking for help if unsure, not keeping secrets as part of social and emotional development in age-appropriate ways.

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- All computers for use by children are sited in an area clearly visible to staff.
- Staff report any suspicious or offensive material, including material which may incite racism, bullying or discrimination to the Internet Watch Foundation at www.iwf.org.uk.

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

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

- Personal mobile phones and internet enabled devices are not used by staff during working hours. This does not include breaks where personal mobiles may be used off the premises or in a safe place e.g. the office. The setting manager completes a risk assessment for where they can be used safely.
- In an emergency, personal mobile phones may be used in the privacy of the staff room with permission.
- Staff ensure that contact details of the setting are known to family and people who may need to contact them in an emergency.
- Members of staff do not use personal equipment to take photographs of children.
- Parents and visitors do not use their mobile phones on the premises. There is an exception if a visitor's company/organisation operates a policy that requires contact with their office periodically throughout the day. Visitors are advised of a private space where they can use their mobile.

Cameras and videos

- Members of staff do not bring their own cameras or video recorders to the setting.
- Photographs/recordings of children are only taken for valid reasons, e.g. to record learning and development, or for displays, and are only taken on equipment belonging to the setting.
- Camera and video use is monitored by the setting manager.
- Where parents request permission to photograph or record their own children at special events, general permission is first gained from all parents for their children to be

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included. Parents are told they do not have a right to photograph or upload photos of anyone else's children.

- Photographs/recordings of children are only made if relevant permissions are in place.
- If photographs are used for publicity, parental consent is gained and safeguarding risks minimised, e.g. children may be identified if photographed in a sweatshirt with the name of their setting on it.

Cyber Bullying

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

Use of social media

Staff are expected to:

- understand how to manage their security settings to ensure that their information is only available to people they choose to share information with
- ensure the organisation is not negatively affected by their actions and do not name the setting
- are aware that comments or photographs online may be accessible to anyone and should use their judgement before posting
- are aware that images, such as those on Snapshot may still be accessed by others and a permanent record of them made, for example, by taking a screen shot of the image with a mobile phone
- observe confidentiality and refrain from discussing any issues relating to work
- not share information they would not want children, parents or colleagues to view
- set privacy settings to personal social networking and restrict those who are able to access



- not accept service users/children/parents as friends, as it is a breach of professional conduct
- report any concerns or breaches to the designated person in their setting
- not engage in personal communication, including on social networking sites, with children and parents with whom they act in a professional capacity. There may be occasions when the practitioner and family are friendly prior to the child coming to the setting. In this case information is shared with the manager and a risk assessment and agreement in relation to boundaries are agreed

Use/distribution of inappropriate images

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

Key person supervision procedure

Staff taking on the role of key person must have supervision meetings in line with this procedure.

Structure

- Supervision meetings are held every term for key persons.
- Key persons are supervised by the setting manager.
- Supervision meetings are held in a confidential space suitable for the task
- Key persons should prepare for supervision by having the relevant information to hand.

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Content

The child focused element of supervision meetings must include discussion about:

- the development and well-being of the supervisee's key children and offer staff opportunity to raise concerns in relation to any child attending. *Safeguarding concerns must always reported to the designated person immediately and not delayed until a scheduled supervision meeting*
 - reflection on the journey a child is making and potential well-being or safeguarding concerns for the children they have key responsibility for
 - promoting the interests of children.
 - coaching to improve professional effectiveness based on a review of observed practice/teaching
 - reviewing plans and agreements from previous supervisions including any identified learning needs for the member of staff
- During supervision staff can discuss any concerns they have about inappropriate behaviour displayed by colleagues, but must never delay until a scheduled supervision to raise concerns.
 - Staff are reminded of the need to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children that have occurred during their employment. New information is referred immediately to the designated officer.

Recording

- Key person supervision discussions are recorded and is retained by the supervisor and a copy provided to the key person.
- The key person and supervisor must sign and date the minutes of supervision within 4-6 weeks of it happening and disagreements over recorded content must be minuted.
- Each member of staff has a supervision file that is stored securely at all times.



- Concerns raised during supervision about an individual child's welfare may result in safeguarding concerns not previously recognised as such, these are recorded on 06.1b Safeguarding incident reporting form and placed on the child's file. The reasons why the concerns have not previously been considered are explored.
- Additional safeguarding or welfare decisions made in relation to a child during supervision are recorded on the individual case file. The supervisor (if not the designated person) should ensure the recording is made and the designated person is notified.

Checking continuing suitability

- Supervisors check with staff if there is any new information pertaining to their suitability to work with children.
- Regarding the use of agency staff/support workers/self-employed persons there is an expectation that as part of the agreement with agencies they have sought information regarding their employee's suitability to work with children. Line managers must review this regularly.
- The position for students on placement is the same as that for agency staff

Exceptional Circumstances

Where exceptional circumstances prevent staff from conducting supervision as outlined in this procedure, the line manager is informed in writing, a copy placed on the supervision file and the appropriate actions agreed to ensure that the setting meets its obligations within the EYFS.

Further guidance

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

People Management in the Early Years (Pre-school Learning Alliance 2016)



Whistle blowing policy

The whistle blowing procedure aims to help and protect both staff* and children. By following the procedure you are acting to:

- prevent a problem getting worse,
- safeguard children and young people, and
- reduce the potential risks to others.

The earlier you raise a concern, the easier and sooner it is possible for the setting to take action.

* Throughout this policy the term staff includes paid staff, volunteers and students

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Introduction

Girton Cottontails Preschool is committed to the highest possible standards and recognises that its staff are often the first to realise that there may be something wrong within the setting. However, they may not express their concerns because they feel that speaking up would be disloyal to their colleagues or they may fear harassment or victimisation. In these circumstances, it may be easier to ignore the concern rather than report what may just be a suspicion of malpractice.

The Public Interest Disclosure Act 1998 protects workers who raise concerns from victimisation or harassment. In accordance with that Act and its commitment to the highest standards of service delivery, the setting actively encourages its workers with concerns about any aspect of the setting's practice or staff member's conduct to come forward and voice those concerns, in confidence, within the setting rather than overlooking a problem.

Objective

The aim of this policy and associated procedures is to establish an internal procedure that will encourage and enable staff to raise concerns about any aspect of the setting's practice, (which do not meet the criteria for being dealt with as a complaint, grievance or allegation), in confidence and without fear of reprisals, to ensure that the setting continues to work within best practice and safeguard children and young people.

Scope

Concerns that should be raised via the Whistle Blowing Policy may be in relation to the actions/behaviours of other staff, or about something that is perceived as:

- unlawful
- failing to comply with the setting's policy and procedures
- poor practice
- improper conduct

Principles

This policy is based on the following fundamental principles:

- All staff have the right to raise concerns about perceived unacceptable practice or behaviour.
- The responsibility for expressing concerns about unacceptable practice or behaviour rests with all staff.
- The setting will not tolerate harassment or victimisation and will take action to protect workers when they raise a concern in good faith.
- The setting will do its best to protect a whistle blower's identity when he/she raises a concern and does not want his/her name to be disclosed. However, if the concern

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raised needs to be addressed through another procedure, e.g. disciplinary procedure, the worker may be required to provide a signed statement as part of the evidence.

- In some circumstances the setting may have to disclose the identity of the worker without his/her consent, although this will be discussed with the worker first.
- Appropriate advice and support will be made available to staff
- Those who raise concerns will be kept informed of the progress and outcome of any investigation.
- The setting will not tolerate malicious allegations, this may be considered as a disciplinary offence.

Whistle blowing procedures

Procedures for reporting and investigating 'whistle blowing' concerns have been developed to ensure that:

- Staff can raise concerns (no matter how small they may appear) internally as a matter of course, and receive feedback on any action taken.
- Concerns are taken seriously and dealt with quickly and appropriately.
- Staff are reassured that they will be protected from reprisals or victimisation for whistle blowing in good faith.
- Staff can take the matter further if they are dissatisfied with the setting response and seek external advice and guidance.
- Issues raised are addressed via other procedures and policies as appropriate, e.g. safeguarding policy, allegations against an adult working in a setting, grievance, disciplinary, health and safety.
- Appropriate records are maintained for monitoring purposes.

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Raising a Concern

Staff should raise concerns with the manager or management committee. Concerns should be raised in writing and include:

- reference to the fact that it is a whistle blowing disclosure
- the background and history of the concerns
- names, dates and places (where possible)
- the reasons why the individual is concerned about the situation.

Staff who feel unable to put concerns in writing, can telephone or meet either one of the managers

Who should you contact?

You should contact one of the following people in confidence:

Emma Pell

Laura Norman

Investigation

The action taken will depend on the nature of the concern. All matters raised, **with the exception of an allegation against a staff member, or unlawful activity**, will be investigated internally.

The appropriate person/s will investigate the concerns thoroughly, ensuring that a written response can be provided within ten working days.

The response should include details of how the matter was investigated, conclusions drawn from the investigation, and whom to contact should the staff member be unhappy with the response and wish to raise the matter.

If the investigation cannot be completed within the timescale above, the staff member should receive a response that indicates:

- progress to date
- how the matter is being dealt with
- how long it will take to provide a final response.

In order to protect individuals, initial enquiries (usually involving a meeting with the individual raising the concern), will be made to decide whether an investigation is appropriate and, if so, what form it should take. Concerns or allegations that raise issues that fall within the scope of other policies/procedures, will be addressed under those procedures.

Some concerns may be resolved at this initial stage simply, by agreed action or an explanation regarding the concern, without the need for further investigation.



If you do not feel that the complaint has been dealt with effectively or you still have concerns, you have a right to refer your concerns to Ofsted.

Allegation against a person who works or volunteers with children

An allegation may relate to a person who works or volunteers with children who has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children

If you feel a concern meets this criteria please follow the process in the blue and yellow allegation flowchart and accompanying guidance.

Local Authority Designated officer (LADO)	01223 727967
Ofsted	0300 123 1231
Senior Adviser Intervention and Safeguarding (Gemma Hope)	01223 714760

Health and safety policy

Designated Health and Safety Officer is: Laura Norman

Aim

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

Objectives

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- We recognise that we have a corporate responsibility and duty of care towards those who work in and receive a service from our provision. Individual staff and service users also have responsibility for ensuring their own safety as well as that of others. Adherence to policies and procedures and risk assessment is the key means through which this is achieved.
- Insurance is in place (including public liability) and an up-to-date certificate is always displayed.
- Risk assessment is carried out to ensure the safety of children, staff, parents, and visitors. Legislation requires all those individuals in the given workplace to be responsible for the health and safety of premises, equipment and working practices.
- Smoking is not allowed on the premises, both indoors and outdoors. If children use any public space that has been used for smoking, members of staff ensure that there is adequate ventilation to clear the atmosphere. Staff do not smoke in their work clothes and are requested not to smoke within at least one hour of working with children. The use of electronic cigarettes is not allowed on the premises. The disciplinary process will be followed if staff are known to be smoking when it is not permitted.
- Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If staff are taking medication that they believe may impair them, they seek further medical advice and only work directly with children if that advice is that the medication is unlikely to impair their ability to look after children. The setting manager must be informed.
- Alcohol must not be bought onto the premises for consumption.
- A risk assessments are carried out for each area and the procedure is modified according to needs identified for the specific environment.
- Risk assessments are monitored and reviewed by those responsible for health and safety.

Legal references

Health and Safety at Work etc Act 1974

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Health and Safety (Consultation with Employees) Regulations 1996

Management of Health and Safety at Work Regulations (1992)

Regulatory Reform (Fire Safety) Order 2005)

Electricity at Work Regulations (1989)

Regulation (EC) No 853/2004 of the European Parliament and of the Council on the hygiene of foodstuffs

Manual Handling Operations Regulations (1992) (Amended 2002)

Medicines Act (1968)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (Amendment) Regulations 2012

Control of Substances Hazardous to Health (COSHH) Regulations 2004

Health and Safety (First Aid) Regulations 1981

Childcare Act 2006

Further guidance

Dynamic Risk Management in the Early Years (Alliance 2017)

Health and Safety Executive www.hse.gov.uk/risk

Food Standards Agency www.food.gov.uk

Ministry of Housing, Communities & Local Government www.communities.gov.uk



Risk assessment procedure

Risk assessments are carried out to ensure the safety of children, staff, parents and visitors. Legislation requires all individuals in the workplace to be responsible for the health and safety of premises, equipment and working practices. We have a 'corporate responsibility' towards a 'duty of care' for those who work in and receive a service from our provision. Individuals also have responsibility for ensuring their own and others safety.

- Generic risk assessment form is completed for each area of work, and the areas of the building that are identified in these procedures

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- Access audit is completed to ensure inclusion and the health and safety of all visitors, staff, and children. The relevant procedure is modified if required to match the assessment.
- Prioritised place risk assessment is completed for offering prioritised places during a national pandemic (such as Covid-19). A separate form is completed for each child who is prioritised because they are vulnerable, or meet any other criteria stipulated by the Government at the time. Risk assessment is also completed for each individual group/room as appropriate. If the risk assessment indicates a high risk if the place is offered, that cannot be minimised, the offer of the place may be withdrawn at the discretion of the setting manager.

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

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

Daily safety sweeps and checks indoors and outdoors

- Safety sweeps are conducted when setting up for the day prior to children arriving or closing in the evening. Staff sign to say they have done the individual items on safety sweep. Sometimes a safety sweep will identify a risk that requires a formal risk assessment on form. For example, if a window latch is becoming stiff and a practitioner has to stand on a chair in order to reach it to ensure it has closed properly.

Health and safety risk assessments

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

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The setting managers undertakes training and ensures staff have adequate training in health and safety matters. The setting managers also ensures that checks/work to premises are carried out and records are kept. Girton Glebe arrange for the repairs to be made but Girton Cottontails Preschool will verify that registered person has been used.

- Gas safety by a Gas Safe registered gas/heating engineer.
- Electricity safety by a qualified electrician.
- Fire precautions to check that all fire-fighting equipment and alarms are in working order.
- Hot air heating systems/air conditioning systems cleaned and checked.
- Deep clean is carried out in kitchen.

The setting manager ensures that staff members carry out risk assessments that include relevant aspects of fire safety, food safety, in each of the following areas of the premises:

- Entrance and exits.
- Outdoor areas.
- Passageways, stairways and connecting areas.
- Group rooms.
- Sleep areas.
- Main kitchen.
- Staff room/office

The setting manager ensures staff members carry out risk assessment for off-site activities, such as children's outings.

- forest school
- home visits
- other duties off-site such as attending meetings, banking etc

The setting manager ensures staff members carry out risk assessment for work practice including:

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- changing children, and the intimate care of young children and older children
- arrivals and departures
- preparation of milk and other food/drink for babies
- children with allergies and special dietary needs or preferences
- serving food
- cooking activities with children
- supervising outdoor play and indoor/outdoor climbing equipment
- settling young children to sleep
- assessment, use and storage of equipment for disabled children when applicable
- visitors to the setting who are bringing equipment or animals as part of children's learning experiences, for example 'fire engines'
- following any incidents involving threats against staff or volunteers
- following any accident or incident involving staff or children

Kitchen procedure

General safety

- Children do not have unsupervised access to the kitchen.
- Wet spills are mopped immediately.
- A clearly marked and appropriately stocked First Aid box is kept in the kitchen.

Cleanliness and hygiene

Staff follow the recommended cleaning schedules in Safer Food Better Business (SFBB).

- Floors are washed down at least daily.
- All work surfaces are washed regularly with anti-bacterial agent.

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- Inside of cupboards are cleaned regularly
- Cupboard doors and handles are cleaned regularly.
- Fridge and freezer doors are wiped down regularly
- Ovens/cooker tops are wiped down after use.
- Plates and cups are only put away when fully dry.
- Any cleaning cloths used for surfaces are washed and replaced.
- Any repairs needed are recorded and reported to the manager who reports them to Girton Glebe Maintenance management.

Further guidance

Safer Food Better Business: Food safety management procedures and food hygiene regulations for small business: www.food.gov.uk/business-guidance/safer-food-better-business

Children's bathrooms/changing areas procedure

- Children bring spare clothes and changing resources in a bag which is kept on their peg
- Changing is on a floor surface.
- Changing mats are cleaned and disinfected after each change
- Disposable nappies/trainers are taken home by the children.
- Staff use single use gloves and aprons to change children and wash hands when leaving changing areas. Please note that gloves/aprons are not always required for a wet nappy if there is no risk of infection, however, gloves are always available for those staff who choose to wear them for a wet/soiled nappy.
- Changing mats are covered in tissue roll for each change.

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- Anti-bacterial spray is not used where residue may have direct contact with skin.
- Anti-bacterial sprays used in nappy changing areas are not left within the reach of children.
- Natural ventilation is used; chemical air fresheners are not used.
- All other surfaces are disinfected daily.

Children's toilets and wash basins

- Children's toilets are cleaned 4 times a day using disinfectant cleaning agent for the bowls (inside and out), seat and lid, and whenever visibly soiled.
- Toilet flush handles are disinfected daily.
- Toilets not in use are checked to ensure the U-bend does not dry out and are flushed upon return. Taps not in use for example after the weekend or school holidays are run for 5 minutes every to prevent infections such as Legionella.
- There is a toilet brush available for children's toilets. This is stored so it is not in reach of children, along with a separate cleaning cloth.
- Children's hand basins are cleaned 4 times a day and whenever visibly soiled, inside, and out using disinfectant cleaning agent. Separate cloths are used to clean basins etc. and are not interchanged with those used for cleaning toilets. Colour coded cloths are used.
- Mirrors and tiled splash backs are washed daily.
- Paper towels are provided.
- Bins are provided for disposal of paper towels.
- All bins are lined with plastic bags.
- Staff who clean toilets wear rubber gloves.
- Wet or soiled clothing is sluiced, rinsed, and put in a plastic bag for parents to collect.
- Floors in children's toilets are washed daily.
- Spills of body fluids are cleared and mopped using disinfectant.

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- Mops are rinsed and wrung after use and stored upright, not stored head down in buckets.
- Mops used to clean toilets or body fluids from other areas are designated for that purpose only and kept separate from mops used for other areas. Colour coding helps keep them separate.

Short trips, outings and excursions procedure

Planning and preparation

- Outings have a purpose with specific learning and development outcomes..
- The excursion does not go ahead if concerns are raised about its viability at any point.
- Parents are informed of an outing and staff check that consent forms on children's registration were signed.
- A minimum of two staff accompany children on outings. Children have a ratio of 1:4, depending on the risk assessment, any additional need will be taken into account and staff ratios changed accordingly.
- Children are specifically allocated to each member of staff/volunteer; they are responsible for supervising their designated children for the duration of the excursion.
- Parents who have undergone vetting as volunteers may be included in the ratio.
- The designated lead for the outing does not have responsibility for any individual children.

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- A mobile phone belonging to the setting, and small first aid kit is taken out.
- Staff make sure they have water, plastic cups, spare nappies/change of clothes and wet wipes for the children going out appropriate to the length of time they are out for.
- Sun cream is applied as needed and children are clothed appropriately
- Children wear 'high viz' vests with the name and number of the setting.
- Staff have emergency contacts, medication and equipment needed for children.

Risk assessment

- Risk assessment is completed prior to the outing and signed off by the setting manager and all staff taking part. Existing risk assessments are reviewed/amended as required.
- Children with specific needs have a separate risk assessment if necessary.

Outing venue (larger outings)

- Venues used regularly are 'risk assessed' and an initial pre-visit is made to look at the health and safety aspects. If pre-visits cannot be made, risk assessment is achieved by calling the venue and asking for their risk assessment.

Transport

- If coach hire is required for an outing, only reputable companies are used.
- The setting manager ensures that seat belts are provided on the coach
- The maximum seating capacity of the coach or minibus is not exceeded.
- Contracted drivers are not counted in ratios.

Forest School

- A separate risk assessment is conducted, and Forest School standard procedures are followed.
- The sessions always have a level 3 trained forest school practitioner.

Farm and zoo visits

Staff are aware of the risks posed by infections such as E.coli being contracted from animals. They are also aware of toxic substances used on farms that could be hazardous

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to health. Staff are vigilant of the natural dangers presented by a farm or zoo visit and conduct a risk assessment prior to the visit.

- The venue is contacted in advance of the visit to ensure no recent outbreaks of E.coli or other infections. If there has been an outbreak the visit will be reviewed and may be postponed.
- Hands are washed and dried thoroughly after touching an animal.
- Nothing is consumed whilst going round the farm. Food is eaten away from animals, after thoroughly washing hands.
- Children are prevented from putting their faces against animals or hands in their own mouths.
- If animal droppings are touched, hands are washed and dried immediately.
- Shoes are cleaned and hands washed thoroughly as soon as possible on departure.
- Staff or volunteers who are or may be pregnant, should avoid contact with pregnant ewes and may want to consult their own GP before the visit.
- Farmers have a responsibility to ensure that hand washing and drying facilities are available and are suitably located, that picnic areas are separate and clean, and that all other health and safety laws are fully observed.

Larger outings checklist

There is an identified lead person for the outing.

- The outing has an educational purpose and has been agreed with the setting manager.
- Risk assessments completed/updated and shared with every staff, student/volunteer accompanying the children.
- Staff understand the potential risks when they are out with children and takes all reasonable measures to remove minimise risks.
- Bouncy castles and similar attractions are not accessed by children on an excursion.

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- The designated lead practitioner is the last to leave the venue, or transport being used.
- The designated lead conducts a 'safety sweep' before during and after the outing.

Further guidance

Daily Register and Outings Record (Early Years Alliance 2021)

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

Not on my Watch! (Early Years Alliance 2018)

Preventing Accidents to Children on Farms (Health and Safety Executive 2013)

Outdoors procedure

- All gates and fences are childproof, safe, and secure.
- Areas are checked daily to make sure animal droppings, litter, glass etc. is removed. Staff wear rubber gloves to do this.
- Bushes or overhanging trees are checked to ensure they do not bear poisonous berries.
- Stinging nettles and brambles are removed.
- Safety mats are provided under climbing equipment, even when on grass
- Broken climbing equipment or outdoor toys are removed and reported.
- Children are always supervised within ratios outside.
- Children are suitably attired for the weather conditions and type of outdoor activities.
- Sun cream (if parents have given permission) is applied and hats are worn during the summer months. Outdoor play is avoided in extreme heat between noon and 3pm.
- Children who have no adequate means of sun protection, such as a hat, long sleeves and trousers or sun cream, will not be able to play outdoors in un-shaded areas.

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- Children are supervised on climbing equipment, especially younger children.
- Water play is not left out but is cleared, cleaned and stored after each use.
- Receptacles are left upturned to prevent collection of rainwater, this is important in areas where there are vermin to prevent urine/faeces contaminating the water.
- Sightings of vermin are recorded and reported to the managers who reports to the Environmental Health's Pest Control Department.
- Outdoor areas that have flooded are not used until cleaned down and restored. Grassed areas are not played on for at least one week after the floodwater has gone.
- If paddling pools are used, a risk assessment is conducted, and consideration given to the needs of disabled children or those less ambulant.

Drones

If there are concerns about a 'drone' being flown over the outdoor area, that may compromise children's safety or privacy, the setting manager will contact the police on 101.

- Children will be brought inside immediately.
- Parents will be informed that a Drone has been spotted flying over the outdoor area and will be advised fully of the actions taken by the setting.
- The police will have their own procedures to follow and will act accordingly.
- If at any point following the incident, photographs taken by a drone emerge on social media that could identify the nursery or individual children, these are reported to the police.
- A record is completed in the Notifiable Incident Record unless there is reason to believe that the incident might have safeguarding implications, for example:
 - the drone has hovered specifically over the outdoor area for any length of time
 - there is a likelihood that images of the children have been recorded
 - is spotted on more than one occasion

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Further guidance

Reportable Incident Record (Pre-school Learning Alliance 2015)

Staff toilets and belongings procedure

- All areas are kept tidy and always uncluttered.
- Doors to staff toilets are kept always shut.
- Staff are provided with secure area for storing personal belongings, including any medication they are taking.
- Toilet areas are not used for storage due to the risk of cross-contamination.
- Staff/visitor toilets are cleaned daily using disinfectant.
- Toilet flush handles are disinfected daily.
- There is a toilet brush provided per toilet and separate cleaning cloth.
- Toilets that are not in use for example after school holidays and weekends are checked to ensure that the U-bend is not drying out and flushed. Taps that are not in use are run for 5 minutes to minimise the risk of infections such as legionella.
- Cubicle doors and handles are washed weekly.
- Staff hand basins are cleaned daily. Separate cloths are used to clean basins etc. and are not interchanged with those used for cleaning toilets.
- Floors in staff toilets are washed daily.
- Mirrors and tiled splash backs are washed daily.
- Paper towels or hot air dryers are provided for hand drying.

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- Bins are provided for sanitary wear.
- Bins are provided for disposal of paper towels.
- All bins are lined with plastic bags.
- Members of staff who are cleaning toilets wear rubber gloves that are kept specifically for this purpose to prevent cross contamination.

Maintenance and repairs procedure

Any faulty equipment or building fault is recorded, including:

- date fault noted
- item or area faulty
- nature of the fault and priority
- who the fault reported to for action
- action taken and when
- if no action taken by the agreed date, when and by whom the omission is followed up
- date action completed

Any area that is unsafe because repair is needed, such as a broken window, should be made safe and separated off from general use.

- Any broken or unsafe item is taken out of use and labelled 'out of use'.
- Any specialist equipment (e.g. corner seat for a disabled child) which is broken or unsafe should be returned to the manufacturer or relevant professional.
- Any item that is beyond repair is condemned. This action is recorded as the action taken and the item is removed from the setting's inventory.



- Condemning items is done in agreement with the setting manager. Condemned items are then disposed of appropriately and not stored indefinitely on site.
- Where maintenance and repairs involve a change of access to the building whilst repairs are taking place, then a risk assessment is conducted to ensure the safety and security of the building is maintained.

Staff personal safety procedure

General

- Members of staff who are in the building early in the morning or late in the evening, ensure that doors and windows are locked.
- Where possible, the last two members of staff in the building leave together after dark and arrange to arrive together in the morning.
- Visitors are allowed access only with prior appointments and once identifications are verified.
- When taking cash to the bank, members of staff are aware of personal safety. The setting managers carry out a risk assessment and develops an agreed procedure appropriate to the setting, staff, and location.
- Staff make a note in the shared diary of meetings they are attending and when they are expected back.
- The setting managers liaises with local police for advice on any issues or concerns.

Home visits

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

- Staff normally do home visits in pairs; usually one manager and key person.

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- Each home visit is recorded in the diary with the name and address of the family being visited, prior to the visit taking place.
- Staff alert a contact person in the setting when they are leaving to do the home visit and what time they are expected to return
- If there is reason for staff to feel concerned about entering premises on a visit, they do not do so, for example, if a parent appears drunk or under the influence of drugs.
- Members of staff carry work issued mobile phone when going out on a home visit.
- If staff do not return from the home visit at the expected time the contact person attempts to phone them and continues to do so until they make contact

If no contact is made after a reasonable amount of time has passed, the contact person rings the police.

Dealing with agitated parents/visitors in the setting

- If a parent or visitor appears to be angry, mentally agitated, or possibly hostile, two members of staff will lead them away from the children to an area less open but will not shut the door behind them.
- If the person is standing, staff will remain standing.
- Staff will try to empathise, for example: 'I can see that you are feeling angry at this time'.
- Staff offer to discuss the issue of concern and show they recognise the concern.
- Staff will ensure that the language they use can be easily understood
- Staff will make it clear that they want to hear issues and seek solutions.
- If the person makes threats and continues to be angry, members of staff make it clear that they will be unable to discuss the issue until the person stops shouting or being abusive, avoiding expressions like 'calm down' or 'be reasonable'.
- If threats continue, members of staff will explain that the police will be called and emphasise the inappropriateness of such behaviour in front of the children.



- Procedure Threats and abuse towards staff and volunteers is implemented where staff feel threatened or intimidated.
- After the event, it is recorded in the child's file together with any decisions made with the parents to rectify the situation.
- Any situation involving threats to members of staff are reported to the line manager, following procedure 5.9 Threats and abuse towards staff and volunteers.

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

Threats and abuse towards staff and volunteers procedure

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

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

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

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

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

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

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

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

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

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

Harassment and intimidation

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

A person must not pursue a course of conduct:

(a) which amounts to harassment of another, and

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

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

Banning parents and other visitors from the premises

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

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

Dealing with an incident

- We would normally expect all cases of assault, and all but the most minor of other incidents, to be regarded as serious matters which should be reported to the setting manager and/or the police and followed up with due care and attention.
- A record of the incident must be made whether the police are involved or not.
- Whilst acknowledging that service users i.e. parents and families, may themselves be under severe stress, it is never acceptable for them to behave aggressively towards staff and volunteers. Individual circumstances along with the nature of the threat are considered before further action is taken.
- **All parties involved should consider the needs, views, feelings and wishes of the victim at every stage. We will ensure sympathetic and practical help, support and counselling is available to the victim both at the time of the incident and subsequently.**
- A range of support can be obtained:
 - from the setting managers/directors
 - from Victim Support on giving evidence in court
- In non-urgent cases, where the incident is not thought to be an emergency, but police involvement is required, all staff and volunteers are aware of the non-emergency police contact number for the area.
- 999 calls receive an immediate response. Unless agreed at the time, non-emergency calls are normally attended within 8 hours (24 hours at the latest).
- When they attend the setting or service, the police will take written statements from the victim (including a 'Victim Personal Statement') and obtain evidence to investigate the offence in the most appropriate and effective manner.



- The police will also consider any views expressed by the setting manager and owner/directors/trustees as to the action they would like to see taken. The manager should speak to the victim and be aware of his or her views before confirming with the police how they wish them to proceed.
- In some cases the victim may be asked by the police if he/she wishes to make a complaint or allegation against the alleged offender. It is important to ensure that the victim can discuss the matter with their line manager, a colleague or friend before deciding on their response. It is helpful for the victim to be assured that, if there is a need subsequently to give evidence in court, support can be provided if it is not already available from Victim Support.
- The decision regarding whether an individual is prosecuted is made by the police or Crown Prosecution Service (CPS) based on the evidence and with due regard to other factors.
- After the incident has been dealt with, a risk assessment is done to identify preventative measures that can be put in place to minimise or prevent the incident occurring again.

Harassment or intimidation of staff by parents/visitors

- Where the parent's behaviour merits it, the setting manager, with another member of staff present, should inform the parent clearly but sensitively that staff feel unduly harassed or intimidated and are considering making a complaint to the police if the behaviour does not desist or improve. The parent should be left in no doubt about the gravity of the situation and that this will be followed up with a letter.
- If the investigation concludes that the parent's expectations and demands are unreasonable, and that they are having a detrimental effect on staff, the findings can strengthen the setting manager's position in further discussions with the parent and subsequently, if necessary, with the police.

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

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Further guidance

Complaint Investigation Record (Pre-school Learning Alliance 2015)

Report Incident Record (Pre-school Learning Alliance 2015)

Entrances and approach to the building procedure

- Entrances and approaches are kept tidy and always uncluttered.
- All gates and external fences are childproof and safe
- Front doors are always kept locked and shut.
- The identity of a person not known to members of staff is checked before they enter the building.
- All staff and visitors to the setting sign in and out of the building.
- A member of staff is available to open and close the door and to greet arrivals, say goodbye to parents and to make sure that doors and gates are shut.
- Back doors are always kept locked and shut if they may lead to a public or unsupervised area, unless this breaches fire safety regulations or other expectations.
- Where building works or repairs mean that normal entrances/exits or approaches to the building are not in use, a risk assessment is conducted to maintain safety and security whilst the changes are in place.
- Whilst social distancing restrictions are in place a risk assessment identifies measures required to keep parents two metres apart and to reduce risk of parents gathering in entrance areas during peak times.

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Health and Safety Procedures

Control of Substances Hazardous to Health (COSHH) procedure

- Staff implement the current guidelines of the Control of Substances Hazardous to Health (COSHH) Regulations.
- Personal protective equipment (PPE), such as rubber gloves, latex free/vinyl gloves, aprons etc., is available to all staff as needed and stocks are regularly replenished.
- Hazardous substances are stored safely away from the children.
- Chemicals used in the setting should be kept to the minimum to ensure health and hygiene is maintained.
- Risk assessment is done for all chemicals used in the setting.
- Environmental factors are considered when purchasing, using and disposing of chemicals.
- All members of staff are vigilant and use chemicals safely.
- Bleach is not used in the setting.
- Anti-bacterial soap/hand wash is not normally used, unless specifically advised during an infection outbreak, such as Pandemic flu or Coronavirus.
- Anti-bacterial cleaning agents are restricted to toilets, nappy changing areas and food preparation areas and are not used when children are nearby.

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- Members of staff wear rubber gloves when using cleaning chemicals.

Manual handling procedure

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

Guidelines:

- Do not lift heavy objects alone. Seek help from a colleague.
- Bend from the knees rather than the back.
- Do not lift very heavy objects. even with others. that are beyond your strength.

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- Use trolleys for heavy items that must be carried or moved on a regular basis.
- Items should not be lifted onto, or from, storage areas above head height.
- Do not stand on objects, other than proper height steps, to reach high objects and never try to over-reach.
- Push rather than pull heavy objects.
- Do not carry heavy objects up or down stairs; or carry large objects that may block your view of the stairs.
- Do not hold babies by standing and resting them on your hips.

Please note this is not an exhaustive list.

- Managers are responsible for carrying out risk assessment for manual handling operations, which includes lifting/carrying children and lifting/carrying furniture or equipment.



Decorations procedure

General

- Basic safety precautions apply equally to decorations put up for any festival as well as to general decorations in the setting. Children are informed of dangers and safe behaviour, relative to their level of understanding.

Decorations

- Only fire-retardant decorations and fire-retardant artificial Christmas trees are used.

Electrical equipment.

- Electrical equipment (a light, extension leads etc) must be checked before use.
- If using tree lights, place the tree close to an electrical socket and avoid using extension leads. Always fully uncoil any wound extension lead to avoid overheating.
- Remember to unplug the lights at the end of the day.
- Electrical leads are arranged in such a way that they do not create a trip hazard.

Location

- Trees and decorations must never obstruct walkways or fire exits.
- Do not place decorations on or close to electrical equipment (e.g. computers); they are a fire hazard.

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- Decorations must be clear of the ceiling fire detectors, sprinklers, and lights.

Children's areas

- Christmas trees are placed where children cannot pull them over.
- Glass decorations are not used.

Jewellery and hair accessories procedure

Children, staff members, volunteers and students do not attend the setting wearing jewellery or fashion accessories that may pose a potential hazard to other children or themselves.

- Health and safety take precedence over respect for culture, religion or fashion.
- Members of staff do not wear jewellery or fashion accessories, such as belts or high heels, that may pose a danger to them or to young children. These include large rings with sharp edges, earrings - other than studs, or belts with large buckles.
- Parents must ensure that any jewellery worn by children poses no risk, for example, earrings which may get pulled, bracelets which can get caught when climbing, or necklaces that may pose a risk of strangulation.
- Children may wear small, smooth stud earrings but should be covered up with tape
- Children, staff, and volunteers do not wear anything with sharp edges that could scratch children, or jewellery with small elements that could become detached and swallowed.
- Hair accessories that may come loose pose a choking hazard are removed before children sleep or rest.
- Parents are requested not to send children wearing hair beads. If staff see beads that are coming loose, they will remove them.

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- Hair accessories that may pose a choking hazard to other children should they become detached, should be removed if members of staff consider this to be a possibility.

Notifiable incident, non- child protection procedure

Staff respond swiftly, appropriately and effectively in the case of an incident within the setting. Notifiable incidents in this procedure are those not involving child protection.

A 'notifiable' incident' could include:

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

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The designated health and safety officer:

- has all emergency services numbers immediately to hand
- ensure that members of staff know what to do in an emergency
- risk assess the situation and decides, with the owners/trustees/directors, if the premises are safe to receive children before any children arrive or to offer a limited service

Emergency evacuation

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

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

Emergency evacuation procedure

- **In the event of an emergency the alarm is sounded by the member of staff who discovers the situation.**
- **The member of staff discovering the emergency moves to a safe location (away from the emergency and near the exit to be used) This member of staff will begin organising and alerting people to the fire asking another staff member to begin to evacuate all children and adults from the building.**
- **This staff member will make sure that all children and any other adults evacuate the building swiftly and safely, the children are led out of the building and taken to the back field.**
- **Emma Pell or Laura Norman will then check the building to make sure everybody is safely out (if it is safe for them to do so). They will then collect the register and phone, and follow the group to the churchyard.**

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- **The register will be called and checked.**
- **The emergency services will be called, if a real fire or emergency evacuation has occurred.**
- **In the event of a real fire or evacuation emergency and the children needing to remain out of the preschool, shelter will be taken in St. Andrews church. Parents will be contacted at this point.**

Emergency Closure

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

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

Recording and reporting

- On discovery of the notifiable incident, the member of staff reports to the appropriate emergency service, fire, police, ambulance, if those services are needed.
- The member of staff ensures that the setting managers are informed (if not on the premises at the time).
- The setting manager completes and sends an incident record to the owners/trustees/directors, who, according to the severity of the incident notifies Ofsted or RIDDOR.



- If the incident indicates that a crime may have been committed, all staff witness to the incident should make a written statement.
- Staff do not discuss the incident with the press.

RIDDOR reportable events include:

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

This may include:

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

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

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

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

The owners/trustees/directors review how the situation was managed, as above, to ensure that investigations were rigorous and that policies and procedures were followed.

If an insurance claim is likely:

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



Terrorist threat/attack and lock-down procedure

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

- The setting managers assess the likelihood of an incident happening based on their location.
- The setting managers will check our police website for advice and guidance.
- Local police contact numbers are clearly displayed for staff to refer to.
- Staff rehearse simple 'age appropriate' actions with the children such as staying low to the floor, keeping quiet and listening to instructions in the same way that fire procedures are practiced. Lock-down must be rehearsed and recorded termly.

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- The setting manager is aware of the current terrorist alert level, as available at www.mi5.gov.uk/threat-levels.
- We follow any additional advice issued by the local authority.
- Emergency procedures are reviewed and added to if needed.
- Information about this procedure is shared with parents and all staff are aware of their role during 'lockdown'.
- A text/phone message is issued to parents when lockdown is confirmed.

Lock-down procedures

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

During 'lock-down'

- Staff and children stay in their designated areas if it is safe to do so.
- Doors and windows are secured until further instruction is received.
- Curtains and blinds are closed where possible.
- Staff and children stay away from windows and doors.
- Children are encouraged to stay low and keep calm.

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- Staff tune into a local TV or radio station for more information if possible
- Staff do NOT make non-essential calls on mobile phones or landlines.
- If the fire alarm is activated, staff and children remain in their designated area and await further instructions from emergency services, unless the fire is in their area. In which case, they will move to a different area, following usual fire procedures.

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

During lockdown staff do NOT:

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

Following lockdown:

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

Recording and reporting

- A record is completed as soon as possible.

Further guidance

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

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For non-emergency, call the police on 101.

Closed circuit television (CCTV) procedure

CCTV is in not place by Girton Glebe/Girton Cottontails Preschool

If CCTV is put in place Parent/carers will be informed and the following procedure followed.

The use of CCTV is informed by the guiding principles of the Surveillance Camera Code of Practice (Home Office 2013) as follows:

1. Use of a surveillance camera system must always have a specified purpose which is in pursuit of a legitimate aim and necessary to meet a pressing need.

The purpose will be to further support the perception of the safety and well-being of children, staff and visitors to the setting; to protect the setting and its assets; to assist in the detection of any crime that may have been committed and ultimately to further ensure that the safeguarding and welfare requirements of the Early Years Foundation

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Stage are adhered to at all times. CCTV is never used without a specified purpose and likewise is not reviewed by staff members who do not have authority and a specific reason for doing so.

2. The use of a surveillance camera system must take into account its effect on individuals and their privacy, with regular reviews to ensure its use remains justified.

The Human Rights Act (1998) gives every individual the right to private life and correspondence. This means that CCTV will only be used in public areas of the setting i.e. reception and group rooms. The owners/directors/trustees will review the continued use of CCTV at least annually and will discuss any issues arising from the use of CCTV during routine supervision with the setting manager.

3. There must be as much transparency in the use of surveillance camera systems as possible, including a published contact point for access to information and complaints.

There are signs clearly displayed for staff, parents and visitors, informing them that CCTV is in operation and that they may be recorded. The procedure is displayed for staff, visitors and parents. Complaints relating to the use of CCTV should be discussed with the setting manager in the first instance following 10.2 Complaints procedure for parents and service users.

4. There must be clear responsibility and accountability for all surveillance camera system activities including images and information collected, held and used.

Girton Glebe is responsible for the day-to-day management of the CCTV system. Images are stored on the system for up to 4 weeks and are then automatically recorded over. Images are not routinely scrutinised unless there is a legitimate reason to do so, i.e. a complaint or allegation is made by a parent, member of staff or visitor to the premises, or an allegation is made by a child.

The procedure covers all aspects and is reviewed annually. All staff are aware of the procedure and their role and responsibility. Parents and visitors are made aware of the procedure which is displayed clearly for them to view at any time. The following details are kept:

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5. No more images and information should be stored than that which is strictly required for the stated purpose of the surveillance camera system, and such images and information should be deleted once their purpose is discharged
6. Images are recorded over or destroyed after 4 weeks and are only used as stated above. Images must not be destroyed before this time if an official request to view them is made.
7. Access to retained images and information should be restricted and there must be clearly defined rules on who can gain access and for what purpose such access is granted; the disclosure of images and information should only take place for law enforcement purposes.
8. Surveillance camera system operators should consider any approved operational, technical and competency standards relevant to a system and its purpose and work to maintain those standards.

The setting manager and their line manager will take heed of local and national guidance for the use of CCTV in the setting. The setting manager ensures that all staff involved understand their duty to adhere to section 07 Record keeping procedures, which also detail how others may request a copy of the data and under what circumstances.

9. Surveillance camera system images and information should be subject to appropriate security measures to safeguard against unauthorised access and use

The setting manager is responsible for the security measures to safeguard against unauthorised access and use. This will include the security of the location where images are stored.

10. There should be effective review and audit mechanisms to ensure legal requirements, policies and standards are complied with in practice, and regular reports should be published.

The setting manager is responsible for ensuring that policies and standards are adhered to at all times, seeking further advice from the owners/directors/trustees at



any point when the images must be scrutinised for the purpose of investigating an incident.

11. When the use of a surveillance camera system is in pursuit of a legitimate aim, and there is a pressing need for its use, it should then be used in the most effective way to support public safety and law enforcement with the aim of processing images and information of evidential value.

If CCTV images are reviewed following an incident or an allegation, a record is made. Under no circumstances are CCTV images shared with parents or other service users unless there is a legitimate reason for doing so, i.e. to disprove an allegation against a member of staff. The process for using CCTV in these circumstances is as follows:

- an allegation or incident occurs that may have been caught on CCTV
- if there is reason to believe that a crime may have been committed then an investigation takes place following the Safeguarding children, young people and vulnerable adults procedures Record keeping procedures.
- a parent or other person whose image has been recorded and retained and wishes to access the images must apply to the setting manager in writing
- the Data Protection Act gives the manager the right to refuse a request to view the images, particularly where such access may prejudice the prevention or detection of a crime
- if access to the image is refused then the reasons are documented and the person who made the request is informed in writing within 28 days. The images are not destroyed until the issue is resolved
- at all times, Safeguarding children, young people and vulnerable adults procedures are followed.

12. Any information used to support a surveillance camera system which compares against a reference database for matching purposes should be accurate and kept up to date.

Legal basis

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Human Rights Act 1989

Data Protection Act 1998

Protection of Freedoms Act 2012

GDPR 2018

Guidance

Surveillance Camera Code of Practice (Home Office 2013)

www.gov.uk/government/publications/surveillance-camera-code-of-practice

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Fire safety policy

Designated Fire Marshalls are: Laura Norman & Emma Pell

Aim

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

Objectives

- We recognise that we have a corporate responsibility and a duty of care for those who work in and receive a service from our provision, but individual employees and service users also have a responsibility to ensure their own safety as well as that of others. Risk assessment is the key means through which this is achieved.
- A fire safety risk assessment is carried out by a competent person in accordance with the Regulatory Reform (Fire Safety) Order 2005.
- A Fire Log is completed and regularly updated.
- Necessary equipment is in place to promote fire safety.

Legal references

Regulatory Reform (Fire Safety) Order 2005)

Electricity at Work Regulations (1989)

Further guidance

Fire Safety Record (Early Years Alliance 2019)

Fire Safety Risk Assessment: Educational Premises

www.communities.gov.uk/publications/fire/firesafetyrisk6

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Fire safety procedures

- The setting manager has access to, or a copy of, the fire safety procedures specific to the building and ensure they align with these procedures. The setting manager makes reasonable adjustments as required to ensure the two documents do not contradict each other.

Fire safety risk assessment

Fire safety risk assessment form is carried out in each area of the setting by a competent person using the five steps to fire safety risk assessment as follows:

1. Identify fire hazards

- Sources of ignition.
- Sources of fuel.
- Sources of oxygen (including oxygen tanks for disabled children).

2. Identify people at risk

- People in and around the premises.
- People especially at risk including very young babies, less ambulant disabled children or those using specialised equipment, such as splints, standing frames.

3. Evaluate, remove, reduce and protect from the risk

- Evaluate the risk of the fire occurring.
- Evaluate the risk to people from a fire starting on the premises.
- Remove and reduce the hazards that may cause a fire.
- Remove and reduce the risks to people from a fire.

4. Record, plan, inform, instruct, train

- Record significant findings and action taken.



- Prepare an emergency plan.
- Inform and instruct relevant people; inform and co-operate with others.
- Provide training.

5. Review

- Keep assessment under review and revise when necessary.

The fire safety risk assessment focuses on the following for each area:

- Electrical plugs, wires, sockets.
- Electrical items.
- Gas boilers.
- Cookers.
- Matches.
- Flammable materials, including furniture, furnishings, paper etc.
- Flammable chemicals (which are also covered in COSHH).
- Means of escape.
- Any other, as identified.

Fire safety precautions include:

- All electrical equipment is checked regularly.
- Any faulty electrical equipment is taken out of use and recorded as such or condemned (whichever is necessary).
- Water and electrical items do not come into contact; staff do not touch electrical items with wet hands.
- All fire safety equipment is checked annually.
- Gas boilers and cookers are checked and serviced annually by a Gas Safe registered engineer.
- If matches are used in the kitchen, they are kept in a drawer.

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Fire Drills

- Fire Drills (to include emergency evacuation procedures and lock down) are held at least termly or until each child has taken part in one.
- Drills are recorded, including:
 - date of drill
 - staff involved and numbers of children
 - how long it took to evacuate
 - any reason for a delay in achieving the target time and how this will be remedied

Fire precautions

- Fire exit signs are the green 'running man' signs and are in place and clearly visible.
- Fire exits by doors are those that show a green light at night.
- Fire doors are not locked during normal working hours.
- Fire evacuation notices are in every room; these are displayed in print large enough to read from a short distance. They say where the assembly point is.
- Fire alarms are in place and tested monthly by Girton Glebe School
- Smoke alarms are in place and tested monthly by Girton Glebe School
- A fire blanket is in place in the kitchen (and any other location where there is a cooker).
- Fire extinguishers are in place and are appropriate

Further guidance

Dynamic Risk Management (Pre-school Learning Alliance 2017)

Fire Safety Record (Early Years Alliance 2019)

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Fire Safety Risk Assessment: Educational Premises (HMG 2006):

www.gov.uk/government/publications/fire-safety-risk-assessment-educational-premises

Food safety and nutrition policy

Aim

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

Objectives

- We recognise that we have a corporate responsibility and duty of care for those who work in and receive a service from our provision, but individual employees and service users also have responsibility for ensuring their own safety as well as that of others. Risk assessment is the key means through which this is achieved.
- Kitchen Procedure is followed for general hygiene and safety in food preparation areas.
- We provide nutritionally sound snacks which promote health and reduce the risk of obesity and heart disease and tooth decay that may begin in childhood.
- Following dietary guidelines to promote health also means taking account of guidelines to reduce risk of disease caused by unhealthy eating.
- Parents share information about their children's particular dietary needs with staff when they enrol their children and on an on-going basis with their key person. This information is shared with all staff who are involved in the care of the child.
- Foods provided by the setting for children have any allergenic ingredients identified.
- Care is taken to ensure that children with food allergies do not have contact with food products that they are allergic to.

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- Risk assessments are conducted for each individual child who has a food allergy or specific dietary requirement.

Legal references

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

Food Information Regulations 2014

The Childcare Act 2006

Further guidance

Safer Food Better Business for Caterers (Food Standards Agency)

<https://www.food.gov.uk/business-guidance/safer-food-better-business-for-caterers>



Food preparation, storage and purchase procedures

General

- All staff have up to date certificated training on food safety.
- The setting manager is responsible for overseeing the work of the cook and all food handlers to ensure hygiene and allergy procedures are complied with.
- The setting manager has responsibility for conducting risk assessment
- Staff carry out and record daily opening/closing checks, four weekly reviews and dated records of deep cleaning.
- The setting manager maintain a Food Allergy and Dietary Needs folder with:
 - a list of all children with known food allergies or dietary needs updated at least once a term (the personal/medical details about the allergy or dietary needs remain in the child's file along with a copy of the risk assessment). This is clearly displayed for all staff and the risk assessment shared with all staff.
 - a record of food menus along with any allergens using
- The setting manager is responsible for informing the directors who then reports to Ofsted any food poisoning affecting two or more children looked after on the premises. Notification must be made as soon as possible and within 14 days of the incident.

Purchasing and storing food

- Food is purchased from reputable suppliers.
- Pre-packed food (any food or ingredient that is made by one business and sold by another such as a retailer or caterer) is checked for allergen ingredients and this information is communicated to parents alongside menu information.
- If food that is not pre-packed (described as 'loose food'), allergen information will have been provided by the retailer, this information must then be shared in the same way with parents.

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- Parents are requested not to bring food that contains nuts or give chocolate spread to children in their sandwiches. Staff check packets to make sure they do not contain nuts or nut products.
- Bulk buy is avoided where food may go out of date before use.
- All opened dried food stuffs are stored in airtight containers.
- Dried packaged food is not decanted from packaging into large bins or containers as this prevents monitoring of sell by/use by dates and allergen information.
- Food is regularly checked for sell by/use by dates and any expired items are discarded.
- Bottles and jars are cleaned before returning to the cupboards.
- fruit and easily perishable vegetables are kept in the fridge at 1- 5 Celsius.
- Packaged frozen food should be used by use by dates.
- Freezer containers should be labelled, dated and used within 1-3 months.
- Fridge and freezer thermometers should be in place. Recommended temperatures for fridge 37 degrees Fahrenheit (3 degrees Celsius), and freezers 0 degrees Fahrenheit (-18 degrees Celsius). Temperatures must be checked and recorded daily to ensure correct temperatures are being maintained.
- Freezers are defrosted every 3 months or according to the manufacturer's instructions.
- Meat/fish is stored on lower shelves and in drip-free dishes.
- Fruit and vegetables stored in the fridge are washed thoroughly before refrigeration to reduce risk of pests and E.coli contamination.
- Staff's own food or drink should be kept in separate designated area of the fridge; where possible, a fridge.
- Items in fridges must be regularly checked to ensure they are not past use by dates.

Preparation of food

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- Food handlers must check the content of food/packets to ensure they do not contain allergens.
- Food handlers wash hands and cover any cuts or abrasions before handling food.
- Separate boards and knives are used for chopping food, usually colour coded.
- All vegetables and fruit are washed before preparing.
- Food left out is covered, for example when cooling down.
- Food is cooked in time for serving and is not prepared in advance of serving times.
- Hot cupboards or ovens are not used to keep food warm.
- Food cooked for vegetarians does not come into contact with meat or fish or products.
- A separate toaster is kept and used for children with a wheat or gluten allergy.
- Food prepared for children with dietary needs and preferences is clearly labelled and every effort is made to prevent cross-contamination.
- Raw eggs are not to be given in any form, such as mousse or mayonnaise.
- When given to children, eggs are fully cooked.

Serving Food

- Staff risk assess the likelihood of children with dietary restrictions accessing the food of other children and must take appropriate action to prevent this from happening,
 - check the list of children's dietary requirements displayed in the food preparation area is displayed
- Children with allergies/food preferences are not made to feel 'singled out' by the methods used to manage their allergy/food preference.
- Food served to children with identified allergies is checked by the staff member preparing snack to ensure that the meal (and its ingredients) does not contain any of the allergens for that child.



- Tables are cleaned before and after, with soapy water or a suitable non-bleach product.
- Members of staff serving food wash their hands and cover any cuts with a blue plaster.

E.coli prevention

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

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

Further guidance

Eat Better, Start Better (Action for Children 207) www.foundationyears.org.uk/eat-better-start-better/

Example Menus for Early Years Settings in England (PHE 2017)

www.gov.uk/government/publications/example-menus-for-early-years-settings-in-england

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

Allergen information for loose foods (Food Standards Agency 2017)

www.food.gov.uk/sites/default/files/media/document/loosefoodsleaflet.pdf

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



Food for play and cooking activities procedure

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

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

Children's cooking activities

- Before undertaking any cooking activity with children, members of staff should check for allergies and intolerances by checking children's records.
- Children are taught basic hygiene skills such as the need to wash hands thoroughly before handling food, and again after going to the toilet, blowing their nose or coughing.
- The area to be used for cooking is cleaned; a plastic tablecloth is advised.
- Children should wear aprons that are used just for cooking.

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- Utensils provided are for children to use only when cooking, including chopping/rolling boards, bowls, wooden spoons, jugs, and are stored in the kitchen.
- Members of staff encourage children to handle food in a hygienic manner.
- Food ready for cooking or cooling is not left uncovered.
- Cooked food to go home is put in a paper food bag and refrigerated until home time.
- Food play activities are suspended during outbreaks of illness.



Snack planning – Packed lunches and nutrition procedures

The setting follows dietary guidance to promote health and reduce risk of disease caused by unhealthy eating. When planning menus, the setting manager ensure that:

- Snack reflect children's cultural backgrounds, religious restrictions and the food preferences of some ethnic groups.
- Snack items are clearly displayed so that parents and staff know what is being provided.
- Parents must share information about their children's particular dietary needs with staff when they enrol their children and on an on-going basis with their key person.
- Key persons regularly share information about the children's levels of appetite and enjoyment of food with parents.
- Staff refer to the Eat Better, Start Better (Action for Children 2017).

Packed lunches

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



Meeting dietary requirements procedure

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

- Staff discuss and record children's dietary needs, allergies and any ethnic or cultural food preferences with their parents.
- If a child has a known food allergy, procedure Allergies and food intolerance is followed.
- Staff record information about each child's dietary needs in the individual child's registration form; parents sign the form to signify that it is correct.
- Up-to-date information about individual children's dietary needs is displayed so that all staff and volunteers are fully informed.
- Staff ensure that children receive only food and drink that is consistent with their dietary needs and cultural or ethnic preferences, as well as their parent's wishes.
- The menus of meal and snacks are displayed on the parent notice board for parents to view. Foods that contain any food allergens are identified.
- Staff aim to include food diets from children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- Through on-going discussion with parents and research reading by staff, staff obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, as well as about food allergies. Staff take account of this information when providing food and drink.
- Staff provide a vegetarian alternative when meat and fish are offered and make every effort to ensure Halal meat or Kosher food is available to children who require it.
- Where it is not possible to source and provide Halal meat or Kosher food, a vegetarian option is available; this will be discussed and agreed with parents at the time of the child's registration.



- All staff show sensitivity in providing for children's diets, allergies and cultural or ethnic food preferences. A child's diet or allergy is never used as a label for the child, they are not made to feel 'singled out' because of their diet, allergy or cultural/ethnic food preferences.
- Fresh drinking water is available throughout the day. Staff inform children how to obtain the drinking water and that they can ask for water at any time during the day.
- Meal and snack times are organised as social occasions.

Fussy/faddy eating

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



Health policy

Aim

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

Objectives

We promote health through:

- ensuring emergency and first aid treatment is given where necessary
- ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements
- identifying allergies and preventing contact with the allergenic substance
- identifying food ingredients that contain recognised allergens and displaying this information for parents
- promoting health through taking necessary steps to prevent the spread of infection and taking appropriate action when children are ill
- promoting healthy lifestyle choices through diet and exercise
- supporting parents right to choose complementary therapies
- pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance

Legal references

Medicines Act (1968)

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

Control of Substances Hazardous to Health (COSHH) Regulations (2002)

Health and Safety (First Aid) Regulations 1981

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Food Information Regulations 2014

Further guidance

Accident Record (Early Years Alliance 2019)

Accidents and emergency treatment procedure

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Person responsible for checking and stocking first aid box: *Emma Pell*

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

- Parents consent to emergency medical treatment consent on registration.
- At least one person who has a current paediatric first aid (PFS) certificate is on the premises and available at all times when children are present who regularly update their training; First Aid certificates are renewed at least every three years.
- All members of staff know the location of First Aid boxes, the contents of which are in line with St John's Ambulance recommendations.
- No non first aid item is stored in a First Aid box.
- Vinyl single use gloves are also kept near as well as a thermometer.
- There is a named person in the setting who is responsible for checking and replenishing the First Aid Box contents.
- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded in the setting's Accident Record book. Parents may have a photocopy of the accident form on request.
- In the event of minor injuries or accidents, parents are normally informed when they collect their child, unless the child is unduly upset or members of staff have any concerns about the injury. In which case they will contact the parent for clarification of what they would like to do, i.e. collect the child or take them home and seek further advice from NHS 111.

Serious accidents or injuries

- An ambulance is called for children requiring emergency treatment.
- First aid is given until the ambulance arrives on scene. If at any point it is suspected that the child has died, Death of a child on site procedure is implemented and the police are called immediately.

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- The registration form is taken to the hospital with the child.
- Parents or carers are contacted and informed of what has happened and where their child is being taken to.
- The setting managers arranges for a taxi to take the child and carer to hospital for further checks, if deemed to be necessary.

Recording and reporting

- In the event of a serious accident, injury, or serious illness, the designated person notifies the designated officer. Confidential safeguarding incident report form as soon as possible.
- The setting's manager files a report to RIDDOR
- If required, a RIDDOR form is completed; one copy is sent to the parent, one for the child's file and one for the local authority Health and Safety Officer.

Further guidance

Accident Record (Early Years Alliance 2019)

Health procedures



Administration of medicine procedure

Key persons are responsible for administering medication to their key children; ensuring consent forms are completed, medicines stored correctly and records kept.

Administering medicines during the child's session will only be done if absolutely necessary.

If a child has not been given a prescription medicine before, especially, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect. The setting managers must check the insurance policy document to be clear about what conditions must be reported to the insurance provider.

Consent for administering medication

- Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent.
- When bringing in medicine, the parent informs their key person/back up key person. The setting manager should be also be informed.
- Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label. If the medication is not a prescribed medication the staff member will ask what the medication is for and then seek advice from the manager as to whether it is a medication we can administer without a prescription.
- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.
- Members of staff who receive the medication ask the parent to sign a consent form stating the following information. No medication is given without these details:
 - full name of child and date of birth
 - name of medication and strength
 - who prescribed it

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- dosage to be given
- how the medication should be stored and expiry date
- a note of any possible side effects that may be expected
- signature and printed name of parent and date

Storage of medicines

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in the milk kitchen fridge, or in a marked box in the main kitchen fridge.

- The key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication for an individual child may be kept at the setting. A healthcare plan form must be completed. Key persons check that it is in date and return any out-of-date medication to the parent.
- .

Record of administering medicines

A record of medicines administered is kept near to the medicine cabinet or in the child's group room, or in the setting manager's office. Settings can choose which works best for them, as long as members of staff are aware and it is consistent.

The medicine record book records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- signed by key person/setting manager
- verified by parent signature at the end of the day



A witness signs the medicine record book to verify that they have witnessed medication being given correctly according to the procedures here.

- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
 - The medication records are monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

Children with long term medical conditions requiring ongoing medication

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting manager and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought if necessary, where there are concerns..
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

Managing medicines on trips and outings

- Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.



- Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a card to record administration, with details as above.
- The card is later 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 as above.

Staff taking medication

Staff taking medication must inform their manager. The medication must be stored securely in a secure area away from the children. The manager must be made aware of any contraindications for the medicine so that they can risk assess and take appropriate action as required.

Further guidance

Medication Administration Record (Early Years Alliance 2019)

Health procedures



Life-saving medication and invasive treatments procedure

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

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

Record keeping

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

- a letter from the child's GP/consultant stating the child's condition and what

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medication if any is to be administered

- written consent from parents allowing members of staff to administer medication
- proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse
- a healthcare plan

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

Physiotherapy

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

Safeguarding/child protection

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

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



Allergies and food intolerance procedure

When a child starts at the setting, parents are asked if their child has any known allergies or food intolerance. This information is recorded on the registration form.

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



Oral Medication

- Oral medication must be prescribed or have manufacturer's instructions written on them.
- Staff must be provided with clear written instructions for administering such medication.
- All risk assessment procedures are adhered to for the correct storage and administration of the medication.
- The setting must have the parents' prior written consent. Consent is kept on file.

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

Health procedures



Poorly children procedure

- If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea or pains, particularly in the head or stomach then the setting manager calls the parents and asks them to collect the child or send a known carer to collect on their behalf.
- If a child has a raised temperature, they are kept cool by removing top clothing, sponging their heads with cool water and kept away from draughts.
- A child's temperature is taken and checked regularly, using Fever Scans or other means i.e. ear thermometer.
- If the child's temperature is worryingly high then Calpol may be given. Consent for this is given at registration but verbal consent from the parent will also be sought at the time of temperature where possible. This is to reduce the risk of febrile convulsions. Parents sign the medication record when they collect their child.
- In an emergency an ambulance is called and the parents are informed.
- Parents are advised to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents are asked to keep them at home for 48 hours.
- After diarrhoea or vomiting, parents are asked to keep children home for 48 hours following the last episode.
- Where the child has had a temperature parents are asked to keep them at home for 24hrs following a normal temperature.
- Some activities such as sand and water play and self-serve snack will be suspended for the duration of any outbreak.
- The setting has information about excludable diseases and exclusion times.

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- The setting manager keeps a record of the numbers and duration of each event.
- The setting manager has a list of notifiable diseases and contacts Public Health England (PHE) and Ofsted in the event of an outbreak.
- If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS111 and informs parents.

HIV/AIDS procedure

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

- Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is rinsed and bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with clinical waste.
- Tables and other furniture 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 parents may be asked to keep the child away from the setting until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family, using current recommended treatments methods if they are found.

Paracetamol based medicines (e.g. Calpol)

The use of paracetamol-based medicine may not be agreed in all cases. A setting cannot take bottles of non-prescription medicine from parents to hold on a 'just in case' basis, unless there is an immediate reason for doing so. Settings do not normally keep such

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medicine on the premises as they are not allowed to 'prescribe'. However, given the risks to very young babies of high temperatures, insurers may allow minor infringement of the regulations as the risk of not administering may be greater. Ofsted is normally in agreement with this. In all cases, must sign to say they agree to the setting administering paracetamol-based medicine in the case of high temperature on the basis that they are on their way to collect. Such medicine should never be used to reduce temperature so that a child can stay in the care of the setting for a normal day...

Whilst the brand name Calpol is referenced, there are other products which are paracetamol or Ibuprofen based pain and fever relief such as Nurofen for children over 3 months.

Further guidance

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

Medication Administration Record (Early Years Alliance 2019)

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

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

Infection control

Good practice infection control is paramount in early years settings. Young children's immune systems are still developing, and they are therefore more susceptible to illness.

Prevention

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- Minimise contact with individuals who are unwell by ensuring that those who have symptoms of an infectious illness do not attend settings and stay at home for the recommended exclusion time (see below UKHSA link).
- Always clean hands thoroughly, and more often than usual where there is an infection outbreak.
- Ensure good respiratory hygiene amongst children and staff by promoting 'catch it, bin it, kill it' approach.
- Where necessary, for instance, where there is an infection outbreak, wear appropriate PPE.

Response to an infection outbreak

- Manage confirmed cases of a contagious illness by following the guidance from the [UK Health Security Agency \(UKHSA\)](#)

Informing others

Early years providers have a duty to inform Ofsted of any serious accidents, illnesses or injuries as follows:

- anything that requires resuscitation
- admittance to hospital for more than 24 hours
- a broken bone or fracture
- dislocation of any major joint, such as the shoulder, knee, hip or elbow
- any loss of consciousness
- severe breathing difficulties, including asphyxia
- anything leading to hypothermia or heat-induced illness

In some circumstances this may include a confirmed case of a Notifiable Disease in their setting, if it meets the criteria defined by Ofsted above. Please note that it is not the responsibility of the setting to diagnose a notifiable disease. This can only be done by a clinician (GP or Doctor). If a child is displaying symptoms that indicate they may be suffering from a notifiable disease, parents must be advised to seek a medical diagnosis, which will



then be 'notified' to the relevant body. Once a diagnosis is confirmed, the setting may be contacted by the UKHSA, or may wish to contact them for further advice.

Oral health procedure

The setting provides care for children and promotes health through promoting oral health and hygiene, encouraging healthy eating, healthy snacks and tooth brushing.

- Fresh drinking water is available at all times and easily accessible.
- Sugary drinks are not served.
- Only water and milk are served with morning and afternoon snacks.
- Children are offered healthy nutritious snacks with no added sugar.
- Parents are discouraged from sending in confectionary, dried fruit, chocolate and dried fruit as a snack or treat.
- Children are given a choice of cheese or carrot after lunch to support the health of their teeth after eating.



Promoting inclusion, equality and valuing diversity policy

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

Aim

Our provision actively promotes inclusion, equality of opportunity and the valuing of diversity.

Objectives

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

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

We interpret this as consisting of several tasks and processes in relation not only to children but also to parents and visitors in the setting. These tasks and processes include awareness and knowledge of relevant barriers to inclusion for those with a protected characteristic namely:

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- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sexual orientation
- sex (gender)
- age
- marriage or civil partnership (in relation to employment)

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

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

- Developing practice that includes:
 - Developing an environment which reflects the 'kaleidoscope' of factors that can provide settings with a myriad of influences and ideas for exploring and celebrating difference.

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- Ensuring that barriers to inclusion are identified and removed or minimised wherever possible; for example, we complete 01.1b Access audit form.
- Understanding, supporting and promoting the importance of identity for all children and recognising that this comprises multiple facets which are shaped by a 'kaleidoscope' of factors including British values, 'race'\ethnicity and culture, gender, difference of ability, social class, language, religion and belief, and family form and lifestyle, which combine uniquely in the identity of each individual; for example, we welcome and promote bi/multi-lingualism and the use of alternative communication formats such as sign language, and we promote gender equality while at the same time recognising the differences in play preferences and developmental timetables of girls and boys.
- Recognising that this 'kaleidoscope' also reflects negative images which may be internalised and negatively affect the development of self-concept, self-esteem, and confidence.
- Promoting a welcoming atmosphere that genuinely appreciate British values, different cultural and personal perspectives, without stereotyping and prejudicing cultures and traditions on raising children, by always involving parents.
- Promoting community cohesion and creating an environment that pre-empts acts of discrimination so that they do not arise.
- Recruitment of staff to reflect cultural and language diversity, disabled staff, and staff of both genders.
- Addressing discrimination as it occurs from children in a sensitive, age-appropriate manner to ensure that everyone involved understands the situation and are offered reassurance and support to achieve resolution.
- Challenging discriminatory behaviour from parents, staff or outside agencies or individuals that affect the well-being of children and the early years community.
- Creating an ethos within which staff work confidently within a culturally complex environment; learning when to change or adapt practice in the setting



and having the confidence to challenge practice (including parental) that is not in the child's best interest, seeking support and intervention from agencies where appropriate.

- Ensuring that practitioners work closely with the Special Educational Needs Coordinator to make sure that the additional needs of all children are identified and met.
- We are aware of anti-discriminatory legislation and able to use it to shape the service and support parents and children against discrimination in the local community, for example, against asylum seekers, the Travelling community and same sex parents.
- We regularly monitor and review our practice including long-term preventative measures to ensure equality such as auditing of provision, formulating an equality plan, applying impact measurements and positive actions. In addition, short term measures such as recognition and assessment of children's additional support needs (e.g. impairment, home language, family hardship, specific family beliefs and practices), day-to-day activities, provision of suitable support and resources, activity programme and curriculum., assessment, recognition of special educational needs and developing inclusive relationships.

Legal references

General Data Protection Regulation 2018

Children and Families Act 2014 Part 3

Special Educational Needs and Disability Code of Practice 2014

Disability Equality Duty 2011

Equality Act 2010

Prevent Strategy 2015

Further guidance

Guide to the Equality Act and Good Practice (Pre-school Learning Alliance 2015)

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Equality procedures

Promoting inclusion, equality and valuing diversity

We actively promote inclusion, equality of opportunity and value diversity. All early years setting have legal obligations under the Equality Act 2010. Those in receipt of public funding also have public equality duties to eliminate discrimination, promote equality, foster good relations with individuals and groups with protected characteristics namely disability, race (ethnicity), religion and belief, sexual orientation, sex (gender), gender reassignment, age, pregnancy and maternity, marriage and civil partnership. Settings also have obligations under the Prevent Duty (2015) which highlights the need to foster equality and prevent children from being drawn into harm and radicalisation.

Promoting identity, positive self-concept and self-esteem for all children through treating each child as an individual and with equal concern, ensuring each child's developmental and emotional needs are recognised and met.

- Promoting inclusive practice to ensure every child is welcomed and valued.
- Discussing aspects of family/child identity with parents when settling in a new child.
- Maintaining a positive non-judgemental attitude and use of language with children to talk about topics such as family composition/background, eye and skin colour, hair texture, sex, gender, physical attributes and languages spoken (including signing).
- Becoming knowledgeable about different cultures, and individual subjective perceptions of these and being able to reflect them imaginatively and creatively in the setting to create pride, interest and positive self-identity.

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- Discussing similarities and differences positively without bias and judgement.
- Celebrating festivals, holy days and special days authentically through involving parents, staff or the wider community to provide a positive experience for all.
- Providing books with positive images of children and families from all backgrounds and abilities. Avoiding caricatures or cartoon-like depictions, and ensuring individual differences are portrayed with sensitive accuracy. The central characters in individual stories should provide a positive, broad representation of diversity e.g. disability, ethnicity, sex and gender, age and social backgrounds. Individual storylines should contain a range of situations which are easily identifiable by children such as those that include disabled children/adults, different ethnic groups, mixed heritage families, gender diversity, single sex/same and different sex families, multi-generational households and cultural diversity.
- Providing visual materials, such as posters and pictures that provide non-stereotypical images of people, places and cultures and roles that are within children's range of experience. This includes photographs taken by staff of the local and wider community, of parents and families and local events.
- Using textiles, prints, sculptures or carvings from diverse cultures in displays.
- Providing artefacts from a range of cultures, particularly for use in all areas of the setting, not just in the home corner.
- Ensuring toys, learning materials and resources reflect diversity and provide relevant materials for exploring aspects of difference, such as skin tone paints and pens.
- Developing a range of activities through which children can explore aspects of their identity, explore similarities, differences and develop empathy including:
 - self-portraits, photograph albums and displays showing a range of families
 - books about 'me' or my family
 - persona doll stories which sympathetically and authentically represent diversity
 - food activities, such as tasting and cooking, creating real menu additions
 - activities about real celebrations such as new babies, weddings, cultural and religious events



- use of textiles and secular artefacts in the room, and to handle and explore, that demonstrate valuing of the cultures from which they come
 - creating textiles such as tie dying, batik and creative use of textiles
 - provide mirrors at different heights for babies and other non-ambulant children
 - developing a music area with a variety of musical instruments for babies and children to use to create a range of music.
 - creating an art and mark making area with a variety of materials from other countries such as wood blocks for printing, Chinese calligraphy brushes etc.
 - home corner play which encourages all children to equally participate and provides domestic articles from diverse cultures
 - 'dressing up' materials which promote non-gendered roles and enable children to explore different gender identities/gender neutrality
 - providing dolls that sensitively and accurately portray difference such as disability and ethnicity
 - use of a variety of music to play to children of different genres and cultural styles with a variety of musical instruments for children to access
 - a language and literacy area with a variety of books, some with dual language texts and signs, involving parents in the translation where possible
 - tapes with stories read in English and other languages
 - examples of writing in other scripts from everyday sources such as papers and magazines, packaging etc. children's names written on cards in English as well as in their home language script where appropriate
 - labels for children's paintings or other work are made with their name in English and home language script (parents can help with this)
 - conversations with young children which explore unfamiliar objects and subjects to help foster an understanding of diversity and identity such as spectacles or hearing aids, religious and cultural practices
- Record keeping that refers to children's emerging bilingual skills or their use of sign language as achievements in positive terms.

- Record keeping that refers to children's differing abilities and identities in positive terms.

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- Records that show the relevant involvement of all children, especially children with special educational needs and disabilities, those using English as an additional language and those who are 'more abled' in the planning of their care and education.

Fostering positive attitudes and challenging discrimination.

- Young children are learning how to grow up in a diverse world and develop appropriate attitudes. This can be difficult, and they may make mistakes and pick up inappropriate attitudes or just get the 'wrong idea' that may underlie attitudes of 'pre-prejudice' towards specific individuals/groups. Where children make remarks or behave in a discriminatory or prejudice way or make inappropriate comments that arise from not knowing facts, staff should explain why these actions are not acceptable and provide appropriate information and intervention to reinforce children's understanding and learning.
- Where children make overtly prejudice or discriminatory remarks they are dealt with as above, and the issue is raised with the parents.
- When children wish to explore aspects of their identity such as ethnicity or gender, they should be listened to in an understanding and non-judgemental way.
- Parents are expected to abide by the policy for inclusion, diversity and equality and to support their child in the aims of the setting.

Implementing an equality strategy to foster a 'can do' approach

- Every setting should have an equality strategy in place outlining their vision on equality alongside a timetabled list of actions summarising how they build equality into the provision and how this is monitored and evaluated.
- An equality check and access audit are completed to ensure that there are no barriers to inclusion of any child, families and visitors to the setting.
- Early years settings in receipt of nursery education funding are covered by the public sector equality duty. These bodies must have regard of the need to eliminate discrimination, promote equality of opportunity, foster good relations between disabled



and non-disabled persons, and publish information to show their compliance with the duty.

Promoting dynamic and balanced mixed gender, culturally, socially, and linguistically diverse staff teams who work constructively together in providing for diverse communities.

- It is recognised that members of staff in diverse teams bring a range of views and opinions to the setting regarding a range of issues to do with the job. It is important that a range of views and perspectives are shared and respected in staff meetings and that decisions are made on which way of looking at the situation will result in the best outcomes for the child.
- Staff views are sought where these offer individuals, social and/or cultural insight, although staff should not be put in an uncomfortable position of being an 'expert' or 'ambassador'.
- Staff respect similarities and differences between each other and users such as ability, disability, religious and personal beliefs, sex, sexual orientation, gender reassignment etc. Staff do not discriminate or harass individuals on the grounds of these or encourage any other member of staff to do so; evidence of such will be dealt with by management immediately.
- Members of staff make the best use of different perspectives in the team to find solutions to difficult problems that arise in socially/culturally complex situations.
- Members of staff support each other to highlight similarities and respect differences.
- Members of staff of both sexes carry out all tasks according to their job description; there are no jobs that are designated men's or women's jobs.
- Staff are sensitive to the fact that male workers are under-represented in the early years workforce so may be more likely to experience inequality and discrimination.
- Staff should be aware that male workers may be more vulnerable to allegations. Therefore, work practices should be developed to minimise this. These practices are valuable for all staff.



- Where staff may feel threatened, or under attack, from discriminatory behaviour, staff and managers follow procedure 01.12 Threats and abuse towards staff and volunteers.
- There is an ethos wherein staff, parents and children are free to express themselves and speak their own languages in ways that enhance the culture of the setting.

Ensuring that barriers to equality and inclusion are identified and removed or minimised wherever possible.

- Barriers may include:
 - lack of understanding - where the language spoken at the setting is not that which is spoken at a child's home
 - perceived barriers – affordability where parents are not aware of financial support available or assume that a service is not available to them. Perceived barriers may also be physical barriers for those children or parents with a disability or additional needs where they assume, they will not be able to access the service
 - physical barriers – where there are environmental features which stop a disabled child or disabled parent accessing the setting such as stairs
 - negative attitudes – stereotypes and prejudices or commitment by staff and managers to the time and energy required to identify and remove barriers to accessibility
 - unconscious and conscious bias of staff towards some families such as those from other backgrounds, disabled parents, same sex parents and families with specific religious beliefs
 - gendered views of staff which limit children's aspirations and choices
 - misconceptions such as disabled children should not attend settings during a pandemic due to heightened risk
 - lack of effective Information Communication Technology (ICT) in the homes of families who are vulnerable or at risk and therefore unable to keep in close contact with the childcare provider



- Staff are aware of the different barriers to inclusion and equality and consider the wider implications for children and their families.

Supporting children to become considerate adults

- Children's social and emotional development is shaped by early experiences and relationships and incorporates elements of equality and British and Universal values. The EYFS supports children's earliest skills in an age appropriate way to become social citizens, namely listen and attend to instructions; know the difference between right and wrong; recognise similarities and differences between themselves and others; make and maintain friendships; develop empathy and consideration of other people; take turns in play and conversation; risk taking behaviours, rules and boundaries; not to hurt/upset other people with words and actions; consequences of hurtful/discriminatory behaviour and regulating behaviour.

British values

The fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs are already implicitly embedded in the Early Years Foundation Stage and are further clarified here based on *Fundamental British values in the Early Years* (<https://foundationyears.org.uk/wp-content/uploads/2017/08/Fundamental-British-Values-in-the-Early-Years-2017.pdf>)

Democracy: making decisions together

- For self-confidence and self-awareness (PSED), practitioners encourage children to see the bigger picture, children know their views count, value each other's views and values and talk about feelings e.g. when they do or do not need help.
- Supporting the decisions children make and providing activities that involve turn-taking, sharing and collaboration. Children are given opportunities to develop enquiring minds, where questions are valued and prejudice attitudes less likely.

Rule of law: understanding rules matter (PSED)

- Practitioners ensure children understand their and others' behaviour and consequence.

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- Practitioners collaborate with children to create rules and codes of behaviour, e.g. rules about tidying up and ensure all children understand that rules apply to everyone.

Individual liberty: freedom for all (PSED & UW)

- Children should develop a positive sense of themselves. Staff provide opportunities for children to develop their self-knowledge, self-esteem and increase their confidence in their own abilities, for example through allowing children to take risks on an obstacle course, mixing colours, exploring facets of their own identity, talking about their experiences and learning. Practitioners encourage a range of experiences, allow children to explore the language of feelings and responsibility, reflect on differences and understand we are free to have different opinions, for example in a small group discuss what they feel about transferring into Reception Class.

Mutual respect and tolerance: treat others as you want to be treated (PSED & UW)

- Staff create an ethos of inclusivity and tolerance where views, faiths, cultures and races are valued and children are engaged with the wider community.
- Children should acquire tolerance, appreciation and respect for their own and other cultures; know about similarities and differences between themselves, others and among families, faiths, communities, cultures and traditions.
- Staff encourage and explain the importance of tolerant behaviours such as sharing and respecting other's opinions.
- Staff promote diverse attitudes and challenge stereotypes, for example, sharing stories that reflect and value the diversity of children's experiences and providing resources and activities that challenge gender, cultural/racial stereotyping.

It is not acceptable to:

- actively promote intolerance of other faiths, cultures and races
- fail to challenge gender stereotypes and routinely segregate girls and boys
- isolate children from their wider community

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- fail to challenge behaviours (whether of staff, children, or parents) that are not in line with the fundamental values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs

Record keeping policy

Aim

We have record keeping systems in place for the safe and efficient management of the setting and to meet the needs of the children; that meet legal requirements for the storing and sharing of information within the framework of the GDPR and the Human Rights Act.

Objectives

- Children's records are kept in personal files, divided into appropriate sections, and stored separately from their developmental records.
- Children's personal files contain registration information as specified in procedure Children's records and data protection.
- Children's personal files contain other material described as confidential as required, such as Common Assessment Framework assessments, Early Support information or Education, Health and Care Plan (EHCP, case notes including recording of concerns, discussions with parents, and action taken, copies of correspondence and reports from other agencies.
- Ethnicity data is only recorded where parents have identified the ethnicity of their child themselves.
- Confidentiality is maintained by secure storage of files in a locked cabinet with access restricted to those who need to know. Client access to records is provided for within procedure, Client access to records.
- Staff know how and when to share information effectively if they believe a family may require a particular service to achieve positive outcomes

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- Staff know how to share information if they believe a child is in need or at risk of suffering harm.
- Staff record when and to whom information has been shared, why information was shared and whether consent was given. Where consent has not been given and staff have taken the decision, in line with guidelines, to override the refusal for consent, the decision to do so is recorded.
- Guidance and training for staff specifically covers the sharing of information between professions, organisations, and agencies as well as within them, and arrangements for training takes account of the value of multi-agency as well as single agency working.

Records

The following information and documentation are also held:

- name, address and contact details of the provider and all staff employed on the premises
- name address and contact details of any other person who will regularly be in unsupervised contact with children
- a daily record of all children looked after on the premises, their hours of attendance and their named key person
- certificate of registration displayed and shown to parents on request
- records of risk assessments
- record of complaints

Legal references

General Data Protection Regulation 2018

Freedom of Information Act 2000

Human Rights Act 1998

Statutory Framework for the Early Years Foundation Stage (DfE 2021)

Data Protection Act 2018

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Further guidance

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

Children's records and data protection procedure

During an outbreak of serious illness of disease (such as Covid-19) there may be the need to keep additional records as part of outbreak management. A central record of all confirmed cases of Covid-19 that affect any member of staff or service user is held. This record does not contain personal details about the individual (unless a member of staff).

A record is kept of individual cases of children/families who are self-isolating due to symptoms as per usual record-keeping procedures. In all cases the principles of data protection are maintained.

Principles of data protection: lawful processing of data

Personal data shall be:

- a) *processed lawfully, fairly and in a transparent manner in relation to the data subject*
- b) *collected for specified, explicit and legitimate purposes and not further processed in a manner that is not compatible for these purposes*
- c) *adequate, relevant and necessary in relation to the purposes for which they are processed*
- d) *accurate, and where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purpose for which they are processed, are erased or rectified without delay*
- e) *kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed*
- f) *processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against*

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accidental loss, destruction or damage, using appropriate technical or organisational measures ("integrity and confidentiality") Article 5 of the General Data Protection Regulations (2018)

Practitioners should process data, record and share information in line with the principles above.

General safeguarding recording principles

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

The principles of GDPR and effective safeguarding recording practice are upheld

- Recording is factual and non-judgemental.

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

Children's personal files

- Appropriate files must be used. These are made of robust card (not ring binders) and have plastic or metal binders to secure documents. File dividers must be inserted into each file.
- The sections contained are as follows:
 - personal details: registration form and consent forms.

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- contractual matters: copies of contract, days and times, record of fees, any fee reminders or records of disputes about fees.
 - SEND support requirements
 - additional focussed intervention provided by the setting e.g. support for behaviour, language or development that needs an Action Plan at setting level
 - records of any meetings held
 - welfare and safeguarding concerns: correspondence and reports: all letters and emails to and from other agencies and confidential reports from other agencies
- Children's personal files are kept in a filing cabinet, which is always locked when not in use.
 - Correspondence in relation to a child is read, any actions noted, and filed immediately
 - Access to children's personal files is restricted to those authorised to see them and make entries in them, this being the setting manager, deputy or designated person for child protection, the child's key person, or other staff as authorised by the setting manager.
 - Children's personal files are not handed over to anyone else to look at.
 - Children's files may be handed to Ofsted as part of an inspection or investigation; they may also be handed to local authority staff conducting a audit as long as authorisation is seen.



Confidentiality, recording and sharing information procedure

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

- Staff discuss children's general progress and well-being together in meetings, but more sensitive information is restricted to designated persons and key persons and shared with other staff on a need-to-know basis.
- Members of staff do not discuss children with staff who are not involved in the child's care, nor with other parents or anyone else outside of the organisation, unless in a formal and lawful way.
- Discussions with other professionals should take place within a professional framework, not on an informal basis. Staff should expect that information shared with other professionals will be shared in some form with parent/carers and other professionals, unless there is a formalised agreement to the contrary, i.e. if a referral is made to



children's social care, the identity of the referring agency and some of the details of the referral is likely to be shared with the parent/carer by children's social care.

- It is important that members of staff explain to parents that sometimes it is necessary to write things down in their child's file and explain the reasons why.
- When recording general information, staff should ensure that records are dated correctly and the time is included where necessary, and signed.
- Welfare/child protection concerns are recorded on a Safeguarding log of concern form. Information is clear and unambiguous (fact, not opinion), although it may include the practitioner's thoughts on the impact on the child.
- Records are non-judgemental and do not reflect any biased or discriminatory attitude.
- Not everything needs to be recorded, but significant events, discussions and telephone conversations must be recorded at the time that they take place.
- Recording should be proportionate and necessary.
- When deciding what is relevant, the things that cause concern are recorded as well as action taken to deal with the concern. The appropriate recording format is filed within the child's file.
- Information shared with other agencies is done in line with these procedures.
- Where a decision is made to share information (or not), reasons are recorded.
- Staff may use a computer to type reports, or letters. Where this is the case, the typed document is deleted from the computer and only the hard copy is kept.
- Electronic copy is downloaded onto a disc, labelled with the child's name and stored in the child's file. No documents are kept on a hard drive because computers do not have facilities for confidential user folders.
- The setting is registered with the Information Commissioner's Office (ICO). Staff are expected to follow guidelines issued by the ICO, at <https://ico.org.uk/for-organisations/guidance-index/>



- Additional guidance in relation to information sharing about adults is given by the Social Care Institute for Excellence, at www.scie.org.uk/safeguarding/adults/practice/sharing-information
- Staff should follow guidance including Working Together to Safeguard Children (DfE 2018); Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers 2018 and What to do if you're Worried a Child is Being Abused (HMG 2015)

Confidentiality definition

- Personal information of a private or sensitive nature, which is not already lawfully in the public domain or readily available from another public source, and has been shared in a relationship, where the person giving the information could reasonably expect it would not be shared with others.
- Staff can be said to have a 'confidential relationship' with families. Some families share information about themselves readily; members of staff need to check whether parents regard this information as confidential or not.
- Parents sometimes share information about themselves with other parents as well as staff; the setting cannot be held responsible if information is shared beyond those parents whom the person has confided in.
- Information shared between parents in a group is usually bound by a shared agreement that the information is confidential and not discussed outside. The setting manager is not responsible should that confidentiality be breached by participants.
- Where third parties share information about an individual; staff need to check if it is confidential, both in terms of the party sharing the information and of the person whom the information concerns.
- Information shared is confidential to the setting.
- Practitioners ensure that parents/carers understand that information given confidentially will be shared appropriately within the setting (for instance with a



designated person, during supervision) and should not agree to withhold information from the designated person or their line manager.

Breach of confidentiality

- A breach of confidentiality occurs when confidential information is not authorised by the person who provided it, or to whom it relates, without lawful reason to share.
- The impact is that it may put the person in danger, cause embarrassment or pain.
- It is not a breach of confidentiality if information was provided on the basis that it would be shared with relevant people or organisations with lawful reason, such as to safeguard an individual at risk or in the public interest, or where there was consent to the sharing.
- Procedure 07.1 Children's records and data protection must be followed.

Exception

- GDPR enables information to be shared lawfully within a legal framework. The Data Protection Act 2018 balances the right of the person about whom the data is stored with the possible need to share information about them.
- The Data Protection Act 2018 contains "safeguarding of children and individuals at risk" as a processing condition enabling "special category personal data" to be processed and to be shared. This allows practitioners to share without consent if it is not possible to gain consent, if consent cannot reasonably be gained, or if gaining consent would place a child at risk.
- Confidential information may be shared without authorisation - either from the person who provided it or to whom it relates, if it is in the public interest and it is not possible or reasonable to gain consent or if gaining consent would place a child or other person at risk. The Data Protection Act 2018 enables data to be shared to safeguard children and individuals at risk. Information may be shared to prevent a crime from being committed or to prevent harm to a child, Information can be shared without consent in the public interest if it is necessary to protect someone from harm, prevent or detect



a crime, apprehend an offender, comply with a Court order or other legal obligation or in certain other circumstances where there is sufficient public interest.

- Sharing confidential information without consent is done only in circumstances where consideration is given to balancing the needs of the individual with the need to share information about them.
- When deciding if public interest should override a duty of confidence, consider the following:
 - is the intended disclosure appropriate to the relevant aim?
 - what is the vulnerability of those at risk?
 - is there another equally effective means of achieving the same aim?
 - is sharing necessary to prevent/detect crime and uphold the rights and freedoms of others?
 - is the disclosure necessary to protect other vulnerable people?

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

Obtaining consent

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

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

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

- someone has been hurt and information needs to be shared quickly to help them

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

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

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

Consent

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

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Separated parents

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

Age for giving consent

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

Ways in which consent to share information can occur

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

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- Parent signatures on forms giving consent to share information about additional needs, or to pass on child development summaries to the next provider/school.

Further guidance

Working Together to Safeguard Children (DfE 2018)

www.gov.uk/government/publications/working-together-to-safeguard-children--2

Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers (HMG 2018)

www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

What to do if you're Worried a Child is Being Abused (HMG 2015)

www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2

Mental Capacity Act 2005 Code of Practice (Office of the Public Guardian 2007)

www.gov.uk/government/publications/mental-capacity-act-code-of-practice



Client access to records procedure

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

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

- If a parent wishes to see the file, a written request is made, which the setting acknowledges in writing, informing the parent that an arrangement will be made for him/her to see the file contents, subject to third party consent.
- Information must be provided within 30 days of receipt of request. If the request for information is not clear, the manager must receive legal guidance, for instance, from Law-Call for members of the Alliance. In some instances it may be necessary to allow extra time in excess to the 30 days to respond to the request. An explanation must be given to the parent where this is the case. The maximum extension time is 2 months.
- A fee may be charged to the parent for additional requests for the same material, or any requests that will incur excessive administration costs.
- The setting manager seeks legal advice.

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- The setting manager goes through the file and ensures all documents are filed correctly, entries are in date order and that there are no missing pages. They note any information, entry or correspondence or other document which mentions a third party. The setting manager should always ensure that recording is of good quality, accurate, fair, balanced and proportionate and should have quality assurance processes in place to ensure that files are checked for quality regularly and that any issues are addressed promptly.
 - Each of those individuals are written to explaining that the subject of the file has requested sight of the file which contains a reference to them, stating what this is.
 - They are asked to reply in writing to the setting manager giving or refusing consent for disclosure of that material.
 - Copies of these letters and their replies are kept on the child's file.
 - Agencies will normally refuse consent to share information, and the parent should be redirected to those agencies for a request to see their file held by that agency.
 - Entries where you have contacted another agency may remain, for example, a request for permission from social care to leave in an entry where the parent was already party to that information.
 - Each family member noted on the file is a third party, so where there are separate entries pertaining to each parent, step-parent, grandparent etc, each of those have to be written to regarding third party consent.
 - Members of staff should also be written to, but the setting reserves the right under the legislation to override a refusal for consent, or just delete the name and not the information.
- If the member of staff has provided information that could be considered 'sensitive', and the staff member may be in danger if that information is disclosed, then the refusal may be granted.
- If that information is the basis of a police investigation, then refusal should also be granted.

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- If the information is not sensitive, then it is not in the setting's interest to withhold that information from a parent. It is a requirement of the job that if a member of staff has a concern about a child and this is recorded; the parents are told this at the start and in most cases, concerns that have been recorded will have been discussed already, so there should be no surprises.
- The member of staff's name can be removed from an entry, but the parent may recognise the writing or otherwise identify who had provided that information. In the interest of openness and transparency, the setting manager may consider overriding the refusal for consent.
- In each case this should be discussed with members of staff and decisions recorded.
- When the consent/refusals have been received, the setting manager takes a photocopy of the whole file. On the copy file the document not to be disclosed is removed (e.g. a case conference report) or notes pertaining to that individual in the contact pages blanked out using a thick marker pen.
- The copy file is then checked by the line manager and legal advisors verify that the file has been prepared appropriately, for instance, in certain circumstances redaction may be appropriate, for instance if a child may be damaged by their data being seen by their parent/carer, e.g. if they have disclosed abuse. This must be clarified with the legal adviser.
- The 'cleaned' copy is then photocopied again and collated for the parent to see.
- The setting manager informs the parent that the file is now ready and invites him/her to make an appointment to view it.
- The setting manager and their line manager meet with the parent to go through the file, explaining the process as well as what the content records about the child and the work that has been done. Only the persons with parental responsibility can attend that meeting, or the parent's legal representative or interpreter.
- The parent may take a copy of the prepared file away, but it is never handed over without discussion.

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- It is an offence to remove material that is controversial or to rewrite records to make them more acceptable. If recording procedures and guidelines have been followed, the material should reflect an accurate and non-judgemental account of the work done with the family.
- If a parent feels aggrieved about any entry in the file, or the resulting outcome, then the parent should be referred to section Complaints procedure for parents and service users.
- The law requires that information held must be accurate, and if a parent says the information held is inaccurate then the parent has a right to request it to be changed. However, this only pertains to factual inaccuracies. Where the disputed entry is a matter of opinion, professional judgement, or represents a different view of the matter than that held by the parent, the setting retains the right not to change the entry but can record the parent's view. In most cases, a parent would have had the opportunity at the time to state their side of the matter, and this should have been recorded there and then.
- If there are any controversial aspects of the content of a client's file, legal advice must be sought. This might be where there is a court case between parents or where social care or the police may be considering legal action, or where a case has already completed and an appeal process is underway.
- A setting should never 'under-record' for fear of the parent seeing, nor should they make 'personal notes' elsewhere.

Further guidance

The Information Commissioner's Office www.ico.gov.uk/ or helpline 0303 123 1113.



Transfer of records procedure

Records about a child's development and learning in the EYFS are made by the setting; to enable smooth transitions, appropriate information is shared with the receiving setting or school at transfer. Confidential records are passed on securely where there have been concerns, as appropriate.

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

- It is the designated person's responsibility to ensure that records are transferred and closed in accordance with the archiving procedures, set out below.
- If the Local Safeguarding Partners (LSP) retention requirements are different to the setting, the designated person will liaise with their line manager, and seek legal advice if necessary.

Development and learning records

- The key person prepares a summary of achievements in the prime and specific areas of learning and development
- This record refers to any additional languages spoken by the child and their progress in all languages.
- The record also refers to any additional needs that have been identified or addressed by the setting and any action plans.

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

Transfer of confidential safeguarding and child protection information

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

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- Parents/carers should be asked to agree to this, however, where safeguarding concerns have reached the level of a referral being made to local children's social work services (either due to concerns that a child may be at risk of significant harm or that a child may be in need under Section 17 of the Children Act,) if consent is withheld the information will most likely need to be shared anyway. It is important that any decisions made to share or not share with or without consent are fully recorded.
- For any safeguarding or welfare concerns that resulted in an early help referral being made, and if consent to share is withheld, legal advice is sought prior to sharing.
- If the level of a safeguarding concern has not been such that a referral was made for early help, or to children's social work services or police, the likelihood is that any concerns were at a very low level and if they did not meet the threshold for early help, they are unlikely to need to be shared as child abuse data with a receiving setting, however, the designated person should make decisions on a case by case basis, seeking legal advice is necessary.
- The designated person should check the quality of information to be transferred prior to transfer, ensuring that any information to be shared is accurate, relevant, balanced and proportionate. Parents can request that any factual inaccuracies are amended prior to transfer.
- If a parent wants to see the exact content of the safeguarding information to be transferred, they should go through the subject access request process. It is important that a child or other person is not put at risk through information being shared.
- If no referrals have been made for early help or to children's social work services and police, there should not normally be any significant information which is unknown to a parent being shared with the receiving school or setting.
- If a parent has objections or reservations about safeguarding information being transferred to the new setting, or if it is unclear what information should be included, the designated person will seek legal advice.
- In the event that LSP requirements are different to the setting's this must be explained to the parent, and recorded on form 6.4d, and a record of the discussion should be

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signed by parents to indicate that they understand how the information will be shared, in what circumstances, and who by.

- Prior to sharing the information with the receiving setting the designated person should check LSP retention procedures and if it becomes apparent that the LSP procedures are materially different to setting's procedures this is brought to the attention of the designated person's line manager, who will agree how to proceed.
- If a child protection plan or child in need plan is in place 06.1a Child welfare and protection summary is also photocopied and a copy is given to the receiving setting or school, along with the date of the last professional meeting or case conference.
- If an investigation has been undertaken by the local authority a copy of the child welfare and protection concern summary form is given to the receiving setting/school.
- Where a TAF/early help assessment has been raised in respect of welfare concerns, the name and contact details of the lead professional are passed on to the receiving setting or school.
- If the setting has a copy of a current plan in place due to early help services being accessed, a copy of this should be given to the receiving setting, with parental consent.
- Where there has been an investigation regarding a child protection concern, the name and contact details of the child's social worker will be passed on to the receiving setting/school, regardless of the outcome of the investigation.
- Where a child has been previously or is currently subject to a child protection plan, or a child in need plan, the name and contact details of the child's social worker will be passed onto the receiving setting/school, along with the dates that the relevant plan was in place for.
- This information is posted (by 'signed for' delivery) or taken to the school/setting, addressed to the setting's or school's designated person for child protection and marked confidential. Electronic records must only be transferred by a secure electronic transfer mechanism, or after the information has been encrypted.

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- Parent/carers should be made aware what information will be passed onto another setting.
- Copies of the last relevant initial child protection conference/review, as well as the last core group or child in need minutes can be given to the setting/school.
- The setting manager must review and update Child welfare and protection summary, checking for accuracy, proportionality, and relevance, before this is copied and sent to the setting/school.
- The setting manager ensures the remaining file is archived in line with the procedures set out below.

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

Archiving children's files

- For electronic children's files, the designated person must also use the archiving procedure, and records details of what needs to be retained/destroyed. The designated person must make arrangements to ensure that electronic files are deleted/retained as required in accordance with the required retention periods in the same way as paper based files.
- Health and safety records and some accident records pertaining to a child are stored in line with required retention periods.



Staff, volunteers and students policy

Aim

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

Objectives

- All staff and volunteers who work more than occasionally with the children have enhanced DBS disclosure checks.
- All staff and volunteers working with children have appropriate training, skills, and knowledge.
- All staff, students and volunteers are deployed in accordance with the procedures.
- There is a complaints procedure and staff, and volunteers know how to complain and who they complain to.
- Ofsted are notified of staff changes or changes to the setting's name or address.
- Parents are involved with their children's learning and their views are considered.

Legal references

Protection of Children Act 1999

Safeguarding Vulnerable Groups Act 2006

Childcare Act 2006

Further guidance

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

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

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Staff, volunteers and students procedures

Staff deployment procedure

Members of staff are deployed to meet the care and learning needs of children and to ensure their safety and well-being at all times.

- Two members of staff are on the premises before children are admitted in the morning and the end of the day; one of is the manager.
- Only those staff aged 17 or over are included in ratios.
- At least one Paediatric First Aider must be on site at all times when children are present
- The setting manager deploys staff to give adequate supervision of indoor and outdoor areas, ensuring that children are usually within sight and hearing of staff and always within sight or hearing of staff at all times.
- All staff are deployed according to the needs of the setting and the children attending.
- In open plan provision, staff are positioned in areas of the room and outdoors to supervise children and to support their learning.
- Staff are responsible for ensuring that equipment in their area is used appropriately and that the area is tidy at the end of the session.
- Staff plan their focus on activities
- Staff inform colleagues if they have to leave the room for any reason.
- There are generally two members of staff outside in the garden when it is being used, one of whom supervises climbing equipment that has been put out.
- The setting manager may direct other members of staff to join those outside, if the numbers of children warrant additional staff.
- Staff focus their attention on the children at all times whilst having a wider awareness of what is happening around them.

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- Staff do not spend working time in social conversation with colleagues.
- Staff allow time for colleagues to engage in 'sustained shared interaction' with children and do not interrupt activities led by colleagues.
- Sufficient staff are available at story times to engage children.
- Key persons spend time with key groups daily; these times are not for focussed activities but for promoting shared times and friendship.

Staff children

- Where members of staff have their own children with them at the setting, the age of the child must fall within the stipulated ages of the setting's Ofsted registration.
 - Where members of staff are likely to be working directly with their own children, this is subject to discussion before commencement with the setting manager ..
 - Where it is agreed that a member of staff's child attends the setting, it is subject to the following:
 - the child is treated by the parent and all staff as any other child would be
 - the child will not be in the parent's key group of children
 - the key person and parent will work towards helping the child to make a comfortable separation from the parent to allow the parent to fully undertake their role as a staff member of the setting
 - the key person will take responsibility for the child's needs throughout the day, unless the child is sick or severely distressed
 - time and space are made for the parent to breastfeed during the day, if that is their chosen method of feeding
 - the situation is reviewed as required, to ensure that the needs of the child are being met, and that the parent is able to fulfil his/her role as a member of staff
- If it is the setting manager's child, then their line manager ensures the criteria above is met



Deployment of volunteers and parent helpers procedure

Volunteers and parent helpers are always under the supervision of a permanent member of staff. They are not included in staff ratios, or as the two members of staff needed on the premises before children are admitted in the morning or at the end of the day.

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

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Student placement procedure

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

- The setting manager ensures that students meet the 'suitable person' requirements.
- The setting manager discusses the aim of the placement with the student's tutor prior to the placement commencing. The expectations of both parties are agreed at this point.
- The good character of students under 17 years old is vouched for by the establishment that places them, the setting manager must be satisfied that all relevant checks have been made.
- Students do not have unsupervised access to children.
- Students and apprentices who are undertaking L3 or above may be counted in ratios if the setting manager is convinced that they are suitably experienced.
- Employed trainee staff over the age of 17 may be included in staffing ratios if deemed competent.
- Staff working as apprentices (aged 16 or over) may be included in staffing ratios if deemed competent.
- Public liability and employer's liability insurance is in place that covers students and voluntary helpers.
- Students are aware of confidentiality.
- Student induction includes how the setting and sessions are managed, and policies and procedures, in particular safeguarding, confidentiality and health and safety.

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- Appropriate members of staff co-operate with students' tutors to assist them in fulfilling the requirements of their course of study.
- The setting communicates a positive message to students about the value of qualifications and training.
- The needs of the children and their families remain paramount at all times and students are only admitted in numbers that do not hinder the work of the setting.
- The setting manager ensures that students and trainees on placement are engaged in bona fide early years training, which provides the necessary background understanding of children's development and activities.



Childcare practice policy

Aim

Children are safe, happy, and eager to participate and to learn.

Objectives

- Young children need to form a secure attachment to their key person when they join the setting to feel safe, happy and eager to participate and learn. It is their *entitlement* to be settled comfortably into a new environment.
- The needs of part-time children are considered.
- Introductions and induction of the parent is carried out before children start.
- *Prime times* of the day make the very best of routine opportunities to promote 'tuning-in' to the child emotionally and create opportunities for learning. We actively promote British values, inclusion, equality of opportunity and the valuing of diversity.
- We operate a positive behaviour management approach. Behaviour management procedures cover how staff should respond to all aspects of behaviour, including children who exhibit challenging behaviour towards other children. These procedures build on the Girton Cottontails preschool approach to learning based on three key statements.
 1. Learning is a lifelong process, which enables children and adults to contribute to and shape their world.
 2. We want the curriculum we provide to help children to learn to:
 - be confident and independent
 - be aware of and responsive to their feelings
 - make caring and thoughtful relationships with other people
 - become increasingly excited by, interested in, and knowledgeable and questioning about the world around them.



3. We provide a wide range of interesting child-chosen and adult-initiated activities which:

- give children opportunities to use all their senses
- help children of different ages and stages to play together
- help children be the directors of their own learning
- help children develop an inquiring and questioning attitude to the world around them

.

- To feel securely settled and ready to learn, children from two to five years need to form attachments with adults who care for them, primarily to a key person, but with other adults and children too. In this way children feel part of a community of learners; they can contribute to that community and receive from it. The three-stage model is applicable, but with some differences in the procedures for children moving up into the next group and for older children.



Waiting list and admissions procedure

Our provision is accessible to children and families from all sections of the local and wider community. We aim to ensure that all sections of the community receive accessible information and that our admissions procedures are fair, clear, and open to all parents who apply for places. The availability of a place at the setting considers staff/child ratios, the age of the child and registration requirements.

- We endeavour to operate in an inclusive manner which enables all children and families to access our services.
- We also have regard for the needs of parents who are:
 - looking to take up work, remain in work or extend their hours of work
 - looking to commence training or education
- We work in partnership with the local authority and other agencies to ensure that our provision is accessible to all sections of the community.
- Services are widely advertised and information is accessible to all sections of the community.
- Where the number of children wanting places exceeds the number of places available a waiting list is operated using clear criteria for allocation of places as detailed in section 09.1 Waiting list and admissions procedure.

Funded places – free entitlement

All 3- and 4-year-olds in England are entitled to 15 hours free childcare each week for 38 weeks of the year. Some eligible 2 year olds are also entitled. Funded places are offered in accordance with national and local codes of practice and adherence to the relevant Provider Agreement/Contract with the local authority.

Legal References

Special Educational Needs and Disability Act 2001

Special Educational Needs and Disability Code of Practice (DfE and DHSC 2014)

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Equality Act 2010

Childcare Act 2006

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Waiting list and admissions procedure

We aim to ensure that all sections of the community receive accessible information, and that our admissions procedures are fair, clear and open to all parents who apply for a place.

- The setting is widely advertised in places accessible to all sections of the community.
- Information about the setting is accessible, using plain English, in written and spoken form and, where appropriate, provided in different community languages and in other formats on request.
- Children with disabilities are supported to take full part in all activities within the setting and the setting makes reasonable adjustments to ensure that this will be the case from the time the child is placed on the waiting list.
- The waiting list is arranged in birth order and in addition may take into account the following:
 - the age of the child with priority being given to children eligible for the free entitlement
 - length of time on the waiting list
 - the vicinity of the home to the setting
 - siblings already attending the setting
 - the capacity of the setting to meet the individual needs of the child
- Funded places are offered in accordance with the Early Years Entitlements: Operational Guidance for local authorities and providers (DfE 2018) and any local conditions in place at the time,
- Where it is financially viable to do so, a place is kept vacant for an emergency admission.
- The setting and its practices are welcoming and make it clear that fathers, mothers, other relations and carers and childminders are all welcome.

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- The setting and its practices operate in a way that encourages positive regard for and understanding of difference and ability, whether gender, family structure, class, background, religion, ethnicity or competence in spoken English.
- The needs and individual circumstances of children joining the setting are monitored on Childcare registration form, to ensure that no accidental or unintentional discrimination is taking place and that reasonable adjustments are made as required.
- Equality procedures is shared and widely promoted to all.
- Places are provided in accordance with Childcare terms and conditions issued to every parent when the child takes up their place. Failure to comply may result in the provision of a place being withdrawn.

Admissions

- Once a childcare place has been offered the relevant paperwork is completed by the setting manager before the child starts and filed on the child's personal file. Forms completed include:
 - Privacy notice - explains what personal data we collect, why we collect it, how we use it, the control parent/carers have over their personal data and the procedures we have in place to protect it.
 - Childcare terms and conditions - govern the basis by which we provide childcare.
 - Childcare registration form - contains personal information about the child and family that must be completed in full prior to the child commencing.

Children with SEND

- The manager must seek to determine an accurate assessment of a child's needs at registration. If the child's needs cannot be met from within the setting's core budget, then an application for SEN inclusion funding must be made immediately.
- Children with identified SEND must be offered a place when one becomes available as with any other child. However, the start date for children with more complex SEND will be determined by the preparations made to ensure the child's safety, well-being and accessibility in the setting. If a child's needs determine that adjustments need to

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be made, the manager must outline a realistic timeframe for completion, detailing the nature of adjustments e.g. risk assessment, staff training, health care plan and all other adjustments required. The child's safety at all times is paramount.

- At the time of registration, the manager must check to see if a child's family is in receipt of Disability Living Allowance, if so, the manager must ask for evidence to enable them to claim the Disability Access Fund directly from the local authority. If the family is eligible but not in receipt of the allowance, the setting manager will support the family in their application. More information can be found at www.gov.uk/disability-living-allowance-children/how-to-claim.
- Preparation for admitting a child with SEND must be made in a reasonable amount of time and any delay in the child starting is scrutinised by the setting manager to avoid discrimination and negative impact on the child and family. During a preparation period the family and relevant agencies and the local authority must be regularly updated on the progress of the preparations.

Safeguarding/child protection

If information is provided by the parents that a child who is starting at the setting is currently, or has had involvement with social care, the designated person will contact the agency to seek further clarification.

Parents are advised on how to access the setting's policies and procedures.

Further guidance

Early Years Entitlements: Operational guidance for local authorities and providers (DfE 2018)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/718181/Early_years_entitlements-operational_guidance.pdf



Absence procedure

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

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

- If a child who normally attends fails to arrive and no contact has been received from their parents, the designated person, takes immediate action to contact them to seek an explanation for the absence and be assured that the child is safe and well.
- Attempts to contact the child's parents or other named carers continue throughout the day on the first day of absence.
- If no contact is made with the parents and there is no means to verify the reason for the child's absence i.e. through a named contact on the child's registration form, this is recorded as an unexplained absence on the child's personal file and is followed up by the manager each day until contact is made.
- If contact has not been made within three working days, children's services will be contacted for advice about making a referral. Other relevant services maybe contacted as per LSP procedures.
- Absence records are retained for at least three years, or until the next Ofsted inspection following a cohort of children moving on to school.



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

Safeguarding vulnerable children

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

Safeguarding

- If a child misses three consecutive sessions and it has not been possible to make contact, the designated person calls Social Care and makes a referral if advised.
- If there is any cause for concern i.e. the child has a child protection plan in place or there have been previous safeguarding and welfare concerns, the designated person attempts to contact the child's parent/carer immediately. If no contact is made, the child's absence is logged on 06.1b Safeguarding incident reporting form, and Social Care are contacted immediately, and safeguarding procedures are followed.

Poor/irregular attendance

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

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

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



The role of the key person procedure

'Each child must be assigned a key person' (EYFS 2021)

Children need to form a secure attachment to key person when they join the setting to feel safe, happy, and eager to participate and learn.

The key person role

- A key person builds an on-going relationship with the child and his/her parents and is committed to that child's well-being while in the setting.
- Every child that attends is allocated a key person before they begin settling in - it is not the responsibility of the child to choose their own key person.
- The key person conducts the progress check at age two for their key children.
- The role is fully explained to parents on induction and the name of the child's key person.
- The key person is central to settling a child into the setting. The setting manager and key person explain the need for a settling in process and agree a plan with the parents.
- Shift patterns and staff absence can affect a child who is just settling in; where possible, settling in should be matched to when the key person is on duty.
- The number of children for each key person takes into account the individual needs of children and the capacity of the key person to manage their cohort; it is also influenced by part-time places and part time staff. The setting manager should aim for consistency i.e. matching part-time staff to part-time children; full-time children should not be divided between key persons during the week.
- Photographs of key persons and their key groups are displayed clearly.
- The key person spends time daily with his or her key children to ensure their well-being.

Parents

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- Key persons are the first point of contact for parents with regard to matters concerning their child and any concerns parents may have are addressed with the key person in the first instance.
- Key persons support parents in their role as the child's first and most enduring educators.
- The key person is responsible for the child's developmental records, completing the progress check at age two, and for sharing information about progress with the child's parents.

Learning and development

- The key person helps to ensure that every child's learning and care is tailored to meet their individual needs. This is achieved through regular observation and assessment of children, using information gathered about their achievements, interests and learning styles to plan for each individual child's learning and development.
- If a child's progress in any of the prime areas gives cause for concern, the key person must discuss this with the setting manager or SENCO and the child's parents.

Prime times

The key person role is explained further in the prime time procedures,

Safeguarding children

- The key person has a responsibility towards their key children to report any concern about their development, welfare or child protection matter to the setting manager and to follow the procedures in this respect.
- Regular supervision with the setting manager provides further opportunities to discuss the progress and welfare of key children.
- The back-up key person has a duty likewise.



Settling in and transitions procedure

To feel securely settled and ready to learn, children need to form attachments with the adults who care for them, primarily a key person, but others too. In this way they feel part of a community; they are able to contribute to that community and receive from it. Very young children, especially two- to three-year-olds, approach separation from their parent with anxieties, older children have a more secure understanding of 'people permanence' and are able to approach new experiences with confidence; but also need time to adjust and feel secure. It is the entitlement of all children to be settled comfortably into a new environment.

We follow a three-stage model of settling in based on three key needs:

1. *Proximity* - Children feel safest when a familiar adult, such as a parent, is present when they are getting used to a new carer and new surroundings. In this way they can become confident in engaging with those experiences independently later on.
2. *Secure base* – Because the initial need for proximity of the parent has been met, children gradually begin to feel secure with a key person in a new surrounding so that they are able to participate independently for small periods of time.
3. *Dependency* – Children are able to separate from parents' and main carers when they have formed a secure attachment to their key person who knows and understands them best and on whom they can depend for their needs to be met.

The setting manager and key person explain the need for settling in and agree a plan with the parents. They write this down.

- The child gradually spends more time with the new key person until they can cope in their new room.

Starting a setting for the first time

- Children may have little or no experience of group care. As part of gathering information from parents, it is important to find out about the child's experience of



non-parental care, for example grandparents, or childminder; this informs staff as to how a child may respond to a new situation.

- The three-stage approach involving *Proximity*, *Secure Base* and *Dependency/Independence* is applied to
- After the induction meeting with the key person, a settling-in plan is drawn up. Where possible, a home visit is carried out for the same purpose.
- Separation causes anxiety, as they have no concept of where their parents have gone. Parents should always say goodbye and tell them when they will return. Patience with the process will ensure children are happy and eager to come to play and be cared for in the setting.
- Some children take longer, and their needs for proximity and secure base stages will be accommodated as much as possible.

For children whose first language is not English

- For many children learning English as an additional language, the stage of proximity takes longer as the child is dependent upon the parents' input to make sense of what is going on.
- If the parent does not speak English, efforts are made to source an interpreter for induction; it will be helpful for them to see around the setting and be clear about their role in interpreting in the play area.
- Progress with settling in will be done as with any other child; it just may take a little longer to reach dependency/independence.



Establishing children's starting points procedure

When children start at the setting they arrive at different levels of learning and development. In order to help them to settle and make rapid progress it is important that they are provided with care and learning opportunities that are suited to their needs, interests and abilities. This means establishing and understanding their starting points and whether there are any obstacles to their learning, so that teaching can be tailored to the 'unique child'.

- The aim of establishing a child's starting points is to ensure that the most appropriate care and learning is provided from the outset.
- Starting points are established by gathering information from the first contact with the child's parents at induction and during the 'settling in' period. Staff do not 'wait and see' how the child is settling before they begin to gather information.
- The key person is responsible for establishing their key children's starting points by gathering information in the following ways:
 - observation of the child during settling in visits
 - discussion with the child's parents
 - building on information that has been gathered during registration by referring to the registration form

The information gathered is recorded within two weeks of the child's official start date and sooner where possible.

- The key person must make a 'best fit' judgment about the child's development, referring to Development Matters or Birth to Five Matters.

If the initial assessment raises any concerns that extra support may be required procedure Identification, assessment and support for children with SEND is followed.



Arrivals and departures procedure

Prime times of the day make the very best of routine opportunities to promote 'tuning-in' to the child emotionally and to create opportunities for learning. Arrivals and departures are key times in the day when children need support from their carer to make the transition smooth and happy; these times of day also pose a certain level of risk as parents and carers come and go. All staff are aware of the potential risks and take measures to minimise them.

Arrivals

- The manager ensures that young children are received into the setting by a familiar and trusted adult.
- The child is marked into the register
- If a child who is expected fails to arrive, this is recorded on the register and contact with the child's parents is made to find out why the child is absent following procedure Absence.
- A staff member greets the parents on the first gate and takes time to hear information the parents need to share. They inform the parents of aspects of the day, and any consent forms are signed.
- Always ensure that the parents say goodbye to their child and say when they are coming back.
- If the member of staff receiving the child is not the key person, the member of staff will hand over the information shared by the parents to the key person when they arrive.

Injuries noted on arrival

- If a child is noted to have visible injuries when they arrive at the setting procedure is followed.

Departures

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- A familiar adult will greet parents when they arrive on the first gate ensuring that the person who has arrived to collect the child is named on the authorised adults form.
- Parents are asked to wait if they would like to speak to the person letting out on the preschool door and not crowd the entrance as the staff member letting out needs to greet the children on arrival and observe they go straight to the correct adult on departure.
- The person on the preschool door hand over the child personally and enter the time of departure in the register.
- Only persons aged over 16 years should normally collect children. If a parent has no alternative, then this is agreed with the setting manager and a risk assessment completed and signed by the parent. In all cases the setting manager will ask the parents to ensure that in future alternative arrangements are made. If the parent is under 16 years of age a risk assessment will be completed. No child will be collected by anyone who has not reached 14 years of age. The risk assessment should take account of factors such as age/vulnerability of child, journey travelled, arrangements upon leaving the setting to go home/elsewhere.
- Practitioners verbally exchange information with parents.



Snack-times and lunchtimes procedure

Snack times

Children are supervised during mealtimes and always remain within sight and hearing of staff.

- A 'snack' is prepared morning and afternoon (when required in the afternoon). Drinks will always be encouraged
- Children may also take turns to help set the table. Small, lidded plastic jugs are provided with choice of milk or water.
- Children wash their hands before and after snack-time.
- Children are offered semi skimmed milk
- Fruit or raw vegetables, such as carrot or tomato, are offered in batons, which children should be encouraged to help in preparing. Bananas and other foods are not cut as rounds, but are sliced to minimise a choking hazard.
- Portion sizes are gauged as appropriate to the age of the child.
- A healthy carbohydrate is offered with fruit and vegetables
- To make this as social a time as possible for children all come for snack when it is prepared and enjoy the company of their friends.
- Staff join in conversation and encourage children's independence by allowing them to pour drinks, butter toast, cut fruit etc.

Lunch times

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- Children wash their hands and sit-down food and drinks are on the table for children to serve themselves
- Staff have their lunch with children and do not eat different food in front of children. Staff who are eating with the children role-model healthy eating and best practice at all times.
- Children are given time to eat at their own pace and are not hurried to fit in with adults' tasks and breaks. They are not made to eat what they do not like and are only encouraged to try new foods slowly.
- In order to protect children with food allergies or specific dietary requirements, children are discouraged from sharing and swapping their food with one another.
- Food is not used as a reward or punishment.
- Mealtimes are relaxed opportunities for social interaction between children and the adults who care for them.
- After lunch children are encouraged to scrape their plates and help wipe the table and sweep the floor.



Intimate care and nappy changing procedure

Prime times of the day make the very best of routine opportunities to promote 'tuning-in' to the child emotionally and to create opportunities for learning. Nappy changing times are key times in the day for being close and promoting security as well as for communication, exploration and learning.

Young children, intimate care and toileting

- Wherever possible, key persons undertake changing
- If children refuse to lie down for nappy change, they can be changed whilst standing up, providing it is still possible to clean them effectively.
- Key persons ensure that nappy changing is relaxed and a time to promote independence in young children.
- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- They are encouraged to wash their hands and have soap and paper towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Anti-bacterial hand wash liquid or soap should not be used by young children, as they are no more effective than ordinary soap and water.
- Key persons are gentle when changing and avoid pulling faces and making negative comment about the nappy contents.

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- Wipes or cotton wool and water are used to clean the child. Where cultural practices involve children being washed and dried with towels, staff aim to make reasonable adjustments to achieve the desired results in consultation with the child's parents. Where this is not possible it is explained to parents the reasons why. The use of wipes or cotton wool and water achieves the same outcome whilst reducing the risk of cross infection from items such as towels that are not 'single use' or disposable.
- Key persons do not make inappropriate comments about young children's genitals when changing their nappies.
- Older children use the toilet when needed and are encouraged to be independent.
- Members of staffs do not wipe older children's bottoms unless there is a need, or unless the child has asked.
- Parents are encouraged to provide enough changes of clothes for 'accidents when children are potty training.
- If young children are left in wet or soiled nappies/pull-ups in the setting, this may constitute neglect and will be a disciplinary matter.

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

Nappy changing records.

- Key persons record when they changed the child
- Very soft, watery stools are signs of diarrhoea; strict hygiene needs to be carried out in cleaning the changing area to prevent spread of infection. The



parent should be called immediately to collect their child. The child must have passed at least 2 formed stools before returning.



Sleep and rest time procedure

Sleep and rest times are key times in the day for being close and promoting security. Younger children will need to sleep but older children do not usually need to. No child is made to sleep.

Children over 2yrs old

- Children sleep on rest mats
- Children store items like comforter in their bag which hangs on their peg
- Nappies changed and heavier clothing removed.
- Hair accessories that may come lose or detach are removed before sleep/rest time.
- A separate area is made as quiet as possible
- If children fall asleep in-situ it may be necessary to move or wake them to make sure they are comfortable.
- Sleeping children are regularly checked at least every ten minutes and are within sight and/or hearing of staff



Promoting positive behaviour procedure

Positive behaviour is located within the context of the development of children's personal, social and emotional skills and well-being. A key person who understands children's needs, their levels of development, personal characteristics, and specific circumstances, supports this development. This ensures children's individual needs are understood and supported. Settling into a new environment is an emotional transition for young children especially as they learn to develop and master complex skills needed to communicate, negotiate and socialise with their peers. Skills such as turn taking and sharing often instigate minor conflicts between children as they struggle to deal with powerful emotions and feelings. During minor disputes, key persons help children to reflect and regulate their actions and, in most instances, children learn how to resolve minor disputes themselves. However, some incidents are influenced by factors, requiring a strategic approach especially if the behaviour causes harm or distress to the child or others. These situations are managed by the SENCO/key person using a stepped approach which aims to resolve the issue and/or avoid the behaviour escalating and causing further harm.

This is an unsettling time for young children. Practitioners are alert to the emotional well-being of children who may be affected by the disruption to their normal routine. Where a child's behaviour gives cause for concern, practitioners take into consideration the many factors that may be affecting them. This is done in partnership with the child's parents/carers and the principles of this procedure are adhered to

The setting manager/SENCO will:

- help staff to implement procedure Promoting positive behaviour in their everyday practice
- advise staff on how to address behaviour issues and how to access expert advice if needed

Rewards and sanctions

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

Rewards such as excessive praise and stickers may provide immediate results for the adult but do not teach a child how to act when a 'prize' is not being given or provide the skills to manage situations and emotions themselves. Instead, a child is taught to be 'compliant' and respond to meet adult expectations to obtain a reward (or for fear of a sanction). If used the type of rewards and their functions must be carefully considered.

Children are never labelled, criticised, humiliated, punished, shouted at or isolated by removing them from the group to be left in 'time out' or on a 'naughty chair'. If a child is distressed or causing harm to others, it may help to remove them from the immediate environment where the incident occurred. They should be taken to a quiet area by their key person for up to 5 minutes to help them calm down. If appropriate, the key person can use this time to help the child reflect on what has happened. Physical punishment of any kind is never used or threatened which could adversely affect a child's well-being. If staff become aware that another person has given corporal punishment to a child, they follow 06 Safeguarding children, young people and vulnerable adults procedures. Physical intervention to safeguard a child/children must be carried out as per the guidance in this procedure.

Step 1

- The setting manager, SENCo and other relevant staff members are knowledgeable with, and apply the procedure 09.12 Promoting positive behaviour.
- Unwanted behaviours are addressed using an agreed and consistently applied approach to deescalate situations
- Behaviours that result in concern for the child and/or others must be discussed by the key person, SENCo/setting manager. During the meeting the key person must use their all-round knowledge of the child and family to share any known influencing factors such as a new baby in the family, child and/or parental illness, underlying additional needs to help place the child's behaviour into context.



- Appropriate adjustments to practice must be agreed within the setting. If relevant, a risk assessment should be carried out.
- If the adjustments are successful and the unwanted behaviour does not reoccur or cause concern then normal monitoring can resume.

Step 2

- If the behaviour remains a concern, then the key person and SENCo must liaise with the parents to try to discover possible reasons for the behaviour and to agree next steps. If relevant and appropriate the views of the child must be sought and considered to help identify a cause.
- If a cause for the behaviour is not known or only occurs whilst in the setting, then the setting manager/SENCo must suggest using a focused intervention approach to identifying a trigger for the behaviour such as the ABC approach, i.e. Antecedents – what happened before; Behaviour – what was the behaviour observed; Consequences – what happened after the event.
- If a trigger is identified, then the SENCo and key person must meet with the parents to plan support for the child through a graduated approach via SEN support.
- Aggressive behaviour by children towards other children will result in a staff member intervening immediately to stop the behaviour and prevent escalation using the agreed initial intervention approach. If the behaviour has been significant or may have a detrimental effect on the child, the parents of the victim of the behaviour and the parents of the perpetrator must be informed. If the setting has applied a physical intervention, they must follow the guidance as set out below. The designated person completes 6.1b Safeguarding incident reporting form and contact Ofsted if appropriate. A record of discussions is recorded and parents are asked to sign.
- Parents must also be asked to sign risk assessments where the risk assessment relates to managing the behaviour of a specific child.
- If relevant, actions for dealing with the behaviour at home are agreed with parents and incorporated into the action plan. Other staff are informed of the agreed



interventions and help implement the actions. The plan must be monitored and reviewed regularly by the key person/SENCo until improvement is noticed.

- Incidents and intervention relating to unwanted/challenging behaviour by children must be clearly and appropriately logged on 09.13b SEN Support - Action plan.

Step 3

If despite applying initial intervention to deescalate situations and focused interventions to identify triggers the child's behaviour continues to occur and/or is of significant concern, the SENCo and key person invite the parents to a meeting to discuss external referral and next steps for supporting the child. It may be agreed that the setting request support from the Early Help team and/or other specialist services such as the Area SENCo. This will help address most developmental or welfare concerns. If the behaviour is part of other welfare concerns that include a concern that the child may be suffering or likely to suffer significant harm, safeguarding procedures 06 Safeguarding children, young people and vulnerable adults procedures must be followed immediately.

- Advice provided by external agencies is incorporated in 09.13b SEN Support: Action Plan and regular multi-disciplinary meetings held to review the child's progress.
- If a review determines a statutory assessment may be needed then all relevant documentation must be collected in preparation for an Education Health and Care Assessment which may lead onto an Education, Health and Care Plan.

Use of physical intervention

Staff will already use different elements of physical contact with a child as part of their interaction in the setting especially when they are comforting a child or giving first aid. However, physical intervention to keep a child or other children safe is different and should only be applied in exceptional circumstances.

The EYFS states that physical intervention from a staff member towards a child may be used for the purposes of "averting immediate danger of personal injury to any person (including the child) or to manage a child's behaviour if it is absolutely necessary".



Staff must do all they can to avoid using a physical intervention because this is not the preferred way of addressing children's behaviour.

To offer protection to children a range of appropriate graded interventions may be needed before physical intervention is applied. Most single incidents such as a child throwing a book on the floor or kicking a chair usually only require a verbal intervention from a member of staff. In other situations, an intervention can be applied through mechanical and environmental means such as locking doors and stair gates. This usually stops a situation escalating. However, there will be some situations where a child places themselves or others in danger which requires an immediate need for the use of both verbal and physical intervention. If a single or persistent incident requires a physical intervention such as physical handling from a staff member towards a child, then this is used intentionally to restrict a child's movement against their will. In most cases this can be applied through the use of the adult's body gently and safely blocking the child from access to danger or to prevent danger.

To physically intervene, a practitioner may use "reasonable force" to protect a child from injuring themselves or others. Legally a practitioner may also use reasonable force to prevent a child from damaging property. However, we would expect that in instances of damaging physical property a child would only experience a physical intervention if the broken property presented a risk or is high value.

If a situation arises which requires urgent physical hands-on intervention this is best applied by the staff who knows the child well such as their key person who is more able to calm them or use other known methods for defusing situations without physical intervention.

Physical handling

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

- keeping the child's safety and well-being paramount
- a calm, gentle but firm approach and application of the intervention

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

Risks

There are risks associated with any physical intervention and handling of a child. The younger and more vulnerable a child may be, the greater risk to the child of using physical intervention towards them. However, there are also risks to children associated with not intervening physically; for instance, if a practitioner did not take hold of a child by the wrist, they may have run into the path of a fast-moving car.

Before intervening physically to protect a child from immediate harm a practitioner needs to decision make in a split second, considering the following factors. This is described as dynamic risk assessment.

- What is the immediate risk to this child if I do not intervene now?
- What might the risks be if I do intervene? If this was my child, what would I want someone looking after them to do in this situation?



- What is the minimum level of intervention that will be effective here? How can I do this as gently as possible for as short a time as possible and how am I going to manage myself to stay calm?

Recording

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

Temporary suspension (fixed term)

Any decision to temporarily suspend a child must be carefully considered lawful, reasonable and fair. If despite following the stepped approach for behaviour it is necessary to temporarily suspend a child, for no more than five days, on the grounds of health and safety, the following steps are followed.

- The setting manager provides a written request to suspend a child to their line manager; the request must detail the reason why the child must be suspended and the length of time of the proposed suspension.
- If the line manager approves, the parents must be invited to a meeting to discuss next steps. Parents are invited to bring a representative along. Notes must be taken at the meeting and shared later with the parents. The meeting must aim for a positive outcome for the child and not to suspend.
- If no acceptable alternative to suspension is found then the setting manager must give both verbal and written notice of time related suspension to the parent, meanwhile the setting manager must ensure that continued resolution is sought and suitable adjustments are in place for the child's return.

Suspension of a disabled child

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We have a statutory duty not to discriminate against a child on the basis of a protected characteristic. This includes suspending a child based on a disability. Ignorance of the law or claiming it was unknown that a child was disabled is no defence. However, if the child's behaviour places themselves or others at risk then the setting must take actions to avoid further harm. Time limited suspension may be applied to keep the child and/or others safe whilst finding a solution. Suspension is only used if reasonable steps and planned adjustments are first used to help resolve the situation. Without this action, suspension of a child with SEND may constitute disability discrimination (Equality Act 2010). A decision to suspend a disabled child must be clearly evidenced, specific, measurable, achievable, realistic and targeted. Plans and intervention must be recorded on the child's file and 9.12b SEN Support - Action plan. If little or no progress is made during the suspension period, the following steps are taken.

- The setting manager sends a written/electronic invite to the parents, a local authority representative and any relevant external agencies to attend a review meeting. Each attendee must be made aware that the meeting is to avoid the situation escalating further and to find a positive solution.
- After the meeting the setting manager continues to maintain weekly contact with the parents and local authority to seek a solution.
- Suitable arrangements offer the parent continued support and advice during the suspension. The setting manager reviews the situation fortnightly and provides their line manager with a monthly update.

Expulsion

In some exceptional circumstances a child may be expelled due to:

- a termination of their childcare agreement as explained in the Childcare terms and conditions
- if despite applying a range of interventions (including reasonable adjustments), the setting has been unable to adequately meet the child's needs or cannot protect the health, safety and well-being of the child and/or others.

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Challenging unwanted behaviour from adults in the setting

We do not tolerate behaviour demonstrating dislike, prejudice, discriminatory attitudes or action towards any individual/group. This includes those living outside the UK (xenophobia). This also applies to behaviour towards specific groups of people and individuals who are British Citizens residing in the UK.

Allegations of discriminatory remarks or behaviour made in the setting by any adult will be taken seriously. The perpetrator will be asked to stop the behaviour and failure to do so may result in the adult being asked to leave the premises. Where a parent makes discriminatory or prejudice remarks to staff at any time, or other persons while on the premises, this is recorded on the child's file and is reported to the setting manager. The procedure is explained and the parent is asked to comply while on the premises. An 'escalatory' approach will be taken with those who continue to exhibit this behaviour. The second stage comprises a letter to the parent requesting them to sign a written agreement not to make discriminatory remarks or behave in discriminatory or prejudice ways; the third stage may be considering withdrawing the child's place.



Identification, assessment and support for children with SEND procedure

We have regard for the Special Educational Needs and Disability (SEND) (DfE and DoH 2015) which states that local authorities must ensure that all early years providers that they fund in the maintained, private, voluntary and independent sectors are aware of the requirement on them to meet the needs of children with SEN and disabilities. When securing funded early education for two, three- and four-year-olds local authorities should promote equality and inclusion for children with disabilities or SEN; this includes removing barriers that prevent access to early education and working with parents to give each child support to fulfil their potential. During the Covid outbreak we will review and update children's SEN support plans more frequently to ensure their progress and well-being.

The term SEN support defines arrangements for identifying and supporting children with special educational needs and/or disabilities. We are required to offer appropriate support and intervention and to promote equality of opportunity for children that we care for. Children's SEND generally falls within the following four broad areas of need and support:

- communication and interaction
- cognition and learning
- social, emotional and mental health
- sensory and/or physical needs

Graduated approach

Initial identification and support (identifying special educational needs)

- Ongoing formative assessment forms part of a continuous process for observing, assessing, planning and reviewing children's progress.
- Children identified as having difficulty with one or more area of development should be given support by applying some simple strategies and resources.

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- For most children application of some simple differentiation approaches will be enough to build confidence and help the child develop,
- If despite applying differentiated strategies a child continues to struggle and is showing significantly more difficulty with learning than their peers or has a disability which requires specific adjustments, then the key person should raise a concern with the setting's SENCo/setting manager and the child's parents.

Observation and assessment of children's SEN

Where a child appears to be behind expected levels, or their progress gives cause for concern, practitioners should consider all the information about the child's learning and development from within and beyond the setting.

- Information can be collated from formal checks such as the progress check at age two, observations from parents and observation and assessment by the setting of the child's progress.
- When specialist advice has been sought externally, this is used to help determine whether or not a child has a special educational need (SEN).
- The child's key person and SENCo/Manager use this information to decide if the child has a special educational need.
- If the decision is that the child does have a SEN and the parents are not already aware of a concern, then the information is shared with them. Once parents have been informed, they should be fully engaged in the process, contributing their insights to all future actions for their child.

Planning intervention

- Everyone involved with the child should be given an opportunity to share their views. Parents should be encouraged to share their thoughts on the child's difficulties and be involved in the decision as to what will happen next.
- A first intervention option may be to carry on with applying differentiated support and to review the child's progress at an agreed date. If the child's needs are more complex, then the decision maybe to go straight ahead and prepare 09.13b SEN

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support: Action plan with detailed evidence-based interventions being applied straight away and simultaneously external referrals made.

- If relevant, then the child should be appropriately included in development of the action plan but only at a level which reflects their stage of comprehension.

Involving the child

- The SEND Code of Practice supports the rights of children to be involved in decisions about their education.
- Inclusion of children with SEND helps build self-confidence and trust in others.
- Ascertaining children's views may not be easy, a range of strategies will be needed.
- Accurate assessment helps identify children's strengths and possible barriers to learning.
- The key person and setting manager/SENCo work in partnership with parents and other agencies to involve the child wherever appropriate.
- Children are involved at appropriate stages of the assessment and to their level of ability.
- Establishing effective communication is essential for the child's involvement.
- If a child requires specific medical interventions during their time in the setting, Health care plan form should also be completed and integrated into the general plans to ensure the child's medical needs are known and safely met.

Intervention

- Planned intervention should be based on the best possible evidence and have the required impact on progress with longer-term goals covering all aspects of learning and development and shorter-term targets meeting goals.
- The plan should focus on the needs of the child, the true characteristics, preferences, and aspirations of the child and involvement of the parents with a clear set of targets and expected outcomes for the child. Effective planning at this stage should help parents and children express their needs, wishes, and goals:

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- focus on the child as an individual and not their SEN label
- be easy for children to understand and use clear ordinary language and images, rather than professional jargon
- highlight the child strengths and capacities
- enable the child, and those who know them best, to say what they have done, what they are interested in and what outcomes they are seeking in the future
- tailor support to the needs of the individual
- organise assessments to minimise demands on families
- bring together relevant professionals to discuss and agree together the overall approach
- If the child fails to make progress and multi-agency support is sought, then it is at this point that Early Help should be considered.

Record keeping

If a child has or is suspected of having a SEN, a dated record should be kept of:

- the initial cause for concern and the source of this information, (the progress check at age two and/or outcomes of previous interventions). 09.13a SEN support: Initial record of concern form can also be used for this purpose drawing information from other sources
- the initial discussion with parents raising the possibility of the child's SEN
- the views of the parents and other relevant persons including, wherever possible, the child's views;
- the procedures followed with regard to the Code of Practice to meet the child's SEND e.g. SEN action plan, referrals to external agencies and for statutory assessment
- evidence of the child's progress and any identified barriers to learning
- advice from other relevant professionals; and all subsequent meetings with parents and other persons and any subsequent referrals

Records may include

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- observation and monitoring sheets
- expressions of concern
- risk assessments
- access audits
- health care plans (including guidelines for administering medication)
- SEN action plans
- meetings with parents and other agencies
- additional information from and to outside agencies
- agreements with parents
- guidelines for the use of children's individual equipment; Early help CAF referrals
- referral to the local authority identifying a child's special educational needs and request for statutory Education, Health, Care (EHC) needs assessment; and a copy of an EHC plan

Seeking additional funding/enhanced/top up

If the child's needs cannot be met from within the setting's core funding, then it will be at this point that the evidence collated will be used to apply for top up/enhanced funding from the local authority's inclusion fund. If a new or existing child is disabled, then the setting should check if the family is in receipt or have applied for Disability Living Allowance. If so, the setting will be able to apply to their local authority for the local Disability Access Fund.

Statutory education, health and care (EHC) assessment and plan

Statutory assessment

- If a child has not made progress, then the next steps may be for the child to undergo an Education, Health and Care Assessment.

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- If a child is under compulsory school age, the local authority will conduct an EHC needs assessment if they consider that the child's needs cannot be met within the resources normally available to the early years setting.
- Children aged under age two are eligible where an assessment has indicated that the child is likely to have SEN which requires an EHC plan when they reach compulsory school age.
- When a child's needs appear to be sufficiently complex, or the evidence suggest specialist intervention then the local authority is likely to conclude that an EHC plan is necessary
- The local authority should fully involve the parent and must seek advice from the setting in making decisions about undertaking an EHC assessment and preparing an EHC plan.
- Settings should prepare by collating information about the child's SEND including:
 - documentation on the child's progress in the setting
 - interventions and support provided to date
 - evidence of external agency assessment, support and recommendations
 - parental views and wishes (and where appropriate those of the child)

The information will then be submitted to the local authority to allow them to accurately assess the child in the context of the support already given.

- The local authority must inform the child's parents of their decision within six weeks of receiving a request for an assessment and give its reasons for their decision. If the local authority decides to conduct an assessment, it must ensure the child's parents are fully included right from the beginning and are invited to contribute their views. If the local authority subsequently decides not to conduct an assessment it must then inform the parents of their right to appeal that decision, of the requirement for them to consider mediation should they wish to appeal.
- If the local authority decides that a statutory EHC plan is not necessary, it must notify the parents and inform the provider, giving the reasons for the decision. This

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notification must take place within 16 weeks of the initial request or of the child having otherwise been brought to the local authority's attention.

- If the decision following an assessment is to compile an EHC plan the local authority should consult collaboratively with the parents in the preparation of the plan ensuring that their views and their child's preferences are taken into account and that plans describe positively what the child can do and has achieved to date.
- Plans are evidenced based and focus on short term outcomes and long-term aspirations for the child including family and community support. Parents have the right to request a particular provision for their child to be named within their EHC plan.
- If an early years setting is named, the local authority must fund this provision. They cannot force a setting to take a child and can only name the provision in the EHC if the setting agrees.
- Local authorities should consider reviewing an EHC plan for a child under age five at least every three to six months. Such reviews would complement the duty to carry out a review at least annually but may be streamlined and not necessarily require the attendance of the full range of professionals, depending on the needs of the child. The child's parents must be fully consulted on any proposed changes to the EHC plan and made aware of their right to appeal to the Tribunal.

External intervention and support

Where external agency intervention has been identified to help support a child with SEND then this intervention should be recommended in writing by a suitably reliable source such as a speech and language therapist, paediatrician or educational psychologist.

Further guidance

Special Educational Needs and Disability (SEND) (DfE and DoH 2015)

www.gov.uk/government/publications/send-code-of-practice-0-to-25

Ready, Steady, SENCO (Pre-school Learning Alliance 2018)

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Transition to school procedure

Moving on to school is a major transition in a child's life involving separation from familiar adults and children. Older children have a more secure understanding of 'people permanence' and are able to approach new experiences with confidence. However, they need preparation if they are to approach transition to school with confidence and an awareness of what to expect.

Partnership with schools

- Details of the school that a child will be attending are recorded in the child's file along with the name of the reception class teacher.
- Every effort is made to forge and maintain strong links with all schools that children may attend. The setting manager will approach schools in order to open lines of communication where these have not previously existed.
- Teachers are welcomed into the setting and sufficient time is made for them to spend both with the child, their parents and with the key person, to discuss and share information that will support the child's transition to school.
- A child's EYFS profile and learning journey record is forwarded to the school along with other information that will aid transition and settling in.
- Any action plans relating to a child's additional needs are also shared, where this is in place.
- Other formal documentation such as safeguarding information is prepared in line with procedure 07.6 Transfer of records.

Partnership with parents

- Key persons discuss transition to school with parents and set aside time to discuss learning and development summaries. Parents are encouraged to contribute to summaries.

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- Key persons will discuss with parents how they are preparing their child for school and will share information about how the setting is working in partnership with the school to aid transition.
- Key persons will make clear to parents the information that will be shared with the school, for example, information regarding child protection and work that has taken place to ensure the child's welfare.

Increasing familiarity for children

- Where the setting is on, or adjacent to a school site, there will be opportunities for children to become familiar with staff and school premises, for example shared use of outdoor and indoor spaces, activities and resources.
- Where possible, the key person will take the child to visit the new school, if this is the school's transition policy.
- If there are several schools in a catchment area, or the setting is not within a reasonable distance of the school, other means of familiarisation will be explored. This could be through videos, photographs or other information about the school that can be shown within the setting. Staff may borrow resources from the schools and will use these with the children.

Preparing children for leaving

- Children and parents form bonds with adults and children in the setting and will need preparation for separating from the relationships they have formed.
- The child's last day should be prepared for in advance and marked with a special celebration or party that acknowledges that the child is moving on.
- Parents should not be discouraged from bringing the child for the occasional brief visit, as separations often take time to complete. Sometimes children need the reassurance that their nursery/pre-school is still there and that they are remembered.



Progress check at age two procedure

- The key person is central to the progress check and must be the person completing it.
- Once the timing of the child's progress check is confirmed, parents are invited to discuss their child's progress at a mutually convenient time.
- The setting must seek to engage both parents and make allowance for parents who do not live with their child to be involved.

Completing the progress check at age two

- On-going observational assessment informs the progress check and must be referred to.
- Children's contributions are included in the report. Staff must be 'tuned in' to the ways in which very young children, or those with speech or other developmental delay or disability, communicate/
- Where any concerns about a child's learning and development are raised these are discussed with the parents, the SENCo and the setting manager.
- If concerns arise about a child's welfare, they must be addressed through 06 Safeguarding children, young people and vulnerable adults procedures.
- The key person must be clear about the aims of the progress check as follows:
 - to review a child's development in the three prime areas of the EYFS
 - to ensure that parents have a clear picture of their child's development
 - to enable practitioners to understand the child's needs and, with support from practitioners, enhance development at home
 - note areas where a child is progressing well and identify any areas where progress is less than expected
 - describe actions the provider intends to take to address any developmental concerns (working with other professionals as appropriate)

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Working in partnership with parents and other agencies policy

Aim

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

Objectives

- We believe that parents are children's first and most enduring educators and our practice aims to involve and consult parents on all aspects of their child's well-being.
- We also recognise the important role parents must play in the day-to-day organisation of the provision.
- We consider parents views and expectations and will give the opportunity to be involved in the following ways:
 - sharing information about their child's needs, likes, achievements and interests
 - settling in their child to the agreed plan according our settling in procedures
 - taking part in children's activities and outings
 - contributing with ideas or resources as appropriate to enhance the curriculum of the setting
 - taking part in early learning projects, sharing with practitioners knowledge and insights about their child's learning
 - contributing to assessment with information, photos and stories that illustrate how their child is learning within the home environment, taking part in day-to-day family activities
 - taking part in discussion groups
 - taking part in planning, preparing, or simply participating in social activities organised within the setting

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- taking part in a parent forum to encourage the democratic participation of parents in discussions about the day-to-day organisation of the setting, consulting about new developments and other matters as they arise
- Ofsted and setting contact details are displayed on the parent notice board for parents who have a complaint that cannot be resolved with the setting manager in the first instance, or where a parent is concerned that the EYFS standards are not being maintained

Partnership and signposting to other agencies

- We are committed to ensuring effective partnership with other agencies including:
 - local authority early years services about the EYFS, training and staff development
 - local programmes regarding delivering children's centres or the childcare element of children's centres
 - social welfare departments regarding children in need and children who need safeguarding or for whom a child protection plan is in place
 - child development networks and health professionals to support children with disabilities and special needs
 - local community organisations and other childcare providers
 - Ofsted and setting contact details are made available to other agencies who have a complaint that cannot be resolved with the Setting Manager in the first instance, or where a parent is concerned that the EYFS welfare standards are not being maintained.

Legal references

Childcare Act 2006

Education Act 2011

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Working in partnership with parents and other agencies procedure

We believe that families are central in all services we provide for young children. They are involved in all aspects of their child's care, their views are actively sought and they are actively involved in the running of the setting in various ways.

We work in partnership with local and national agencies to promote the well-being of all children.

Families

- Parents are provided with written information about the setting, including the setting's safeguarding actions and responsibilities under the Prevent Duty
- Parents are made to feel welcome in the setting; they are greeted appropriately
- Every effort is made to accommodate parents who have a disability or impairment.
- The expectations we make on parents are made clear at the point of registration.
- There is a clear expectation that parents will participate in settling their child at the commencement of a place according to an agreed plan.
- There is sufficient opportunity for parents to share necessary information with staff and this is recorded and stored to protect confidentiality.
- Key persons support parents in their role as the child's first and most enduring educators.
- Key persons regularly meet with parents to discuss their child's learning and development and to share concerns if they arise.
- Key persons work with parents to carry out an agreed plan to support a child's special educational needs.
- Key persons work with parents to carry out any agreed tasks where a child protection plan is in place.
- According to the nature of the setting, there is provision for families to be involved in activities that promote their own learning and well-being.

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- Parents are involved in the social and cultural life of the setting and actively contribute.
- As far as possible the service is provided in a flexible way to meet the needs of parents without compromising the needs of children.
- Parents are involved in regular assessment of their child's progress, including the progress check at age two, as per procedure Progress check at age two.
- There are effective means for communicating with parents on all relevant matters and 10.2 Complaints procedure for parents and service users is referred to when necessary.
- Information about a child and their family is kept confidential within the setting. The exception to this is where there is cause to believe that a child may be suffering, or is likely to suffer, significant harm, or where there are concerns regarding their child's development that need to be shared with another agency. Parental permission will be sought unless there are reasons not to, to protect the safety of the child.
- Parental consent is sought to administer medication, take a child for emergency treatment, take a child on an outing and take photographs for the purposes of record keeping.
- Parents' views are sought regarding changes in the delivery of the service
- Parents are actively encouraged to participate in decision making processes via a parent forum.
- There are opportunities for parents to take active roles in supporting their child's learning in the setting: informally through helping out or activities with their child, or through structured projects engaging parents and staff in their child's learning.

Agencies

- We work in partnership or in tandem with local and national agencies to promote the wellbeing of children.
- Procedures are in place for sharing of information about children and families with other agencies, as out in procedures Confidentiality, recording and sharing information.

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- Information shared by other agencies (third party information) is also kept in confidence and not shared without consent from that agency.
- When working in partnership with staff from other agencies, individuals are made to feel welcome in the setting and professional roles are respected.
- Staff follow the protocols for working with agencies, for example on child protection.
- Staff from other agencies do not have unsupervised access to the child they are visiting in the setting and do not have access to any other children during their visit.
- Staff do not casually share information or seek informal advice about any named child/family.
- We consult with and signpost to local and national agencies who offer a wealth of advice and information promoting staff understanding of issues facing them in their work and who can provide support and information for families. For example, ethnic/cultural organisations, drug/alcohol agencies, welfare rights advisors or organisations promoting childcare and education, or adult education.

Schools

- Settings work in partnership with schools to assist children's transition as per procedure 09.14 Prime times – transition to school., and share information as per procedure Transfer of records.
- The setting manager actively seeks to forge partnership with local schools with the aim of sharing best practice and creating a consistent approach.

Working in partnership with parents and other agencies procedures

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Complaints procedure for parents and service users procedure

There is a fair way of dealing with issues as they arise in an informal way, but parents may wish to exercise their right to make a formal complaint. They are informed of the procedure to do this and complaints are responded to in a timely way. The same procedures apply to agencies who may have a grievance or complaint.

Parents

- If a parent is unhappy about any aspect of their child's care or how he/she feels he/she has been treated, this should be discussed with the child's key person. The key person will listen to the parent and acknowledge what he/she is unhappy about. The key person will offer an explanation and an apology if appropriate. The issue and how it was resolved is recorded in the child's file and Complaint Investigation Record. The recording will also make clear whether the issue being raised relates to a concern about quality of the service or practice, or a complaint. For allegations relating to serious harm to a child caused by a member of staff or volunteer procedure Allegations against staff, volunteers or agency staff will be followed.
- If the parent is not happy with the key person's response or wishes to complain about the key person or any other member of staff, he/she will be directed to the setting manager. Some parents will want to make a written complaint; others will prefer to make it verbally, in which case the setting manager writes down the main issues of the complaint using the Complaint Investigation Record and keeps it in the child's file.
- The setting manager will investigate the complaint and provide time to feedback to the parent within 28 days. A confidential written report of the investigation is kept in the child's file if the complaint relates directly to a child.
- If the parent is still not satisfied, then he/she is entitled to appeal the outcome verbally or in writing to the setting manager's line manager who will pass the matter on to directors for further investigation, who will respond to the parent within a further 14 days.



- If the complainant believes that the matter has not been resolved and there has been a breach of the EYFS requirements they are entitled to make a complaint to Ofsted. The manager will assist in any complaint investigation as well as in producing documentation that records the steps that were taken in response to the original complaint.
- The setting manager ensures that parents know they can complain to Ofsted by telephone or in writing at any time as follows:

Applications, Regulatory and Contact (ARC) Team, Ofsted, Piccadilly Gate, Store Street, Manchester M1 2WD or telephone: 0300 123 1231

Agencies

- If an individual from another agency wishes to make a formal complaint about a member of staff or any practice of the setting, it should be made in writing to the setting manager.
- The complaint is acknowledged in writing within 10 days of receiving it.
- The setting manager investigates the matter and meets with the individual to discuss the matter further within 28 days of the complaint being received.
- An agreement needs to be reached to resolve the matter.
- If the complainant is not satisfied with the outcome of the investigation, they are entitled to appeal and are referred to the directors

Ofsted complaints record

- Legislation requires settings to keep a record of complaints and disclose these to Ofsted at inspection, or if requested by Ofsted at any other time.
- The record of complaints is a summative record only.

A record of complaints will be kept for at least 3 years.

- In all cases where a complaint is upheld a review will be undertaken by the owners/directors/trustees to look for ways to improve practice where it is required.

This procedure is displayed on Parent Notice Board.

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Further guidance

Complaint Investigation Record (Pre-school Learning Alliance 2015)

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