



POLICIES

2017

St. Chad's Pre-school

54 – 56 Abbey Lane

Sheffield, S8 0BP

Telephone: 0752 6100755

Charity Number: 1037932

Email: stchadspreschool@gmail.com

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2.1 Employment

Safeguarding and Welfare Requirement: Suitable People

Providers must ensure that people looking after children are suitable to fulfil the requirements of their roles.

Policy statement

We meet the Safeguarding and Welfare Requirements of the Early Years Foundation Stage, ensuring that our staff and volunteers are appropriately qualified, and we carry out checks for criminal and other records through the Disclosure and Barring Service (DBS) in accordance with statutory requirements.

Procedures

Vetting and staff selection

- We work towards offering equality of opportunity by using non-discriminatory procedures for staff recruitment and selection.
- All our staff have job descriptions, which set out their roles and responsibilities.
- We welcome applications from all sections of the community. Applicants will be considered on the basis of their suitability for the post, regardless of disability, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, sex, age, marriage or civil partnership. Applicants will not be placed at a disadvantage by our imposing conditions or requirements that are not justifiable.
- We follow the requirements of the Early Years Foundation Stage and Ofsted guidance on checking the suitability of all staff and volunteers who will have unsupervised access to children. This includes obtaining references and ensuring they have a satisfactory enhanced criminal records check with barred list(s) check through the DBS. This is in accordance with requirements under the Safeguarding Vulnerable Groups Act (2006) and the Protection of Freedoms Act (2012) for the vetting and barring scheme.
- Where an individual is subscribed to the DBS Update Service we carry out a status check of their DBS certificate, after checking their identity and viewing their original enhanced DBS certificate to ensure that it does not reveal any information that would affect their suitability for the post.
- We keep all records relating to the employment of our staff and volunteers; in particular those demonstrating that suitability checks have been done, including the date of issue, name, type of DBS check and unique reference number from the DBS certificate, along with details of our suitability decision.
- We require that all our staff and volunteers keep their DBS check up-to-date by subscribing to the DBS Update Service throughout the duration of their employment with us.
- Our 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 at any time during, their

employment with us.

- We obtain consent from our staff and volunteers to carry out on-going status checks of the Update Service to establish that their DBS certificate is up-to-date for the duration of their employment with us.
- Where we become aware of any relevant information which may lead to the disqualification of an employee, we will take appropriate action to ensure the safety of children. In the event of disqualification, that person's employment with us will be terminated.

Notifying Ofsted of changes

- We inform Ofsted of any changes to our Registered Person (trustees/director(s)/owner(s) our provision) and/or our manager.

Training and staff development

- For group provision: Our manager and deputy hold the CACHE Level 3 Diploma for the Children and Young People's Workforce or an equivalent qualification and at least half of our other staff members hold the CACHE Level 2 Certificate for the Children and Young People's Workforce or an equivalent or higher qualification.
- We provide regular in-service training to all our staff - whether paid staff or volunteers - through the Pre-school Learning Alliance and external agencies.
- Our budget allocates resources to training.
- We provide our staff with induction training in the first week of their employment. This induction includes our Health and Safety Policy and Safeguarding Children and Child Protection Policy. Other policies and procedures are introduced within an induction plan.
- We support the work of our staff by holding regular supervision meetings and appraisals.
- We are committed to recruiting, appointing and employing staff in accordance with all relevant legislation and best practice.

Staff taking medication/other substances

- If a member of staff is taking medication which may affect their ability to care for children, we ensure that they seek further medical advice. Our staff will only work directly with the children if medical advice confirms that the medication is unlikely to impair their ability to look after children properly.
- Staff medication on the premises will be stored securely and kept out of reach of the children at all times.
- If we have reason to believe that a member of our staff is under the influence of alcohol or any other substance that may affect their ability to care for children, they will not be allowed to work directly with the children and further action will be taken.

Managing staff absences and contingency plans for emergencies

- Our staff are expected to take their holiday breaks when the setting is closed. Where a staff member may need to take time off for any reason other than sick leave or training, this is agreed with our manager with

sufficient notice.

- Where our staff are unwell and take sick leave in accordance with their contract of employment, we organise cover to ensure ratios are maintained.
- Sick leave is monitored and action is taken where necessary, in accordance with the individual's contract of employment.
- We have contingency plans to cover staff absences, as follows:

Staff are requested to contact the manager as early as possible via phone call to home contact number which will allow the opportunity to arrange staff cover as needed.

This policy was adopted by	St Chad's Pre-school	<i>(name of provider)</i>
On	February 5 th 2017	<i>(date)</i>
Date to be reviewed	February 2018	<i>(date)</i>
Signed on behalf of the provider		
Name of signatory	Amy Newhouse-Smith	
Role of signatory (e.g. chair, director or owner)	Chair	

Other useful Pre-school Learning Alliance publications

- Employee Handbook (2012)
- Recruiting and Managing Employees (2011)

2.2 Student placements

Safeguarding and Welfare Requirement: Suitable People

Providers must ensure that adults looking after children are suitable to fulfil the requirements of their roles.

Policy statement

We recognise that qualifications and training make an important contribution to the quality of the care and education we provide. As part of our commitment to quality, we offer placements to students undertaking early years qualifications and training. We also offer placements for school pupils on work experience.

We aim to provide for students on placement with us, experiences that contribute to the successful completion of their studies and that provide examples of quality practice in early years care and education.

Procedures

- We require students on qualification courses to meet the Suitable Person requirements of the Early Years Foundation Stage and have a satisfactory enhanced DBS check with barred list check(s).
- We require students in our setting to have a sufficient understanding and use of English to contribute to the well-being of children in our care.
- We require schools, colleges or universities placing students under the age of 17 years with us to vouch for their good character.
- We supervise students under the age of 17 years at all times and do not allow them to have unsupervised access to children.
- Students undertaking qualification courses who are placed in our setting on a short term basis are not counted in our staffing ratios.
- Students and apprentices, over the age of 17, who are undertaking a level 3 qualification may be considered to be counted in the ratios if our manager deems them to be suitably qualified and experienced.
- We take out employers' liability insurance and public liability insurance, which covers both students and voluntary helpers.
- We require students to keep to our Confidentiality and Client Access to Records Policy.
- We co-operate with students' tutors in order to help students to fulfil the requirements of their course of study.
- We provide students, at the first session of their placement, with a short induction on how our setting is managed, how our sessions are organised and our policies and procedures.

- We communicate a positive message to students about the value of qualifications and training.
- We make the needs of the children paramount by not admitting students in numbers that hinder the essential work of the setting.
- We ensure that trainees and students placed with us are engaged in bona fide early years training, which provides the necessary background understanding of children's development and activities.

This policy was adopted by	St Chad's Pre-School	<i>(name of provider)</i>
On	6 th February 2017	<i>(date)</i>
Date to be reviewed	February 2018	<i>(date)</i>
Signed on behalf of the provider	<hr/>	
Name of signatory	Amy Newhouse-Smith	
Role of signatory (e.g. chair, director or owner)	Chair	

3.1 Induction of employees and volunteers

Safeguarding and Welfare Requirement: Staff Qualifications, Training, Support and Skills

Providers must ensure that all staff receive induction training to help them understand their roles and responsibilities.

Policy statement

We provide an induction for all employees and volunteers in order to fully brief them about the setting, the families we serve, our policies and procedures, curriculum and daily practice.

Procedures

- We have a written induction plan for all new staff, which includes the following:
 - Introductions to all employees and volunteers [including management committee members].
 - Familiarisation with the building, health and safety, and fire and evacuation procedures.
 - Ensuring our policies and procedures are read and adhered to.
 - Introduction to the parents, especially parents of allocated key children where appropriate.
 - Familiarisation with confidential information in relation to any key children where applicable.
 - Details of the tasks and daily routines to be completed.
- The induction period lasts at least two weeks. The manager inducts new employees and volunteers. A member of the senior management team inducts new managers.
- During the induction period, the individual must demonstrate understanding of and compliance with policies, procedures, tasks and routines.
- Successful completion of the induction forms part of the probationary period.
- Following induction, we continue to support our staff to deliver high quality performance through regular supervision and appraisal of their work.

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On	6 th February 2017	<i>(date)</i>
Date to be reviewed	February 2018	<i>(date)</i>
Signed on behalf of the provider	_____	
Name of signatory	_____	
Role of signatory (e.g. chair, director or owner)	Chair	

Other useful Pre-school Learning Alliance publications

- Employee Handbook (2012)
- Recruiting and Managing Employees (2011)

3.2 First aid

Safeguarding and Welfare Requirement: Staff Qualifications, Training, Support and Skills

At least one person who has a current paediatric first aid certificate must be on the premises and available at all times when children are present, and must accompany children on outings.

Health

Providers must ensure there is a first aid box accessible at all times with appropriate content for use with children. Providers must keep a written record of accidents or injuries and first aid treatment.

Policy statement

We are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least one adult with a current first aid certificate is on the premises, or on an outing, at any one time. **Newly qualified staff who achieved an early years qualification at level 2 or 3 on or after 30 June 2016 also have a paediatric first aid certificate in order to be counted in the adult:child ratios.** The first aid qualification includes first aid training for infants and young children. We have evidence of due diligence when choosing first aid training and ensure that it is relevant to adults caring for young children.

Procedures

The first aid kit

Our first aid kit is accessible at all times and contains the following items :

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

In addition, the following equipment is kept near to the first aid box:

- 2 pairs of disposable plastic (PVC or vinyl) gloves.
- 1 plastic disposable apron.

- A children’s forehead ‘strip’ thermometer.
- A supply of ice is kept in the freezer.

- Information about who has completed first aid training and the location of the first aid box is provided to all our staff and volunteers.
- The first aid box is easily accessible to adults and is kept out of the reach of children.
- There is a named person in the setting who is responsible for checking and replenishing the first aid box contents.
- Medication is only administered in line with our Administering Medicines policy.
- In the case of minor injury or accidents, first aid treatment is given by a qualified first aider.
- In the event of minor injuries or accidents, we normally inform parents when they collect their child, unless the child is unduly upset or we have concerns about the injury. In which case we will contact the child’s parents for clarification of what they would like to do, i.e. whether they wish to collect the child and/or take them to their own GP.
- An ambulance is called for children requiring emergency treatment. We contact parents immediately and inform them of what has happened and where their child has been taken.
- Parents sign a consent form at registration allowing a member of staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that they have been informed and are on their way to the hospital.
- Accidents and injuries are recorded in our accident record book and, where applicable, notified to the Health and Safety Executive, Ofsted and/or local child protection agencies in line with our Recording and Reporting of Accident and Incidents Policy.

Legal framework

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

Further guidance

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

This policy was adopted by	St Chad’s Preschool	<i>(name of provider)</i>
On	October 14 th 2016	<i>(date)</i>
Date to be reviewed	October 2017	<i>(date)</i>
Signed on behalf of the provider		

Name of signatory

Amy Newhouse-Smith

Role of signatory (e.g. chair, director or
owner)

Chairperson

Other useful Pre-school Learning Alliance publications

- First Aid Management Record (2016)
- Medication Administration Record (2015)

4.1 The role of the key person and settling-in

Safeguarding and Welfare Requirement: Key Person

Each child must be assigned a key person. Their role is to help ensure that every child's care is tailored to meet their individual needs, to help the child become familiar with the setting, offer a settled relationship for the child and build a relationship with their parents

Policy statement

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

We want children to feel safe, stimulated and happy in the setting and to feel secure and comfortable with our staff. We also want parents to have confidence in both their children's well-being and their role as active partners with our setting. We aim to make our setting a welcoming place where children settle quickly and easily because consideration has been given to the individual needs and circumstances of children and their families.

The key person role is set out in the Safeguarding and Welfare Requirements of the Early Years Foundation Stage. Each child must have a key person. These procedures set out a model for developing a key person approach that promotes effective and positive relationships for children.

Procedures

- We allocate a key person before the child starts.
- The key person is responsible for:
 - Providing an induction for the family and for settling the child into our setting.
 - Completing relevant forms with parents, including consent forms.
 - Explaining our policies and procedures to parents with particular focus on policies such as safeguarding and our responsibilities under the Prevent Duty.
 - Offering unconditional regard for the child and being non-judgemental.
 - Working with the parents to plan and deliver a personalised plan for the child's well-being, care and learning.
 - Acting as the key contact for the parents.

- Developmental records and for sharing information on a regular basis with the child's parents to keep those records up-to-date, reflecting the full picture of the child in our setting and at home.
- Having links with other carers involved with the child and co-ordinating the sharing of appropriate information about the child's development with those carers.
- We promote the role of the key person as the child's primary carer in our setting, and as the basis for establishing relationships with other adults and children.

Settling-in

- Before a child starts to attend our setting, we use a variety of ways to provide his/her parents with information. These may include written information including our prospectus and policies), displays about activities available within the setting, information days and evenings and individual meetings with parents.
- During the half-term before a child is enrolled, we provide opportunities for the child and his/her parents to visit the setting.
- The key person welcomes and looks after the child and his/her parents at the child's first session and during the settling-in process.
- We use pre-start visits and the first session at which a child attends to explain and complete, with his/her parents, the child's registration records.
- When a child starts to attend, we explain the process of settling-in with his/her parents and jointly decide on the best way to help the child to settle into the setting.
- We have an expectation that the parent, carer or close relative, will be available to stay for most of the session during the first week if necessary, gradually taking time away from their child; increasing this time as and when the child is able to cope.
- Younger children will take longer to settle in, as will children who have not previously spent time away from home. Children who have had a period of absence may also need their parent to be on hand to re-settle them.
- We judge a child to be settled when they have formed a relationship with their key person; for example, the child looks for the key person when he/she arrives, goes to them for comfort, and seems pleased to be with them. The child is also familiar with where things are and is pleased to see other children and participate in activities.
- When parents leave, we ask them to say goodbye to their child and explain that they will be coming back, and when.
- We recognise that some children will settle more readily than others, but that some children who appear to settle rapidly are not ready to be left. We expect that the parent will honour the commitment to stay for at least the first week, or possibly longer, until their child can stay happily without them.
- We do not believe that leaving a child to cry will help them to settle any quicker. We believe that a child's distress will prevent them from learning and gaining the best from the setting.
- We reserve the right not to accept a child into the setting without a parent or carer if the child finds it

distressing to be left. This is especially the case with very young children.

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

The progress check at age two

- The key person carries out the progress check at age two in accordance with any local procedures that are in place and referring to the guidance *A Know How Guide: The EYFS progress check at age two*.
- The progress check aims to review the child's development and ensures that parents have a clear picture of their child's development.
- Within the progress check, the key person will note areas where the child is progressing well and identify areas where progress is less than expected.
- The progress check will describe the actions that will be taken by us to address any developmental concerns (including working with other professionals where appropriate) as agreed with the parent(s).
- The key person will plan activities to meet the child's needs within the setting and will support parents to understand the child's needs in order to enhance their development at home.

This policy was adopted by	St Chad's Pre-School	<i>(name of provider)</i>
On	6 th February 2017	<i>(date)</i>
Date to be reviewed	February 2018	<i>(date)</i>
Signed on behalf of the provider	<hr/>	
Name of signatory	Amy Newhouse-Smith	
Role of signatory (e.g. chair, director or owner)	Chair	

Other useful Pre-school Learning Alliance publications

- Statutory Framework for the Early Years Foundation Stage: With non-statutory supporting documentation (2014)
- Being a Key Person in an Early Years Setting (2015)
- Creating a Learning Environment in the Home (2015)

5.1 Staffing (group provision)

Safeguarding and Welfare Requirement: Staff:Child ratios

Staffing arrangements must meet the needs of all children and ensure their safety

Policy statement

We provide a staffing ratio in line with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage to ensure that children have sufficient individual attention and to guarantee care and education of a high quality. Our staff are appropriately qualified and we carry out checks for enhanced criminal records and barred list checks through the Disclosure and Barring Service in accordance with statutory requirements.

Procedures

To meet this aim we use the following ratios of adult to children:

- Children aged two years: 1 adult : 4 children:
 - at least one member of staff holds a full and relevant level 3 qualification; and
 - at least half of all other staff hold a full and relevant level 2 qualification.
- Children aged three years and over: 1 adult : 8 children:
 - at least one member of staff holds a full and relevant level 3 qualification; and
 - at least half of all other staff hold a full and relevant level 2 qualification.
- The number of children for each key person takes into account the individual needs of the children and the capacity of the individual key person to manage their cohort.
- We only include those aged 17 years or older within our ratios. Where they are competent and responsible, we may include students on long-term placements and regular volunteers.
- A minimum of two staff/adults are on duty at any one time; one of whom is either our manager or deputy.
- Our manager deploys our staff, students and volunteers 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.
- Our staff, students and volunteers inform their colleagues if they have to leave their area and tell colleagues where they are going.
- Our staff, students and volunteers focus their attention on children at all times and do not spend time in social conversation with colleagues while they are working with children.
- We assign each child a key person to help the child become familiar with the setting from the outset and

to ensure that each child has a named member of staff with whom to form a relationship. The key person plans with parents for the child's well-being and development in the setting. The key person meets regularly with the family for discussion and consultation on their child's progress and offers support in guiding their development at home.

- We hold regular staff meetings to undertake curriculum planning and to discuss children's progress, their achievements and any difficulties that may arise from time to time.

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On	6 th February 2017	<i>(date)</i>
Date to be reviewed	February 2018	<i>(date)</i>
Signed on behalf of the provider	<hr/>	
Name of signatory	Amy Newhouse-Smith	
Role of signatory (e.g. chair, director or owner)	Chair	

Other useful Pre-school Learning Alliance publications

- Employee Handbook (2012)
- Recruiting Early Years Staff (2016)
- People Management in the Early Years (2016)

6.1 Administering medicines

Safeguarding and Welfare Requirement: Health

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

Policy statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

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

The designated team leader is responsible for the correct administration of medication to children who attend my setting]. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the team leader, the manager is responsible for the overseeing of administering medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are

inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.

- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - the full name of child and date of birth
 - the name of medication and strength
 - who prescribed it
 - the dosage and times to be given in the setting
 - the method of administration
 - how the medication should be stored and its expiry date
 - any possible side effects that may be expected
 - the signature of the parent, their printed name and the date
- The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the person administering the medication. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:
 - name of the child
 - name and strength of the medication
 - name of the doctor that prescribed it
 - date and time of the dose
 - dose given and method
 - signature of the person administering the medication and a witness who verifies that the medication has been given correctly
 - parent's signature (at the end of the day).
- We use the Pre-school Learning Alliance Medication Administration Record book for recording the administration of medicine and comply with the detailed procedures set out in that publication.
- If the administration of prescribed medication requires medical knowledge, we obtain individual training by a health professional.
- If rectal diazepam is given, another member of staff must be present and co-signs the record book.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- We monitor the medication record book is monitored to look at the frequency of medication given in the setting. 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.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent, unless it has been agreed it will be safely stored on the premises.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

Any medication received will be stored in a medication storage box (right hand kitchen cupboard; upper shelf) or in the refrigerator if necessary.

Manager/team leader to inform each staff member who is in attendance on the day that medication is in place for a particular child.

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

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

Managing medicines on trips and outings

- If children are going on outings, the manager/key person for the child will accompany the children with a risk assessment, or another member of staff who is fully informed about the child's needs and/or

medication.

- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, the original pharmacist's label and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure should be read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations (2012)

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On	6 th February 2017	<i>(date)</i>
Date to be reviewed	February 2018	<i>(date)</i>
Signed on behalf of the provider	<hr/>	
Name of signatory	Amy Newhouse-Smith	
Role of signatory (e.g. chair, director or owner)	Chair	

Other useful Pre-school Learning Alliance publications

- Medication Administration Record (2015)
- Daily Register and Outings Record (2015)

6.2 Managing children who are sick, infectious, or with allergies

Safeguarding and Welfare Requirement: Health

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

Policy statement

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

Procedures for children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – our manager/team leader will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water, but kept away from draughts.
- The child's temperature is taken using a forehead thermometer strip, kept in the first aid box.
- If the child's temperature does not go down and is worryingly high, then [we/I] may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, we ask parents keep children home for 48 hours following the last episode.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 and includes common childhood illnesses such as measles.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.
- When we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and contacts Public Health England, and acts on any advice given.

HIV/AIDS/Hepatitis procedure

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

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Bag soiled clothing for parents to take home for cleaning.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.

Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases [we/I] may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we inform all parents ask them to treat their child and all the family if they are found to have head lice.

Procedures for children with allergies

- When children start at the setting we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form.
- If a child has an allergy, we complete a risk assessment form to detail the following:
 - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
 - The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc).
 - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
 - Control measures - such as how the child can be prevented from contact with the allergen.
 - Review measures.
- This risk assessment form is kept in the child's personal file and a copy is displayed where [our staff/I] can see it.
- Generally, no nuts or nut products are used within the setting.

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

Insurance requirements for children with allergies and disabilities

- If necessary, our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance.
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.
- Oral medication:
 - Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to our insurance provider. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
 - We must be provided with clear written instructions on how to administer such medication.
 - We adhere to all risk assessment procedures for the correct storage and administration of the medication.
 - We must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to [our/my] insurance provider.
- Life-saving medication and invasive treatments:

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

 - We must have:
 - a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
 - written consent from the parent or guardian allowing [our staff/me] to administer medication; and
 - proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.
 - Copies of all three documents relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal (if you have another provider, please check their procedures with them). Written confirmation that the insurance has been extended will be issued by return.
- Key person for special needs children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:
 - Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
 - A designated staff member must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
 - Copies of all letters relating to these children must first be sent to the Pre-school Learning Alliance

Insurance Department for appraisal (if you have another provider, please check their procedures with them). Written confirmation that the insurance has been extended will be issued by return.

- If we are unsure about any aspect, we contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk

This policy was adopted by	St Chad's Preschool	<i>(name of provider)</i>
On	<hr/> October 14 th 2016	<i>(date)</i>
Date to be reviewed	<hr/> October 2017	<i>(date)</i>
Signed on behalf of the provider	<hr/>	
Name of signatory	<hr/> Amy Newhouse-Smith	
Role of signatory (e.g. chair, director or owner)	<hr/> Chairperson	
	<hr/>	

Other useful Pre-school Learning Alliance publications

- Good Practice in Early Years Infection Control (2009)
- Medication Administration Record (2013)

6.3 Recording and reporting of accidents and incidents

Safeguarding and Welfare Requirement: Health

Providers must keep a written record of accidents or injuries and first aid treatment.

Policy statement

We follow the guidelines of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioural incidents between children are not regarded as incidents and there are separate procedures for this.

Procedures

Our accident book:

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

Reporting accidents and incidents

- Ofsted is notified as soon as possible, but at least within 14 days, of any instances which involve:
 - food poisoning affecting two or more children looked after on our premises
 - a serious accident or injury to, or serious illness of, a child in our care and the action we take in response
 - the death of a child in our care
- Local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, while in our care and we act on any advice given by those agencies.
- Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health Department.
- We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR. We report to the Health and Safety Executive (HSE):
 - Any work-related accident leading to an injury to a member of the public (child or adult), for which they are taken directly to hospital for treatment.
 - Any work-related accident leading to a specified injury to one of our employees. Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
 - Any work-related accident leading to an injury to one of our employees which results in them being

unable to work for seven consecutive days. All work-related injuries that lead to one of our employees being incapacitated for three or more days are recorded in our accident book.

- When one of our employees suffers from a reportable occupational disease or illness as specified by the HSE.
- Any death, of a child or adult, that occurs in connection with a work-related accident.
- Any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done; such as a gas leak.
- Information for reporting incidents to the Health and Safety Executive is provided in the Pre-school Learning Alliance's Accident Record publication. Any dangerous occurrence is recorded in our incident book (see below).

Incident book

- We have ready access to telephone numbers for emergency services, including the local police. Where we are responsible for the premises we have contact numbers for the gas and electricity emergency services, and a carpenter and plumber. Where we rent premises we ensure we have access to the person responsible and that there is a shared procedure for dealing with emergencies.
- We ensure that our staff and volunteers carry out all health and safety procedures to minimise risk and that they know what to do in an emergency.
- On discovery of an incident, we report it to the appropriate emergency services – fire, police, ambulance – if those services are needed.
- If an incident occurs before any children arrive, our manager risk assesses this situation and decides if the premises are safe to receive children. Our manager may decide to offer a limited service or to close the setting.
- Where an incident occurs whilst the children are in our care and it is necessary to evacuate the premises/area, we follow the procedures in our Fire Safety and Emergency Evacuation Policy or, when on an outing, the procedures identified in the risk assessment for the outing.
- If a crime may have been committed, we ask all adults witness to the incident make a witness statement including the date and time of the incident, what they saw or heard, what they did about it and their full name and signature.
- We keep an incident book for recording major incidents, including some of those that are reportable to the Health and Safety Executive as above.
- These incidents include:
 - a break in, burglary, or theft of personal or our setting's property
 - an intruder gaining unauthorised access to our premises
 - a fire, flood, gas leak or electrical failure
 - an attack on an adult or child on our premises or nearby
 - any racist incident involving families or our staff on the setting's premises
 - a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked

after on our premises

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

Common Inspection Framework

- As required under the *Common Inspection Framework*, we maintain a summary record of all accidents, exclusions, children taken off roll, incidents of poor behaviour and discrimination, including racist incidents, and complaints and resolutions.

Legal framework

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

Further guidance

- Common Inspection Framework: Education, Skills and Early Years (Ofsted 2015)
- Early Years Inspection Handbook (Ofsted 2015)
- RIDDOR Guidance and Reporting Form: www.hse.gov.uk/riddor

This policy was adopted by	St Chad's Preschool	<i>(name of provider)</i>
On	<hr/> October 14 th 2016	<i>(date)</i>
Date to be reviewed	<hr/> October 2017	<i>(date)</i>
Signed on behalf of the provider	<hr/>	
Name of signatory	<hr/> Amy Newhouse-Smith	
Role of signatory (e.g. chair, director or owner)	<hr/> Chairperson	
	<hr/>	

Other useful Pre-school Learning Alliance publications

- Accident Record (2013)
- CIF Summary Record (2016)
- Reportable Incident Record (2015)

6.4 Nappy changing

Safeguarding and Welfare Requirement: Safety and suitability of premises, environment and equipment

Providers must ensure there are suitable hygienic changing facilities for changing any children who are in nappies.

Policy statement

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

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

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

Procedures

- Our staff have a list of personalised changing times for the children in their care (when deemed necessary) who are in nappies or 'pull-ups'; and change nappies according to this schedule, or more frequently where necessary.
- We encourage young children from two years to normally wear pull ups, or other types of trainer pants, as soon as they are comfortable with this and if their parents agree.
- Our changing area is warm, with a safe area to lay children and no bright lights shining down in their eyes.
- Our staff put on gloves and aprons before changing starts and the areas are prepared. Paper towel is put down on the changing mat freshly for each child.
- All our staff are familiar with our hygiene procedures and carry these out when changing nappies.
- Our staff never turn their back on a child or leave them unattended whilst they are on the changing mat.
- We are gentle when changing; we avoid pulling faces and making negative comments about 'nappy contents'.
- We do not make inappropriate comments about children's genitals when changing their nappies.
- In addition, we ensure that nappy changing is relaxed and a time to promote independence in young children.

- We encourage children 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.
- We encourage children to wash their hands, and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.
- We do not use anti-bacterial hand wash liquid or soap for young children; young skin is quite delicate and anti-bacterial products kill off certain good bacteria that children need to develop their own natural resistance to infection.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- We dispose of nappies and pull ups hygienically. Any soil (faeces) in nappies or pull ups is flushed down the toilet and the nappy or pull up is bagged and put in the bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for parents to take home.
- We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect [and will be a disciplinary matter].

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On	<u>14th October 2016</u>	<i>(date)</i>
Date to be reviewed	<u>October 2017</u>	<i>(date)</i>
Signed on behalf of the provider	<hr/>	
Name of signatory	<u>Amy Newhouse-Smith</u>	
Role of signatory (e.g. chair, director or owner)	<u>Chairperson</u>	
	<hr/>	

6.5 Food and drink

Safeguarding and Welfare Requirement: Health

Where children are provided with meals, snacks and drinks, they must be healthy, balanced and nutritious.

Policy statement

We regard snack and meal times as an important part of our day. Eating represents a social time for children and adults, and helps children to learn about healthy eating. We promote healthy eating using resources and materials from the Pre-school Learning Alliance. At snack and meal times, we aim to provide nutritious food, which meets the children's individual dietary needs.

Procedures

We follow these procedures to promote healthy eating in our setting.

- Before a child starts to attend the setting, we ask their parents about their dietary needs and preferences, including any allergies. (See the Managing Children who are Sick, Infectious or with Allergies Policy.)
- We record information about each child's dietary needs in the Registration Form and parents sign the form to signify that it is correct.
- We regularly consult with parents to ensure that our records of their children's dietary needs – including any allergies - are up-to-date. Parents sign the updated record to signify that it is correct.
- We display current information about individual children's dietary needs so that all our staff and volunteers are fully informed about them.
- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences, as well as their parents' wishes.
- We plan menus in advance, involving children and parents in the planning.
- We display the menus of meals/snacks for parents to view.
- We provide nutritious food for all meals and snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives and colourings.
- We include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- We take care not to provide food containing nuts or nut products and we are especially vigilant where we have a child who has a known allergy to nuts.
- Through discussion with parents and research reading, we obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, as well as about food allergies. We take account of this information in the provision of food and drinks.

- We show sensitivity in providing for children's diets and allergies. We do not use a child's diet or allergy as a label for the child, or make a child feel singled out because of her/his diet or allergy.
- We organise meal and snack times so that they are social occasions in which children and adults participate.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.
- We have fresh drinking water constantly available for the children. We inform the children about how to obtain the water and that they can ask for water at any time during the day.
- We inform parents who provide food for their children about the storage facilities available in our setting.
- In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.

Packed lunches

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

- ensure perishable contents of packed lunches are refrigerated or contain an ice pack to keep food cool;
- inform parents of our policy on healthy eating;
- inform parents of whether we have facilities to microwave cooked food brought from home;
- encourage parents to provide sandwiches with a healthy filling, fruit, and milk based deserts, such as yoghurt or crème fraîche, where we can only provide cold food from home. We discourage sweet drinks and can provide children with water or milk;
- discourage packed lunch contents that consist largely of crisps, processed foods, sweet drinks and sweet products such as cakes or biscuits. We reserve the right to return this food to the parent as a last resort;
- ensure that adults sit with children to eat their lunch so that the mealtime is a social occasion.

Legal framework

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

Further guidance

- Safer Food, Better Business (Food Standards Agency 2011)

This policy was adopted by	St Chad's Pre-School	<i>(name of provider)</i>
On	February 6 th 2017	<i>(date)</i>
Date to be reviewed	February 2018	<i>(date)</i>
Signed on behalf of the provider	<hr/>	

Name of signatory	Amy Newhouse-Smith
Role of signatory (e.g. chair, director or owner)	Chair

Other useful Pre-school Learning Alliance publications

- Nutritional Guidance for the Under Fives (Ed. 2010)
- The Early Years Essential Cookbook (2009)
- Healthy and Active Lifestyles for the Early Years (2012)

6.6 Food hygiene

Safeguarding and Welfare Requirement: Health

Where children are provided with meals, snacks and drinks, they must be healthy, balanced and nutritious.

Policy statement

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

- Snacks.
- Packed lunches.

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

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

Procedures

- Our staff with responsibility for food preparation understand the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to our setting. This is set out in Safer Food, Better Business [for Caterers (Food Standards Agency 2011)]. The basis for this is risk assessment of the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
 - All our staff follow the guidelines of Safer Food, Better Business.
 - All our staff who are involved in the preparation and handling of food have received training in food hygiene.
 - The person responsible for food preparation and serving carries out daily opening and closing checks on the kitchen to ensure standards are met consistently. (See Safer Food, Better Business)
 - We use reliable suppliers for the food we purchase.
 - Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.
 - Packed lunches are stored in a cool place; un-refrigerated food is served to children within 4 hours of preparation at home.
 - Food preparation areas are cleaned before and after use.
 - There are separate facilities for hand-washing and for washing-up.
 - All surfaces are clean and non-porous.
 - All utensils, crockery etc. are clean and stored appropriately.
 - Waste food is disposed of daily.

- Cleaning materials and other dangerous materials are stored out of children's reach.
- Children do not have unsupervised access to the kitchen.
- When children take part in cooking activities, they:
 - are supervised at all times;
 - understand the importance of hand-washing and simple hygiene rules;
 - are kept away from hot surfaces and hot water; and
 - do not have unsupervised access to electrical equipment, such as blenders etc.

Reporting of food poisoning

Food poisoning can occur for a number of reasons; not all cases of sickness or diarrhoea are as a result of food poisoning and not all cases of sickness or diarrhoea are reportable.

- Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within our setting, the manager will contact the Environmental Health Department to report the outbreak and will comply with any investigation.
- We notify Ofsted as soon as reasonably practicable of any confirmed cases of food poisoning affecting two or more children looked after on the premises, and always within 14 days of the incident.

Legal framework

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

Further guidance

- Safer Food Better Business (Food Standards Agency 2011)

This policy was adopted by	St Chad's Pre-School	name of setting
On	February 6 th 2017	(date)
Date to be reviewed	February 2018	(date)
Signed on behalf of the provider	<hr/>	
Name of signatory	Amy Newhouse-Smith	
Role of signatory (e.g. chair/owner)	Chair	
	<hr/>	

8.1 Health and safety general standards

Safeguarding and Welfare Requirement: Safety and Suitability of Premises, Environment and Equipment Providers must take reasonable steps to ensure the safety of children, staff and others on the premises.

Health The provider must promote the good health of children attending the setting.

Policy statement

We believe that the health and safety of children is of paramount importance. We make our setting a safe and healthy place for children, parents, staff and volunteers.

- We aim to make children, parents, staff and volunteers aware of health and safety issues and to minimise the hazards and risks to enable the children to thrive in a healthy and safe environment.
- Our member of staff responsible for health and safety is:
Kate Beeden
- She is competent to carry out these responsibilities.
- She has undertaken health and safety training and regularly updates her knowledge and understanding.
- We display the necessary health and safety poster in:

The pre-school kitchen

Insurance cover

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

The main room on the pre-school cabinet

Procedures

Awareness raising

- Our induction training for staff and volunteers includes a clear explanation of health and safety issues, so that all adults are able to adhere to our policy and procedures as they understand their shared responsibility for health and safety. The induction training covers matters of employee well-being, including safe lifting and the storage of potentially dangerous substances.
- We keep records of these induction training sessions and new staff and volunteers are asked to sign the records to confirm that they have taken part.

- We explain health and safety issues to the parents of new children, so that they understand the part played by these issues in the daily life of the setting.
- As necessary, health and safety training is included in the annual training plans of staff, and health and safety is discussed regularly at our staff meetings.
- We operate a no-smoking policy.
- We make children aware of health and safety issues through discussions, planned activities and routines.

Windows

- Low level windows are made from materials that prevent accidental breakage or we ensure that they are made safe.
- We ensure that windows are protected from accidental breakage or vandalism from people outside the building.
- Our windows above the ground floor are secured so that children cannot climb through them.
- We ensure that any blind cords are secured safely and do not pose a strangulation risk for young children.

Doors

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

Floors and walkways

- All our floor surfaces are checked daily to ensure they are clean and not uneven, wet or damaged. Any wet spills are mopped up immediately.
- Walkways and stairs are left clear and uncluttered.
- Stair gates are in place at the foot and top of the stairs.

Electrical/gas equipment

- We ensure that all electrical/gas equipment conforms to safety requirements and is checked regularly.
- Our boiler/electrical switch gear/meter cupboard is not accessible to the children.
- Fires, heaters, wires and leads are properly guarded and we teach the children not to touch them.
- There are sufficient sockets in our setting to prevent overloading.
- We switch electrical devices off from the plug after use.
- We ensure that the temperature of hot water is controlled to prevent scalds.
- Lighting and ventilation is adequate in all areas of our setting, including storage areas.

Storage

- All our resources and materials, which are used by the children, are stored safely.
- All our equipment and resources are stored or stacked safely to prevent them accidentally falling or collapsing.

Outdoor area

- Our outdoor area is securely fenced. All gates and fences are childproof and safe.
- Our outdoor area is checked for safety and cleared of rubbish, animal droppings and any other unsafe items before it is used.
- Adults and children are alerted to the dangers of poisonous plants, herbicides and pesticides.
- We check that children are suitably attired for the weather conditions and type of outdoor activities; ensuring that suncream is applied and hats are worn during the summer months.
- We supervise outdoor activities at all times; and particularly children on climbing equipment.

Hygiene

- We seek information from the Public Health England to ensure that we keep up-to-date with the latest recommendations.
- Our daily routines encourage the children to learn about personal hygiene.
- We have a daily cleaning routine for the setting, which includes the play room(s), kitchen, toilets and nappy changing areas. Children do not have unsupervised access to the kitchen.
- We have a schedule for cleaning resources and equipment, dressing-up clothes and furnishings.
- The toilet area has a high standard of hygiene, including hand washing and drying facilities and disposal facilities for nappies.
- We implement good hygiene practices by:
 - cleaning tables between activities;
 - cleaning and checking toilets regularly;
 - wearing protective clothing - such as aprons and disposable gloves - as appropriate;
 - providing sets of clean clothes;
 - providing tissues and wipes.

Activities, resources and repairs

- Before purchase or loan, we check equipment and resources to ensure that they are safe for the ages and stages of the children currently attending the setting.
- The layout of our play equipment allows adults and children to move safely and freely between activities.
- All our equipment is regularly checked for cleanliness and safety, and any dangerous items are repaired or discarded.
- We make safe and separate from general use any areas that are unsafe because of repair is needed.
- All our materials, including paint and glue, are non-toxic.
- We ensure that sand is clean and suitable for children's play.
- Physical play is constantly supervised.
- We teach children to handle and store tools safely.
- If children fall asleep in-situ, it may be necessary to move or wake them to make sure they are comfortable.

- Children learn about health, safety and personal hygiene through the activities we provide and the routines we follow.
- Any faulty equipment is removed from use and is repaired. If it cannot be repaired it is discarded. Large pieces of equipment are discarded only with the consent of the manager.

Jewellery and accessories

- We keep a full inventory of all items in the setting for audit and insurance purposes.
- Our staff do not wear jewellery or fashion accessories, such as belts or high heels, that may pose a danger to themselves or children.
- Parents must ensure that any jewellery worn by children poses no danger; particularly earrings which may get pulled, bracelets which can get caught when climbing or necklaces that may pose a risk of strangulation.
- We ensure that hair accessories are removed before children sleep or rest.

Safety of adults

- We ensure that adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment.
- We provide safe equipment for adults to use when they need to reach up to store equipment or to change light bulbs.
- We ensure that all warning signs are clear and in appropriate languages.
- We ensure that adults do not remain in the building on their own.
- We record the sickness of staff and their involvement in accidents. The records are reviewed termly to identify any issues that need to be addressed.

Control of substances hazardous to health

- Our staff implement the current guidelines of the *Control of Substances Hazardous to Health Regulations (COSHH)*.
- We keep a record of all substances that may be hazardous to health - such as cleaning chemicals, or gardening chemicals if used and where they are stored.
- Hazardous substances are stored safely away from the children.
- We carry out a risk assessment for all chemicals used in the setting. This states what the risks are and what to do if they have contact with eyes or skin or are ingested.
- We keep all cleaning chemicals in their original containers.
- We keep the chemicals used in the setting to the minimum in order to ensure health and hygiene is maintained. We do not use:
 - bleach;
 - anti-bacterial soap/hand wash, unless specifically advised during an infection outbreak such as Pandemic flu; or

- anti-bacterial cleaning agents, except in the toilets, nappy changing area and food preparation areas.
Anti-bacterial spays are not used when children are nearby.
- Environmental factors are taken into account when purchasing, using and disposing of chemicals.
- All members of staff are vigilant and use chemicals safely.
- Members of staff wear protective gloves when using cleaning chemicals.

Legal framework

- Health and Safety at Work Act (1974)
- Management of Health and Safety at Work Regulations (1999)
- Electricity at Work Regulations (1989)
- Control of Substances Hazardous to Health Regulations (COSHH) (2002)
- Manual Handling Operations Regulations (1992 (As Amended 2004))
- Health and Safety (Display Screen Equipment) Regulations (1992)

Further guidance

- Health and Safety Law: What You Need to Know (HSE Revised 2009)
- Health and Safety Regulation...A Short Guide (HSE 2003)
- Electrical Safety and You: A Brief Guide (HSE 2012)
- Working with Substances Hazardous to Health: What You Need to Know About COSHH (HSE Revised 2009)
- Getting to Grips with Manual Handling - Frequently Asked Questions: A Short Guide (HSE 2011)

This policy was adopted by	St Chad's Pre-School	<i>(name of provider)</i>
On	February 6 th 2017	<i>(date)</i>
Date to be reviewed	February 2018	<i>(date)</i>
Signed on behalf of the provider	<hr/>	
Name of signatory	Amy Newhouse- Smith	
Role of signatory (e.g. chair, director or owner)	Chair	

8.2 Maintaining children's safety and security on premises

Safeguarding and Welfare Requirement: Safety and Suitability of Premises, Environment and Equipment. Providers must take reasonable steps to ensure the safety of children, staff and others on the premises.

Policy statement

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

Procedures

Children's personal safety

- We ensure all employed staff have been checked for criminal records via an enhanced disclosure with children's barred list check through the Disclosure and Barring Service.
- All children are supervised by adults at all times.
- Whenever children are on the premises at least two adults are present.
- We carry out risk assessments to ensure children are not made vulnerable within any part of our premises, nor by any activity.

Security

- Systems are in place for the safe arrival and departure of children.
- The times of the children's arrivals and departures are recorded.
- The arrival and departure times of adults – staff, volunteers and visitors - are recorded.
- Our systems prevent unauthorised access to our premises.
- Our systems prevent children from leaving our premises unnoticed.
- We only allow access to visitors with prior appointments.
- Our staff check the identity of any person who is not known before they enter the premises.
- We keep front doors and gates locked shut at all times. Back doors are kept locked shut at all times where they may lead to a public or unsupervised area.
- The personal possessions of staff and volunteers are securely stored during sessions.
- Minimal petty cash is kept on the premises.

This policy was adopted by

St Chad's Pre-School

(name of provider)

On

February 6th 2017

(date)

Date to be reviewed	February 2018 (date)
Signed on behalf of the provider	
Name of signatory	Amy Newhouse-Smith
Role of signatory (e.g. chair, director or owner)	Chair

Other useful Pre-school Learning Alliance publications

- Managing Risk (2009)

8.3 Supervision of children on outings and visits

Safeguarding and Welfare Requirement: Safety and Suitability of Premises, Environment and Equipment. Children must be kept safe while on outings.

Policy statement

Children benefit from being taken outside of the premises on visits or trips to local parks, or other suitable venues, for activities which enhance their learning experiences. We ensure that there are procedures to keep children safe on outings; all staff and volunteers are aware of and follow the procedures as laid out below.

Procedures

- All off site activity has a clearly identified educational purpose with specific learning and development outcomes.
- There is a designated lead for each excursion who is clear about their responsibility as designated lead.
- We ask parents to sign a general consent on registration for their children to be taken out on local short outings as a part of the daily activities of the setting. This general consent details the venues used for daily activities.
- We assess the risks for each local venue used for daily activities, which is reviewed regularly.
- We always ask parents to sign specific consent forms before major outings; and the risks are assessed before the outing takes place.
- Our manager and all staff taking part in the outing sign off every risk assessment.
- Children with allergies or other specific needs have a separate risk assessment completed i.e. child with allergies visiting a supermarket.
- An excursion will not go ahead if concerns are raised about its viability at any point.
- Any written outing risk assessments are made available for parents to see.
- Our adult to child ratio is high, normally one adult to two children, depending on their age, sensibility and the type of venue, as well as how it is to be reached.
- For group provision: A minimum of two staff accompany children on outings. Unless the whole setting is on an outing, a minimum of two staff also remain behind with the rest of the children.
- Named children are assigned to individual staff member to ensure that each child is well supervised, that no child goes astray and that there is no unauthorised access to children, that all children on the outing are well supervised, that no child goes astray and that there is no unauthorised access to children.
- Staff frequently count their designated children and ensure hands are held when on the street and crossing the road.

- Parents who accompany us on outings are responsible for their own child only. Where parents have undergone vetting with us as volunteers, they may be included in the adults to child ratio and have children allocated to them.
- Outings are recorded in an outings record book kept in the setting, stating:
 - The date and time of the outing.
 - The venue and mode of transport used.
 - The names of the staff members assigned to each of the children.
 - The time of return.
- We take a mobile phone on outings, as well as supplies of tissues, wipes, spare clothing and nappies, medicines required for individual children, a mini first aid kit, (snacks and water – if necessary). The amount of equipment will vary and be consistent with the venue and the number of children, as well as how long they will be out for. We apply sun cream to children as needed and ensure they are dressed appropriately for the type of outing and weather conditions.
- We take a list of children with us with contact numbers of parents/carers, as well as an accident book and a copy of our Missing Child Policy.
- We provide children with badges or 'high viz' vests to wear that contain the name and setting telephone number – but not the name of the child.
- Records are kept of the vehicles used to transport children, with named drivers and appropriate insurance cover.
- We ensure that seat belts are worn whilst travelling in vehicles and that booster seats and child safety seats are used as appropriate to the age of the child.
- As a precaution, we ensure that children do not eat when travelling in vehicles.
- We ensure that contracted drivers are from reputable companies, do not have unsupervised access to the children and are not included in the ratios.

This policy was adopted by	St Chad's Preschool	<i>(name of provider)</i>
On	October 14 th 2016	<i>(date)</i>
Date to be reviewed	October 2017	<i>(date)</i>
Signed on behalf of the provider	<hr/>	
Name of signatory	Amy Newhouse-Smith	
Role of signatory (e.g. chair, director or owner)	Chairperson	
	<hr/>	

Other useful Pre-school Learning Alliance publications

- Daily Register and Outings Record (2015)
- Managing Risk (2009)

8.6 Animals in the setting

Safeguarding and Welfare Requirement: Safety and Suitability of Premises, Environment and Equipment. Providers must keep premises and equipment clean, and be aware of, and comply with, requirements of health and safety legislation (including hygiene requirements).

Policy statement

Children learn about the natural world, its animals and other living creatures, as part of the Learning and Development Requirements of the Early Years Foundation Stage. This may include contact with animals, or other living creatures, either in the setting or on visits. We aim to ensure that this is in accordance with sensible hygiene and safety controls.

Procedures

Animals in the setting as pets

- We take account of the views of parents and children when selecting an animal or creature to keep as a pet in the setting, as well as any allergies or issues that individual children may have any animals or creatures.
- We carry out a risk assessment with a knowledgeable person accounting for any hygiene or safety risks posed by the animal or creature.
- We provide suitable housing for the animal or creature and ensure this is cleaned out regularly and is kept safely.
- Our staff are knowledgeable of the pet's welfare and dietary needs and ensure that the correct food is offered, at the right times.
- We make arrangements for weekend and holiday care for the animal or creature.
- We register with the local vet and take out appropriate pet care health insurance.
- We make sure all vaccinations and other regular health measures, such as de-worming, are up-to-date and recorded.
- We teach children the correct handling and care of the animal or creature and supervise them at all times.
- We ensure that children wash their hands after handling the animal or creature and do not have contact with animal soil or soiled bedding.
- We wear disposable gloves when cleaning housing or handling soiled bedding.
- If animals or creatures are brought in by visitors to show the children, they are the responsibility of their owner.

- The owner carries out a risk assessment, detailing how the animal or creature is to be handled and how any safety or hygiene issues will be addressed.

Visits to farms

- Before a visit to a farm, we carry out a risk assessment - this may take account of safety factors listed in the farm's own risk assessment, which should be viewed.
- We contact the venue in advance of the visit to ensure that there has been no recent outbreak of E.coli or other infections. If there has been an outbreak, we will review the visit and may decide to postpone it.
- We follow our outings procedure.
- Children wash and dry their hands thoroughly after contact with animals.
- Outdoor footwear worn to visit farms is cleaned of mud and debris as soon as possible on departure and should not be worn indoors.
- We advise staff and volunteers who are, or may be, pregnant to avoid contact with ewes and to consult their GP before the visit.

Legal framework

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

Further guidance

- Health and Safety Regulation...A Short Guide (HSE 2003)

This policy was adopted by _____ (name of provider)
On _____ (date)
Date to be reviewed _____ (date)
Signed on behalf of the management committee _____
Name of signatory _____
Role of signatory (e.g. chair/owner) _____

8.7 No-smoking

General Safeguarding and Welfare Requirement: Safety and Suitability of Premises, Environment and Equipment. Providers must have a no-smoking policy, and must prevent smoking in a room, or outside play area, when children are present or about to be present

Policy statement

We comply with health and safety regulations and the Safeguarding and Welfare Requirements of the Early Years Foundation Stage in making our setting a no-smoking environment - both indoors and outdoors.

Procedures

- All staff, parents and volunteers are made aware of our No-smoking Policy.
- No-smoking signs are displayed prominently.
- The No-smoking Policy is stated in information for parents and staff.
- We actively encourage no-smoking by having information for parents and staff about where to get help to stop smoking if they are seeking this information.
- Staff who smoke do not do so during working hours, unless on a scheduled break and off the premises.
- Staff who smoke during working hours and travelling to and from work must not do so whilst wearing a setting uniform, or must at least cover the uniform.
- E-cigarettes are not permitted to be used on the premises.
- Staff who smoke or use e-cigarettes during their scheduled breaks go well away from the premises.
- Staff who smoke during their break make every effort to reduce the effects of odour and passive smoking for children and colleagues.

Legal framework

- The Smoke-free (Premises and Enforcement) Regulations (2006)
- The Smoke-free (Signs) Regulations (2012)

This policy was adopted by	St Chad's Preschool	<i>(name of provider)</i>
On	<u>October 14th 2016</u>	<i>(date)</i>
Date to be reviewed	<u>October 2017</u>	<i>(date)</i>

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)

Amy Newhouse-Smith

Chair

8. 8 Safeguarding children - Temporary/Emergency Closure

General Welfare Requirement: Safeguarding and Promoting Children's Welfare. The provider must take necessary steps to safeguard and promote the welfare of children.

Policy statement

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

In the event of any of the following exceptional circumstances, St. Chad's Pre-School may not be able to open, or have to close a session early:

- Adverse weather conditions
- Power failure
- Burst pipes and/or flooding
- No heating
- No hot or running water
- Staff sickness
- Security/safety warnings eg fire, gas leak
- Epidemic, following advice from the Infection Control Unit

If pre-school has to close due to any circumstances which are out of its control any out-standing session fees will remain payable. No refunds will be given for fees already paid and we cannot offer alternative sessions.

Procedures

If St. Chad's Pre-School is unable to open the following steps will be undertaken to advise parents as soon as possible:

- Local radio announcements (Radio Sheffield)
- Parents/carers will be contacted by telephone as soon as it is possible
- Sign on the main front door of the setting

If St. Chad's Pre-School has to close during a session we will endeavour to:

- Contact all parents/carers. (So please ensure that you advise us of any telephone number changes straightaway).
- Use emergency contact details if parents/carers cannot be contacted

If neither the parents/carers nor emergency contacts can be contacted we will follow our uncollected child policy and procedures.

This policy was adopted at a meeting of	St. Chad's Pre-school	name of setting
Held on	6 th February 2017	(date)
Date to be reviewed	February 2018	(date)

Signed on behalf of the management committee

Name of signatory

Role of signatory (e.g. chair/owner)

Amy Newhouse- Smith

Chairperson

9.1 Valuing diversity and promoting inclusion and equality

Safeguarding and Welfare Requirement: Safety and Suitability of Premises, Environment and Equipment. Providers must follow their legal responsibilities under the Equality Act 2010.

Policy statement

We are committed to ensuring that our service is fully inclusive in meeting the needs of all children.

We recognise that children and their families come from a wide range of backgrounds with individual needs, beliefs and values. They may grow up in family structures that include one or two parents of the same or different sex. Children may have close links or live with extended families of grandparents, aunts, uncles and cousins; while other children may be more removed from close kin, or may live with other relatives or foster carers. Some children come from families who experience social exclusion, severe hardship; discrimination and prejudice because of their ethnicity, disability and/or ability, the languages they speak, their religious or personal beliefs, their sexual orientation and marital status. Some individuals face discrimination linked to their gender and some women are discriminated against because of their pregnancy and maternity status. We understand that all these factors can affect the well-being of children within these families and may adversely impact on children's learning, attainment and life outcomes.

We are committed to anti-discriminatory practice to promote equality of opportunity and valuing diversity for all children and families using our setting. We aim to:

- promote equality and value diversity within our service and foster good relations with the local community;
- actively include all families and value the positive contribution they make to our service;
- promote a positive non-stereotyping environment that promotes dignity, respect and understanding of difference in all forms;
- provide a secure and accessible environment in which every child feels safe and equally included;
- improve our knowledge and understanding of issues relating to anti-discriminatory practice,
- challenge and eliminate discriminatory actions on the basis of a protected characteristic as defined by the Equality Act (2010) namely:
 - o age;
 - o gender;
 - o gender reassignment;
 - o marital status;
 - o pregnancy and maternity;
 - o race;

- o disability;
 - o sexual orientation; and
 - o religion or belief.
- where possible, take positive action to benefit groups or individuals with protected characteristics who are disadvantaged, have a disproportional representation within the service or need different things from the service.

Procedures

Admissions

Our setting is open and accessible to all members of the community.

- We base our Admissions Policy on a fair system.
- We do not discriminate against a child or their family in our service provision, including preventing their entry to our setting based on a protected characteristic as defined by the Equality Act (2010).
- We advertise our service widely.
- We provide information in clear, concise language, whether in spoken or written form and provide information in other languages (where ever possible).
- We reflect the diversity of our community and wider society in our publicity and promotional materials.
- We provide information on our offer of provision for children with special educational needs and disabilities.
- We ensure that all parents are made aware of our Valuing Diversity and Promoting Inclusion and Equality Policy.
- We make reasonable adjustments to ensure that disabled children can participate successfully in the services and in the curriculum offered by the setting.
- We ensure, wherever possible, that we have a balanced intake of boys and girls in the setting.
- We take action against any discriminatory, prejudice, harassing or victimising behaviour by our staff, volunteers or parents whether by:
 - direct discrimination – someone is treated less favourably because of a protected characteristic e.g. preventing families of a specific ethnic group from using the service;
 - indirect discrimination – someone is affected unfavourably by a general policy e.g. children must only speak English in the setting;
 - discrimination arising from a disability – someone is treated less favourably because of something connected with their disability e.g. a child with a visual impairment is excluded from an activity;
 - association – discriminating against someone who is associated with a person with a protected characteristic e.g. behaving unfavourably to someone who is married to a person from a different cultural background; or
 - perception – discrimination on the basis that it is thought someone has a protected characteristic e.g. making assumptions about someone's sexual orientation.

- We will not tolerate behaviour from an adult who demonstrates dislike or prejudice towards individuals who are perceived to be from another country (xenophobia).
- Displaying of openly discriminatory xenophobic and possibly offensive or threatening materials, name calling, or threatening behaviour are unacceptable on, or around, our premises and will be dealt with immediately and discreetly by asking the adult to stop using the unacceptable behaviour and inviting them to read and to act in accordance with the relevant policy statement and procedure. Failure to comply may lead to the adult being excluded from the premises.

Employment

- We advertise posts and all applicants are judged against explicit and fair criteria.
- Applicants are welcome from all backgrounds and posts are open to all.
- We may use the exemption clauses in relevant legislation to enable the service to best meet the needs of the community.
- The applicant who best meets the criteria is offered the post, subject to references and suitability checks. This ensures fairness in the selection process.
- All our job descriptions include a commitment to promoting equality, and recognising and respecting diversity as part of their specifications.
- We monitor our application process to ensure that it is fair and accessible.

Training

- We seek out training opportunities for [our staff and/myself and my] volunteers to enable them to develop anti-discriminatory and inclusive practices.
- We ensure that our staff are confident and fully trained in administering relevant medicines and performing invasive care procedures on children when these are required.
- We review our practices to ensure that we are fully implementing our policy for Valuing Diversity and Promoting Equality.

Curriculum

The curriculum offered in our setting encourages children to develop positive attitudes about themselves as well as about people who are different from themselves. It encourages development of confidence and self esteem, empathy, critical thinking and reflection.

We ensure that our practice is fully inclusive by:

- creating an environment of mutual respect and tolerance;
- modelling desirable behaviour to children and helping children to understand that discriminatory behaviour and remarks are hurtful and unacceptable;
- positively reflecting the widest possible range of communities within resources;
- avoiding use of stereotypes or derogatory images within our books or any other visual materials;

- celebrating locally observed festivals and holy days;
- ensuring that children learning English as an additional language have full access to the curriculum and are supported in their learning;
- ensuring that disabled children with and without special educational needs are fully supported;
- ensuring that children speaking languages other than English are supported in the maintenance and development of their home languages

We will ensure that our environment is as accessible as possible for all visitors and service users. We do this by:

- undertaking an access audit to establish if the setting is accessible to all disabled children and adults. If access to the setting is found to treat disabled children or adults less favourably, then we make reasonable adjustments to accommodate the needs of disabled children and adults.
- fully differentiating the environment, resources and curriculum to accommodate a wide range of learning, physical and sensory needs.

Valuing diversity in families

- We welcome the diversity of family lifestyles and work with all families.
- We encourage children to contribute stories of their everyday life to the setting.
- We encourage mothers, fathers and other carers to take part in the life of the setting and to contribute fully.
- For families who speak languages in addition to English, we will develop means to encourage their full inclusion.
- We offer a flexible payment system for families experiencing financial difficulties and offer information regarding sources of financial support.
- We take positive action to encourage disadvantaged and under-represented groups to use the setting.

Food

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

Meetings

- Meetings are arranged to ensure that all families who wish to may be involved in the running of the setting.
- We positively encourage fathers to be involved in the setting, especially those fathers who do not live with the child.
- Information about meetings is communicated in a variety of ways - written, verbal and where resources

allow in translation – to ensure that all mothers and fathers have information about, and access to, the meetings.

Monitoring and reviewing

- So that our policies and procedures remain effective, we monitor and review them annually to ensure our strategies meet our overall aims to promote equality, inclusion and to value diversity.
- We provide a complaints procedure and a complaints summary record for parents to see.

Public Sector Equality Duty

- We have regard to the Duty to eliminate discrimination, promote equality of opportunity, foster good relations between people who share a protected characteristic and those who do not.

Legal framework

The Equality Act (2010)

Children Act (1989) & (2004)

Children and Families Act (2014)

Special Educational Needs and Disabilities Code of Practice (2014)

This policy was adopted by	St Chad's Pre-School	<i>(name of provider)</i>
On	13 th February 2017	<i>(date)</i>
Date to be reviewed	February 2018	<i>(date)</i>
Signed on behalf of the provider		
Name of signatory	Amy Newhouse-Smith	
Role of signatory (e.g. chair, director or owner)	Chair	

Other useful Pre-school Learning Alliance publications

- Guide to the Equality Act and Good Practice (2015)
- SEND Code of Practice 2014 for the Early Years (2014)
- Where's Dad? (2009)

9.2 Supporting children with special educational needs

Safeguarding and Welfare Requirement: Equal Opportunities. Providers must have and implement a policy, and procedures, to promote equality of opportunity for children in their care, including support for children with special educational needs or disabilities.

Policy statement

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

- We have regard for the Special Educational Needs and Disability Code of Practice (2014).
- We have in place a clear approach for identifying, responding to, and meeting children's SEN¹.
- We support and involve parents (and where relevant children), actively listening to, and acting on their wishes and concerns.
- We work in partnership with the local authority and other external agencies to ensure the best outcomes for children with SEN and their families.
- We regularly monitor and review our policy, practice and provision and, if necessary, make adjustments.

Procedures

- We designate a member of staff to be the Special Educational Needs Co-ordinator (SENCO) and give his/her name to parents. Our SENCO is:
Claire Wilson
- The SENCO works closely with our manager and other colleagues and has responsibility for the day-to-day operation of our Supporting Children with Special Educational Needs Policy and for co-ordinating provision for children with SEN.
- We ensure that the provision for children with SEN is the responsibility of all members of the setting.
- We ensure that our inclusive admissions practice ensures equality of access and opportunity.
- We provide a broad, balanced and differentiated curriculum for all children.
- We apply SEN support to ensure early identification of children with SEN.
- We use the graduated approach system (assess, plan, do and review) applied in increasing detail and frequency to ensure that children progress.
- We ensure that parents are involved at all stages of the assessment, planning, provision and review of

¹ This includes disabled children with special educational needs

their children's special education including all decision making processes

- We where appropriate, take into account children's views and wishes in decisions being made about them, relevant to their level understanding.
- We provide parents with information on local sources of support and advice e.g. Local Offer, Information, Advice and Support Service.
- We liaise and work with other external agencies to help improve outcomes for children with SEN.
- We have systems in place for referring children for further assessment e.g. Common Assessment Framework/Early Help Assessment and Education, Health and Care (EHC) assessment.
- We provide resources (human and financial) to implement our Supporting Children with Special Educational Needs Policy.
- We ensure that all our staff are aware of our Supporting Children with Special Educational Needs Policy and the procedures for identifying, assessing and making provision for children with SEN. We provide in-service training for parents and volunteers.
- We raise awareness of our special education provision via our website and or promotional materials.
- We ensure the effectiveness of our special educational needs provision by collecting information from a range of sources e.g. action plan reviews parental and external agency's views, inspections and complaints. This information is collated, evaluated and reviewed annually.
- We provide a complaints procedure.
- We monitor and review our policy annually.

Further guidance

- Early Years Foundation Stage Statutory Framework (DfE 2014)
- Working Together to Safeguard Children (DfE 2015)
- Special Educational Needs and Disability Code of Practice (DfE & DoH 2014)

This policy was adopted by	St Chad's Pre-School	<i>(name of provider)</i>
On	13 th February 2017	<i>(date)</i>
Date to be reviewed	February 2018	<i>(date)</i>
Signed on behalf of the provider	<hr/>	
Name of signatory	Amy Newhouse-Smith	
Role of signatory (e.g. chair, director or owner)	Chair	

Other useful Pre-school Learning Alliance publications

- Guide to the Equality Act and Good Practice (2010)
- SEND Code of Practice for the Early Years (2014)