

# KINDERGARTEN CRICKETS PRESCHOOL'S POLICIES AND PROCEDURES

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## Safeguarding children

### 1.1 Children's rights and entitlements

#### Policy statement

- We promote children's right to be *strong, resilient and listened to* by creating an environment in our setting that encourages children to develop a positive self image, which includes their heritage arising from their colour and ethnicity, their languages spoken at home, their religious beliefs, cultural traditions and home background.
- We promote children's right to be *strong, resilient and listened to* by encouraging children to develop a sense of autonomy and independence.
- We promote children's right to be *strong, resilient and listened to* by enabling children to have the self-confidence and the vocabulary to resist inappropriate approaches.
- We help children to establish and sustain satisfying relationships within their families, with peers, and with other adults.
- We work with parents to build their understanding of, and commitment to, the principles of safeguarding all our children.

What it means to promote children's rights and entitlements to be '*strong, resilient and listened to*'.

To be **strong** means to be:

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

To be **resilient** means to:

- **be sure** of their self worth and dignity;
- be able to be **assertive** and state their needs effectively;
- be able to **overcome** difficulties and problems;
- **be positive** in their outlook on life;
- be able to **cope** with challenge and change;
- have a **sense of justice** towards self and others;
- to develop a **sense of responsibility** towards self and others; and
- to be able to **represent** themselves and others in key decision making processes.

To be **listened to** means:

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

## 1.2 Safeguarding children and child protection

(Including managing allegations of abuse against a member of staff)

### Policy statement

Our setting will work with children, parents and the community to ensure the rights and safety of children and to give them the very best start in life. Our safeguarding policy is based on the three key commitments which are in the Safeguarding Children Policy.

### Procedures

We carry out the following procedures to ensure we meet the three key commitments of the safeguarding children policy.

#### *Key commitment 1*

We are committed to building a 'culture of safety' in which children are protected from abuse and harm in all areas of its service delivery.

### *Staff and volunteers*

- Our designated person (a member of staff) who co-ordinates child protection issues is:  
**Zoe Joakim-Charalambous**
- Our designated officer who oversees this work is: **Maria Joakim and Elena Christou**
- We ensure all staff are made aware of our safeguarding policies and procedures and parents are know they are available to view online or on the premises at any time.
- We provide adequate and appropriate staffing resources to meet the needs of children.
- Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.
- Candidates are informed of the need to carry out 'enhanced disclosure' checks with the Criminal Records Bureau before posts can be confirmed.
- Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information.
- We abide by Ofsted requirements in respect of references and Criminal Record Bureau checks for staff and volunteers, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.
- Volunteers do not work unsupervised.
- We abide by the Protection of Vulnerable Groups Act requirements in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have lead to dismissal for reasons of child protection concern.
- We have procedures for recording the details of visitors to the setting.
- We take security steps to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.

### *Key commitment 2*

We are committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in 'What to do if you're worried a child is being abused' (HMG 2006).

### *Responding to suspicions of abuse*

- We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.

- When children are suffering from physical, sexual or emotional abuse, or may be experiencing neglect, this may be demonstrated through the things they say (direct or indirect disclosure) or through changes in their appearance, their behaviour, or their play.
- Where such evidence is apparent, the child's key person makes a dated record of the details of the concern and discusses what to do with the setting leader or manager who is acting as the 'designated person'. The information is stored on the child's personal file.
- We refer concerns to the local authority children's social care department and co-operate fully in any subsequent investigation.

NB In some cases this may mean the police or another agency identified by the Local Safeguarding Children's Board.

- We take care not to influence the outcome either through the way we speak to children or by asking questions of children.
- We use social service detailed referral forms for reporting, when making a referral to children's social care or other appropriate agencies.

#### *Recording suspicions of abuse and disclosures*

- Where a child makes comments to a member of staff that gives cause for concern (disclosure),
- observes signs or signals that gives cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect that member of staff:
  - listens to the child, offers reassurance and gives assurance that she or he will take action;
  - does not question the child;
  - makes a written record that forms an objective record of the observation or disclosure that includes:
    - the date and time of the observation or the disclosure;
    - the exact words spoken by the child as far as possible;
    - the name of the person to whom the concern was reported, with date and time; and
    - the names of any other person present at the time.
  - These records are signed and dated and kept in the child's personal file which is kept securely and confidentially.

#### *Making a referral to the local authority social care team*

- Observations are made prior to referral.
- If there are concerns we will contact the social care team, if the social care team feel we have enough information they will then send us there referral form.
- Social services will send us a referral form, which we will then send with copies of observations made.



- We follow the guidance of the Local Safeguarding Children Board when responding to any complaint that a member of staff, or volunteer within the setting, or anyone living or working on the premises occupied by the setting, has abused a child.
- We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting or anyone living or working on the premises occupied by the setting, may have taken, or is taking place, by first recording the details of any such alleged incident.
- We refer any such complaint immediately to the local authority's social care department to investigate. We also report any such alleged incident to Ofsted and what measures we have taken. We are aware that it is an offence not to do this.
- We co-operate entirely with any investigation carried out by children's social care in conjunction with the police.
- Where the management and children's social care agree it is appropriate in the circumstances, the manager will suspend the member of staff on full pay, or the volunteer, for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place, but is to protect the staff as well as children and families throughout the process.

#### *Disciplinary action*

- Where a member of staff or a volunteer is dismissed from the setting because of misconduct relating to a child, we notify the Independent Barring Board administrators so that the name may be included on the Protection of Children.

#### *Key commitment 3*

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

#### *Training*

- We seek out training opportunities for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse and neglect and that they are aware of the local authority guidelines for making referrals.
- We ensure that all staff know the procedures for reporting and recording their concerns in the setting.

#### *Planning*

- The layout of the room allows for constant supervision. No child is left alone with staff or volunteers in a one-to-one situation without being visible to others.

### *Curriculum*

- We introduce key elements of keeping children safe into our programme to promote the personal, social and emotional development of all children, so that they may grow to be *strong, resilient and listened to* and that they develop an understanding of why and how to keep safe.
- We create within the setting a culture of value and respect for the individual, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background.
- We ensure that this is carried out in a way that is developmentally appropriate for the children.

### *Confidentiality*

- All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Local Safeguarding Children Board.

### *Support to families*

- We believe in building trusting and supportive relationships with families, staff and volunteers in the group.
- We make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, providing information, monitoring of the child, and liaising at all times with the local children's social care team.
- We will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
- We follow the Child Protection Plan as set by the child's social care worker in relation to the setting's designated role and tasks in supporting that child and their family, subsequent to any investigation.
- Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child in accordance with the Confidentiality and Client Access to Records procedure and only if appropriate under the guidance of the Local Safeguarding Children Board

## **1.3 Looked after children**

### **Policy statement**

Early years settings are committed to providing quality provision based on equality of opportunity for all children and their families. All staff are committed to doing all they can to enable 'looked after' children in their care to achieve and reach their full potential.

Definition of 'Looked after Children' (LAC): *Children and young people become 'looked after' if they have either been taken into care by the local authority, or have been accommodated by the local authority (a voluntary care arrangement). Most LAC will be living in foster homes, but a smaller number may be in a children's home, living with a relative or even placed back home with their natural parent(s).*

We recognise that children who are being looked after have often experienced traumatic situations; physical, emotional or sexual abuse or neglect. However, we also recognise that not all looked after children have experienced abuse and that there are a range of reasons for children to be taken in to the care of the local authority. Whatever the reason, a child's separation from their home and family signifies a disruption in their lives that has impact on their emotional well-being.

In our setting, we place emphasis on promoting *children's right to be strong, resilient and listened to*. Our policy and practice guidelines for looked after children are based on these two important concepts, *attachment and resilience*. The basis of this is to promote secure attachments in children's lives as the basis for resilience. These aspects of well-being underpin the child's responsiveness to learning and are the basis in developing positive dispositions *for learning*. For young children to get the most out of educational opportunities they need to be settled enough with their carer to be able to cope with further separation, a new environment and new expectations made upon them.

### *Principles*

- The term 'looked after child' denotes a child's current legal status; this term is never used to categorise a child as standing out from others. We do not refer to such a child using acronyms such as LAC.
- Where a child who normally attends our setting is taken into care and is cared for by a local foster carer we will continue to offer the placement for the child.

### *Procedures*

- The designated person for looked after children is the designated child protection co-ordinator (**Zoe**)
- Every child is allocated a key person and this is no different for a looked after child. The designated person ensures the key person has the information, support and training necessary to meet the looked after child's needs.
- The designated person and the key person liaise with agencies, professionals and a practitioner involved with the child and his or her family and ensures appropriate information is gained and shared.
- The setting recognises the role of the local authority social care department as the child's 'corporate parent' and the key agency in determining what takes place with the child. Nothing changes, especially with regard to the birth parent's or foster carer's role in relation to the setting without prior discussion and agreement with the child's social worker.
- At the start of a placement there is a professionals meeting that will determine the objectives of the placement and draw up a care plan that incorporates and the child's learning needs. This plan is reviewed after two weeks, six weeks and three months. Thereafter at three to six monthly intervals.
- The care plan needs to consider such issues for the child as:

- the child's emotional needs and how they are to be met;
- how any emotional issues and problems that affect behaviour are to be managed;
- the child's sense of self, culture, language/s and identity - how this is to be supported;
- the child's need for sociability and friendship;
- the child's interests and abilities and possible learning journey pathway;
- how any special needs will be supported.

In addition the care plan will also consider:

- How information will be shared with the foster carer and local authority (as the 'corporate parent') as well as what information is shared with whom and how it will be recorded and stored;
- What contact the child has with his/her birth parent(s) and what arrangements will be in place for supervised contact. If this is to be the setting, when, where and what form the contact will take will be discussed and agreed;
- What written reporting is required, wherever possible, and where the plan is for the child's return home, the birth parent(s) should be involved in planning; and
- With the social worker's agreement, and as part of the plan, the birth parent(s) should be involved in the setting's activities that include parents, such as outings, fun-days etc alongside the foster carer.
- The settling-in process for the child is agreed. It should be the same as for any other child, with the foster carer taking the place of the parent, unless otherwise agreed. It is even more important that the 'proximity' stage is followed until it is visible that the child has formed a relationship with his or her key person sufficient to act as a 'secure base' to allow the gradual separation from the foster carer. This process may take longer in some cases, so time needs to be allowed for it to take place without causing further distress or anxiety to the child.
- In the first two weeks after settling-in, the child's well-being is the focus of observation, their sociability and their ability to manage their feelings with or without support.
- Further observations about communication, interests and abilities will be noted to firm a picture of the whole child in relation to the Early Years Foundation Stage 6 areas of learning.
- Concerns about the child will be noted in the child's file and discussed with the foster carer.
- If the concerns are about the foster carer's treatment of the child, or if abuse is suspected, these are recorded in the child's file and reported to the child's social care worker according to the setting's safeguarding children procedure.
- Regular contact should be maintained with the social worker through planned meetings that will include the foster carer.
- Transition to school will be handled sensitively and the designated person and or the child's key person will liaise with the school, passing on relevant information and documentation with the agreement of the looked after child's birth parents.

## 1.4 Confidentiality and client access to records

### Policy statement

Definition: *'Confidential information is information of some sensitivity, which is not already lawfully in the public domain or readily available from another public source, and which has been shared in a relationship where the person giving the information understood it would not be shared with others.'*  
(Information Sharing: Practitioners' Guide)

In our setting, staff and managers can be said to have a 'confidential relationship' with families. It is our intention to respect the privacy of children and their parents and carers, while ensuring that they access high quality early years care and education in our setting. We aim to ensure that all parents and carers can share their information in the confidence that it will only be used to enhance the welfare of their children. There are record keeping systems in place that meet legal requirements; means of storing and sharing that information take place within the framework of the Data Protection Act and the Human Rights Act.

### Confidentiality procedures

- We always check whether parents regard the information they share with us to be regarded as confidential or not.
- Some parents sometimes share information about themselves with other parents as well as staff; the setting cannot be held responsible if information is shared beyond those parents whom the person has 'confided' in.
- Information shared between parents in a discussion or training group is usually bound by a shared agreement that the information is confidential to the group and not discussed outside of it.
- We inform parents when we need to record confidential information beyond the general personal information we keep (see our record keeping procedures) - for example with regard to any injuries, concerns or changes in relation to the child or the family, any discussions with parents on sensitive matters, any records we are obliged to keep regarding action taken in respect of child protection and any contact and correspondence with external agencies in relation to their child.
- We keep all records securely (see our record keeping procedures).

### *Client access to records procedures*

Parents may request access to any confidential records held on their child and family following the procedure below:

- Any request to see the child's personal file by a parent or person with parental responsibility must be made in writing to the setting leader or manager.
- The manager sends a written acknowledgement.
- The setting commits to providing access within 14 days, although this may be extended.
- The manager prepares the file for viewing.
- All third parties are written to, stating that a request for disclosure has been received and asking for their permission to disclose to the person requesting it. Copies of these letters are retained on file.
- 'Third parties' include all family members who may be referred to in the records.
- It also includes workers from any other agency, including social services, the health authority, etc. It is usual for agencies to refuse consent to disclose, preferring the individual to go directly to them.
- When all the consents/refusals to disclose have been received these are attached to the copy of the request letter.
- A photocopy of the complete file is taken.
- The manager goes through the file and removes any information which a third party has refused consent to disclose. This is best done with a thick black marker, to score through every reference to the third party and information they have added to the file.
- What remains is the information recorded by the setting, detailing the work initiated and followed by them in relation to confidential matters. This is called the 'clean copy'.
- The 'clean copy' is photocopied for the parents who are then invited in to discuss the contents. The file should never be given straight over, but should be gone through by the manager, so that it can be explained.
- Legal advice may be sought before sharing a file, especially where the parent has possible grounds for litigation against the setting or another (third party) agency.

All the undertakings above are subject to the paramount commitment of the setting, which is to the safety and well-being of the child. Please see also our policy on child protection.

## 1.5 Information sharing

### Policy statement

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

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

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

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

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

### Procedures

Our procedure is based on the *6 points for Good Practice* as set out in *Information Sharing: Practitioners' Guide (HMG 2006)*

1. Explain to families how, when and why information will be shared about them and with whom. That consent is normally obtained, unless it puts the child at risk or undermines a criminal investigation
  - We ensure parents are able to view/receive a copy of our information sharing policy when starting their child in the preschool.
2. Consider the safety and welfare of the child when making a decision about sharing information - if there are concerns regarding 'significant harm' the child's well being and safety is paramount.
  - We record concerns and discuss these with the setting's *designated person*.
  - Record decisions made and the reasons why information will be shared and to whom.
  - We follow the procedures for reporting concerns and record keeping.
3. Respect the wishes of children and parents not to consent to share confidential information. However, in the interests of the child, we are able to judge when it is reasonable to override their wish.

- Guidelines for consent are part of this procedure.
  - Managers are conversant with this and are able to advise staff accordingly.
4. Seek advice when there are doubts about possible significant harm to a child or others.
    - Managers contact children's social care for advice where they have doubts or are unsure.
  5. Information shared should be accurate and up-to-date, necessary for the purpose it is being shared for and shared only with those who need to know and shared securely.
    - Our Safeguarding Children and Child Protection procedure and record keeping procedures set out how and where information should be recorded and what information should be shared with another agency when making a referral.
  6. Reasons for decisions to share information, or not, are recorded.
    - Provision for this is set out in our record keeping procedure

### *Consent*

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

- Our policies and procedures set out our responsibility regarding gaining consent to share information and when it may not be sought or overridden.
- Parents are asked to give written consent to share information about any additional needs their child may have, or to pass on child development summaries to the next provider/school.
- We consider the following questions:
  - Is there legitimate purpose to sharing the information?
  - Does the information enable the person to be identified?
  - Is the information confidential?
  - If the information is confidential, do you have consent to share?
  - Is there a statutory duty or court order to share information?
  - If consent is refused, or there are good reasons not to seek consent, is there sufficient public interest to share information?
  - If the decision is to share, are you sharing the right information in the right way?
  - Have you properly recorded your decision?

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

## 1.6 Uncollected child

### Policy statement

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

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

### Procedures

- Parents of children starting at the setting are asked to provide the following specific information which is recorded on our

### Registration Form:

- Home address and telephone number - if the parents do not have a telephone, an alternative number must be given, perhaps a neighbour or close relative.
- Place of work, address and telephone number (if applicable).
- Mobile telephone number (if applicable).
- Names, addresses, telephone numbers of adults who are authorised by the parents to collect their child from the setting, for example a childminder or grandparent.
- Who has parental responsibility for the child.
- Information about any person who does not have legal access to the child.
- On occasions when parents are aware that they will not be at home or in their usual place of work, they inform us in writing of how they can be contacted.
- On occasions when parents or the persons normally authorised to collect the child are not able to collect the child, they provide us with written details of the name, address and telephone number of the person who will be collecting their child. We agree with parents how to verify the identity of the person who is to collect their child. (password)
- Parents are informed that if they are not able to collect the child as planned, they must inform us so that we can begin to take back-up measures. We provide parents with our contact telephone number.
- We inform parents that we apply our child protection procedures as set out in our child protection policy in the event that their children are not collected from setting by an authorised adult within one hour after the setting has closed and the staff can no longer supervise the child on our premises.

- If a child is not collected at the end of the session/day, we follow the following procedures:
  - The child's file is checked for any information about changes to the normal collection routines.
  - If no information is available, parents/carers are contacted at home or at work.
  - If this is unsuccessful, the adults who are authorised by the parents to collect their child from the setting - and whose telephone numbers are recorded on the Registration Form - are contacted.
  - All reasonable attempts are made to contact the parents or nominated carers.
  - The child does not leave the premises with anyone other than those named on the Registration Form or in their file.
  - If no-one collects the child after one hour and there is no-one who can be contacted to collect the child, we apply the procedures for uncollected children.
  - **We contact our local authority children's social services care team:**  
**0208 379 2574** **(telephone number)**
- The child stays at setting in the care of two fully-vetted workers until the child is safely collected either by the parents or by a social care worker.
- Social Care will aim to find the parent or relative if they are unable to do so, the child will become looked after by the local authority.
- Under no circumstances do staff go to look for the parent, nor do they take the child home with them.
- A full written report of the incident is recorded in the child's file.
- Depending on circumstances, we reserve the right to charge parents for the additional hours worked by our staff.
- **Ofsted may be informed: telephone number 0300 123 1231**

## 1.7 Missing child

### Policy statement

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

## Procedures

### *Child going missing on the premises*

- As soon as it is noticed that a child is missing the key person/staff alerts the manager.
- The manager will carry out a thorough search of the building and garden.
- The register is checked to make sure no other child has also gone astray.
- Doors and gates are checked to see if there has been a breach of security whereby a child could wander out.
- If the child is not found, the parent is contacted and the missing child is reported to the police.
- The manager talks to the staff to find out when and where the child was last seen and records this.
- The manager reports the incident.

### *Child going missing on an outing*

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

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

- As soon as it is noticed that a child is missing, staff on the outing ask children to stand with their designated person and carry out a headcount to ensure that no other child has gone astray. One staff member searches the immediate vicinity but does not search beyond that.
- The manager is contacted immediately and the incident is reported.
- The manager contacts the police and reports the child as missing.
- The manager contacts the parent, who makes their way to the setting or outing venue as agreed with the manager. The setting is advised as the best place, as by the time the parent arrives, the child may have been returned to the setting.
- Staff take the remaining children back to the setting.
- In an indoor venue, the staffs contact the venue's security who will handle the search and contact the police if the child is not found.
- The manager, or designated staff member may be advised by the police to stay at the venue until they arrive.

### *The investigation*

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

### *Managing people*

- Missing child incidents are very worrying for all concerned. Part of managing the incident is to try to keep everyone as calm as possible.
- The staff will feel worried about the child, especially the key person or the designated carer responsible for the safety of that child for the outing. They may blame themselves and their feelings of anxiety and distress will rise as the length of time the child is missing increases.
- Staff may be the understandable target of parental anger and they may be afraid. The manager needs to ensure that staff under investigation are not only fairly treated but receive support while feeling vulnerable.
- The parents will feel angry, and fraught. They may want to blame staff and may single out one staff member over others; they may direct their anger at the manager. When dealing with a distraught and angry parent, there should always be two members of staff, one of whom

- deputy manager and the other should be the manager/owner. No matter how understandable the parent's anger may be, aggression or threats against staff are not tolerated, and the police should be called.
- The other children are also sensitive to what is going on around them. They too may be worried. The remaining staff caring for them need to be focused on their needs and must not discuss the incident in front of them. They should answer children's questions honestly but also reassure them.
- In accordance with the severity of the final outcome, staff may need counselling and support. If a child is not found, or is injured, or worse, this will be a very difficult time. The proprietor will use their discretion to decide what action to take.
- Staff must not discuss any missing child incident with the press without taking advice.

## 1.8 Supervision of children on outings and visits

### Policy statement

Children benefit from being taken out of the setting to go on visits or trips to local parks or other suitable venues for activities which enhance their learning experiences. Some settings do not have direct access to outdoor provision on their premises and will need to take children out daily. Staff in our setting ensure that there are procedures to keep children safe on outings; all staff and volunteers are aware of and follow the procedures below.

### Procedures

- Parents sign a general consent on registration for their children to be taken out as a part of the daily activities of the setting.
- There is a risk assessment for each venue carried out, which is reviewed regularly.
- A risk assessment is carried out before an outing takes place.
- All venue 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 type of venue as well as how it is to be reached.
- Named children are assigned to individual staff to ensure each child is individually supervised, to ensure no child goes astray, and that there is no unauthorised access to children.
- Outings are recorded in an outings record book kept in the setting stating:
  - The date and time of outing.
  - The venue
  - Names of staff assigned to named children.
  - Time of return.

- Staff take a mobile phone on outings, and supplies of tissues, wipes, pants etc as well as a mini first aid pack, snacks and water. 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.
- Staff take a list of children with them with contact numbers of parents/carers.
- A minimum of two staff should accompany children on outings and a minimum of two should remain behind with the rest of the children.

## 1.9 Maintaining children's safety and security on 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 has been checked for criminal records by an enhanced disclosure from the Criminal Records Bureau.
- Adults do not normally supervise children on their own.
- 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 assessment 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.

## 1.10 Making a complaint

### Policy statement

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

that most concerns will be resolved quickly by an informal approach to the appropriate member of staff. If this does not achieve the desired result, we have a set of procedures for dealing with concerns. We aim to bring all concerns about the running of our setting to a satisfactory conclusion for all of the parties involved.

### Procedures

All settings are required to keep a 'summary log' of all complaints that reach stage two or beyond. This is to be made available to parents as well as to Ofsted inspectors.

#### *Making a complaint*

### Stage 1

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

### Stage 2

If this does not have a satisfactory outcome, or if the problem recurs, the parent moves to this stage of the procedure

- by putting the concerns or complaint in writing to the setting manager
- For parents who are not comfortable with making written complaints, there is a template form for recording complaints in the above-mentioned publication; the form may be completed with the person in charge and signed by the parent.
- The setting stores written complaints from parents in the child's personal file. However, if the complaint involves a detailed investigation, the setting leader may wish to store all information relating to the investigation in a separate file designated for this complaint.
- When the investigation into the complaint is completed, the setting leader or manager meets with the parent to discuss the outcome.
- Parents must be informed of the outcome of the investigation within 28 days of making the complaint.
- When the complaint is resolved at this stage, the summative points are logged in the Complaints Summary Record.

### Stage 3

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

### Stage 4

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

### Stage 5

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

*The role of the Office for Standards in Education, Early Years Directorate (Ofsted) and the Local Safeguarding Children Board*

- Parents may approach Ofsted directly at any stage of this complaints procedure. In addition, where there seems to be a possible breach of the setting's registration requirements, it is

- essential to involve Ofsted as the registering and inspection body with a duty to ensure the Welfare Requirements of the Early Years Foundation Stage are adhered to.
- The address and telephone number to contact Ofsted with regard to a complaint is:

OFSTED

PICCADILLY GATE,

STORE STREET,

MANCHESTER

M1 2WD

TELEPHONE NUMBER: 0300 123 1231

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- These details are displayed on our setting's notice board.
- If a child appears to be at risk, our setting follows the procedures of the Local Safeguarding Children Board in our local authority.
- In these cases, both the parent and setting are informed and the setting leader works with Ofsted or the Local Safeguarding Children Board to ensure a proper investigation of the complaint, followed by appropriate action.

#### *Records*

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

**Devised by Maria Joakim**

**Revised on 3.11.2011 by Maria Joakim and Elena Christou**

## Equality of opportunity

### 1.11 Valuing diversity and promoting equality

#### Policy statement

This equal opportunity policy has recently been updated in order to develop the dedicated grievance procedure which now complies with new legislations.

It is against the law to discriminate against anyone on the grounds of race, colour, nationality, ethnic origin, gender, marital status, disability, religion, age or sexual orientation.

We will ensure that our service is fully inclusive in meeting the needs of all children, particularly those that arise from their ethnic heritage, social and economic background, gender, ability, or disability. Our setting is committed to anti-discriminatory practice to promote equality of opportunity and valuing diversity for all children and families. We aim to:

- provide a secure and accessible environment in which all our children can flourish and in which all contributions are considered and valued;
- include and value the contribution of all families to our understanding of equality and diversity;
- provide positive non-stereotyping information about gender roles, diverse ethnic and cultural groups and disabled people;
- improve our knowledge and understanding of issues of anti-discriminatory practice, promoting equality and valuing diversity; and
- make inclusion a thread that runs through all of the activities of the setting.

#### Procedures

##### Admissions

Our setting is open to all members of the community.

We advertise our service widely.

- We reflect the diversity of our society in our publicity and promotional materials.
- We provide information in clear, concise language, whether in spoken or written form.
- We provide information in as many languages as possible.
- We base our admissions policy on a fair system.
- We ensure that all parents are made aware of our equal opportunities policy.
- We do not discriminate against a child or their family, or prevent entry to our setting, on the basis of colour, ethnicity, religion or social background.
- We do not discriminate against a child with a disability or refuse a child entry to our setting for reason relating to disability.
- We ensure wherever possible that we have a balanced intake of boys and girls in the setting.
- We develop an action plan to ensure that people with disabilities can participate successfully in the services offered by the setting and in the curriculum offered.

- We take action against any discriminatory behaviour by staff or parents. Displaying of openly discriminatory and possibly offensive materials, name calling, or threatening behaviour are unacceptable on or around the premises and will be dealt with in the strongest manner.

### Employment

Posts are advertised and all applicants are judged against explicit and fair criteria.

Applicants are welcome from all backgrounds and posts are open to all.

We consider applications based on relevant skills, experience and knowledge.

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 checks by the Criminal Records Bureau. This ensures fairness in the selection process.

All 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.

How inappropriate attitudes and practices will be addressed.

Whilst it is hoped and intended that most problems can be resolved in an informal basis, the grievance procedure exists so that causes of genuine concern can be dealt with equitably. Any employee who believes that they have been discriminated

against should raise the matter under the Grievance Procedure or by using the Open Door Policy where an employee can discuss any matter with a manager in complete confidence.

By having our grievance procedure in place we ensure that every opportunity is given to address any area or situation where discrimination is perceived to have been arisen.

If there is an allegation against a member of staff.. then it is asked that it should be in writing speak in confidence to the member of staff and get a statement keep it on record and if any reoccurrence then it would be reported. depending on severity of allegation it may be reported to ofsted. If it is a proven allegation then there is immediate dismissal pending investigation.

The registered person (Maria Joakim) must inform the parent who made the complaint of the outcome within 28 days of placing the complaint.

### Dealing with formal grievances

Where some form of formal action is needed, what action is reasonable or justified will depend on all the circumstances of the particular case. Employment tribunals will take the size and resources of an employer into account when deciding on relevant cases and it may sometimes not be practicable for all employers to take all of the steps set out in this Code. That said, whenever a disciplinary or grievance process is being followed it is important to deal with issues fairly. There are a number of elements to this:

- Employers and employees should raise and deal with issues promptly and should not unreasonably delay meetings, decisions or confirmation of those decisions.
- Employers and employees should act consistently.
- Employers should carry out any necessary investigations, to establish the facts of the case.
- Employers should inform employees of the basis of the problem and give them an opportunity to put their case in response before any decisions are made.
- Employers should allow employees to be accompanied at any formal disciplinary or grievance meeting.

Employers should allow an employee to appeal against any formal complaint.

## Training

We seek out training opportunities for staff and volunteers to enable them to develop anti-discriminatory and inclusive practices, which enable all children to flourish.

We ensure that staff are confident and fully trained in administering relevant medicines and performing invasive care procedures when these are required.

We review our practices to ensure that we are fully implementing our policy for promoting equality, valuing diversity and inclusion.

## Curriculum

The curriculum offered in the setting encourages children to develop positive attitudes about themselves as well as to people who are different from themselves. It encourages children to empathise with others and to begin to develop the skills of critical thinking.

Our environment is as accessible as possible for all visitors and service users. If access to the settings is found to treat disabled children or adults less favourably then we make reasonable adjustments to accommodate the needs of disabled children and adults. We do this by:

- making children feel valued and good about themselves;
- ensuring that children have equality of access to learning;
- undertaking an access audit to establish if the setting is accessible to all children;

Making adjustments to the environment and resources to accommodate a wide range of learning, physical and sensory impairments; making appropriate provision within the curriculum to ensure each child receives the widest possible opportunity to develop their skills and abilities

- positively reflecting the widest possible range of communities in the choice of resources;
- avoiding stereotypes or derogatory images in the selection of books or other visual materials;
- celebrating a wide range of festivals;
- creating an environment of mutual respect and tolerance;
- differentiating the curriculum to meet children's special educational needs;
- helping children to understand that discriminatory behaviour and remarks are hurtful and unacceptable;
- ensuring that the curriculum offered is inclusive of children with special educational needs and children with disabilities;
- ensuring that children learning English as an additional language have full access to the curriculum and are supported in their learning; and
- ensuring that children speaking languages other than English are supported in the maintenance and development of their home languages.
- 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 parents/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 ensure their full inclusion.
- We offer a flexible payment system for families of differing means and offer information regarding sources of financial support.

## Food

- We work in partnership with parents to ensure that the medical, cultural and dietary needs of children are met.
- 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.

### *Monitoring and reviewing*

- To ensure our policies and procedures remain effective we will monitor and review them annually to ensure our strategies meets the overall aims to promote equality, inclusion and valuing diversity.
- We provide a complaints procedure and a complaints summary record for parents to see.

### Legal framework

- The Equality Act 2006
- Disability Discrimination Act (DDA) 1995, 2005
- Race Relations Act 1976
- Race Relations Amendment Act 2000
- Sex Discrimination Act 1976,1986
- Children Act 1989, 2004
- Special Educational Needs and Disability Act 2001

## 1.12 Supporting children with special educational needs

### Policy statement

We provide an environment in which all children, including those with special educational needs, are supported to reach their full potential.

- We have regard for the Special Educational Needs Code of Practice (2001).
- We ensure our provision is inclusive to all children.
- We support all parents and children.
- We identify the specific needs for all the children with and meet those needs through a range of SEN strategies.
- We work in partnership with parents and other agencies in meeting individual children's needs.
- We 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 **ELENA CHRISTOU**
- We ensure that the provision for all children is the responsibility of all members of the setting.
- We ensure that our inclusive admissions practice ensures equality of access and opportunity.

- We use the graduated response system for identifying, assessing, and responding to children's special educational needs.
- We work closely with all parents of children to create and maintain a positive partnership.
- We ensure that parents are informed at all stages of the assessment, planning, provision and review of their children's education.
- We provide parents with information on sources of independent advice and support.
- We liaise with other professionals involved with children with special educational needs and their families.
- We provide a broad, balanced and differentiated curriculum for all children.
- We use a system of planning, implementing, monitoring, evaluating and reviewing individual educational plans (IEPs) for children with special educational needs.
- We ensure that children with special educational needs are appropriately involved, taking into account their levels of ability.
- We have systems in place for supporting children during Early Years Action, Early Years Action Plus, Statutory Assessment and the Statementing process.
- We use a system for keeping records of the assessment, planning, provision and review for children with special educational needs.
- We provide resources to implement our Special Educational Needs Policy.
- We ensure the effectiveness of our special educational needs provision by collecting information from a range of sources e.g. Individual Education Plan reviews, staff and management meetings, 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.

## 1.13 Achieving positive behaviour

### Policy statement

Our setting believes that children flourish best when their personal, social and emotional needs are met and where there are clear and developmentally appropriate expectations for their behaviour. Children need to learn to consider the views and feelings, needs and rights, of others and the impact that their behaviour has on people, places and objects. This is a developmental task that requires support, encouragement, teaching and setting the correct example. The principles that underpin how we achieve positive and considerate behaviour exist within the programme for promoting personal, social and emotional development.

## Procedures

*We have a named person who has overall responsibility for our programme for supporting personal, social and emotional development, including issues concerning behaviour. This is **Charlene Williams***

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

## Strategies with children who engage in inconsiderate behaviour

- We require all staff, volunteers and students to use positive strategies for handling any inconsiderate behaviour, by helping children find solutions in ways which are appropriate for the children's ages and stages of development. Such solutions might include, for example, acknowledgement of feelings, explanation as to what was not acceptable and supporting children to gain control of their feelings so that they can learn a more appropriate response.
- We ensure that there are enough popular toys and resources and sufficient activities available so that children are meaningfully occupied without the need for unnecessary conflict over sharing and waiting for turns.

- We acknowledge considerate behaviour such as kindness and willingness to share.
- We support each child in developing self-esteem, confidence and feelings of competence.
- We support each child in developing a sense of belonging in our group, so that they feel valued and welcome.
- We avoid creating situations in which children receive adult attention only in return for inconsiderate behaviour.
- When children behave in inconsiderate ways, we help them to understand the outcomes of their action and support them in learning how to cope more appropriately.
- We never send children out of the room by themselves, we use thinking time which is a time to reflect on their behaviour/actions and think about how they think the other child felt. They are then encouraged to say sorry.
- We never use physical punishment, such as smacking or shaking. Children are never threatened with these.
- We do not use techniques intended to single out and humiliate individual children.
- We use physical restraint, such as holding, only to prevent physical injury to children or adults and/or serious damage to property.
- Details of such an event (what happened, what action was taken and by whom, and the names of witnesses) are brought to the attention of our manager and are recorded and signed by the child's parent/carer on the same day.
- In cases of serious misbehaviour, such as racial or other abuse, we make clear immediately the unacceptability of the behaviour and attitudes, by means of explanations rather than personal blame.
- We do not shout or raise our voices in a threatening way to respond to children's inconsiderate behaviour.
- If tantrums, biting or fighting are frequent, we try to find out the underlying cause - such as a change or upheaval at home, or frequent change of carers. Sometimes a child has not settled in well and the behaviour may be the result of 'separation anxiety'.
- We focus on ensuring a child's attachment figure in the setting, their key person, is building a strong relationship to provide security to the child.

### Rough and tumble play, hurtful behaviour and bullying

Our procedure has been updated to provide additional focus on these kinds of inconsiderate behaviours.

### *Rough and tumble play and fantasy aggression*

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

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

### *Hurtful behaviour*

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

- We recognise that young children behave in hurtful ways towards others because they have not yet developed the means to manage intense feelings that sometimes overwhelm them.
- We will help them manage these feelings as they have neither the biological means nor the cognitive means to do this for themselves.
- We understand that self-management of intense emotions, especially of anger, happens when the brain has developed neurological systems to manage the physiological processes that take place when triggers activate responses of anger or fear.

- Therefore we help this process by offering support, calming the child who is angry as well as the one who has been hurt by the behaviour. By helping the child to return to a normal state, we are helping the brain to develop the physiological response system that will help the child be able to manage his or her own feelings.
- We do not engage in punitive responses to a young child's rage as that will have the opposite effect.
- Our way of responding to pre-verbal children is to calm them through holding and cuddling. Verbal children will also respond to cuddling to calm them down, but we offer them an explanation and discuss the incident with them to their level of understanding. Older children will be able to verbalise their feelings better, talking through themselves the feelings that motivated the behaviour.
- We help young children learn to empathise with others, understanding that they have feelings too and that their actions impact on others' feelings. "When you hit Adam, it hurt him and he didn't like that and it made him cry."
- We help young children develop pro-social behaviour, such as resolving conflict over who has the toy. "I can see you are feeling better now and Adam isn't crying any more. Let's see if we can be friends and find another car, so you can both play with one."
- We are aware that the same problem may happen over and over before skills such as sharing and turn-taking develop. In order for both the biological maturation and cognitive development to take place, children will need repeated experiences with problem solving, supported by patient adults and clear boundaries.
- We support social skills through modelling behaviour, through activities, drama and stories. We build self-esteem and confidence in children, recognising their emotional needs through close and committed relationships with them.
- We help a child to understand the effect that their hurtful behaviour has had on another child; we do not force children to say sorry, but encourage this where it is clear that they are genuinely sorry and wish to show this to the person they have hurt.
- When hurtful behaviour becomes problematic, we work with parents to identify the cause and find a solution together. The main reasons for very young children to engage in excessive hurtful behaviour are that:
  - they do not feel securely attached to someone who can interpret and meet their needs - this may be in the home and it may also be in the setting;

- their parent, or carer in the setting, does not have skills in responding appropriately, and consequently negative patterns are developing where hurtful behaviour is the only response the child has to express feelings of anger;
- the child may have insufficient language, or mastery of English, to express him or herself and may feel frustrated;
- the child is exposed to levels of aggressive behaviour at home and may be at risk emotionally, or may be experiencing child abuse;
- the child has a developmental condition that affects how they behave.
- Where this does not work, we use the Code of Practice to support the child and family, making the appropriate referrals to a Behaviour Support Team where necessary.

### **Bullying**

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

A child who is bullying has reached a stage of cognitive development where he or she is able to plan to carry out a premeditated intent to cause distress in another.

#### **If a child bullies another child or children:**

- we show the children who have been bullied that we are able to listen to their concerns and act upon them;
- we intervene to stop the child who is bullying from harming the other child or children;
- we explain to the child doing the bullying why her/his behaviour is not acceptable;
- we give reassurance to the child or children who have been bullied;
- we help the child who has done the bullying to recognise the impact of their actions;
- we make sure that children who bully receive positive feedback for considerate behaviour and are given opportunities to practise and reflect on considerate behaviour;
- we do not label children who bully as 'bullies';
- We recognise that children who bully may be experiencing bullying themselves, or be subject to abuse or other circumstance causing them to express their anger in negative ways towards others;
- we recognise that children who bully are often unable to empathise with others and for this reason we do not insist that they say sorry unless it is clear that they feel genuine remorse for what they have done. Empty apologies are just as hurtful to the bullied child as the original behaviour;

- we discuss what has happened with the parents of the child who did the bullying and work out with them a plan for handling the child's behaviour;
- we share what has happened with the parents of the child who has been bullied, explaining that the child who did the bullying is being helped to adopt more acceptable ways of behaving.

Devised by Maria Joakim

Revised on 3.11.2011 by Maria Joakim and Elena Christou

## Promoting health and hygiene

### 1.14 Animals in the setting

#### Policy Statement

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

#### Procedures

##### *Animals in the setting as pets*

- We carry out a risk assessment with a knowledgeable person accounting for any hygiene or safety risks posed by the animal or creature.
- Children are taught correct handling and care of the animal or creature and are supervised.
- Children wash their hands after handling the animal or creature and do not have contact with animal soil or soiled bedding.
- Staff 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 the 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 a risk assessment is carried out - this may take account of safety factors listed in the farm's own risk assessment which should be viewed.
- The outings procedure is followed.
- Children wash their hands after contact with animals.
- Outdoor footwear worn to visit farms are cleaned of mud and debris and should not be worn indoors.

## 1.15 Administering medicines

### 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.

In many cases, it is possible for children's GP's 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, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

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

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

### Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.

- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - full name of child and date of birth;
  - name of medication and strength;
  - who prescribed it;
  - dosage to be given in the setting;
  - how the medication should be stored and expiry date;
  - any possible side effects that may be expected should be noted; and
  - Signature, printed name of parent and date.

*Staff only administer medicines with consent from the parent each time this is recorded on an Individual administer medicines form, we record:*

*Child's name whom medicine was administered to,*

*Time/Date medicine administered to child,*

*Staff who administered medicine to child,*

*Name of medicine administered to child,*

*And parent/carers signature for consent.*

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

### *Storage of medicines*

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

*Our medicines are kept in our creative cupboard high up*

*Staff are informed of this during their induction, or as a new child needs special medication.*

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

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

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication.
  - This is the responsibility of the manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
  - Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
  - For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.

- The risk assessment includes vigorous activities and any other nursery 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 the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

### *Managing medicines on trips and outings*

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

## **1.16 Managing children with allergies, or who are sick or infectious**

(Including reporting notifiable diseases)

### **Policy statement**

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

## Procedures for children with allergies

- When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form.
- If a child has an allergy, a risk assessment form is completed to detail the following:
  - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
  - The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
  - Control measures - such as how the child can be prevented from contact with the allergen.
  - Review.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Parents train staff in how to administer special medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

### *Insurance requirements for children with allergies and disabilities*

- The insurance will automatically include children with any disability or allergy 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 your insurance provider must be obtained to extend the insurance.

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

### *Oral Medication*

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

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

- The group must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The group must have the parents or guardians prior written consent. This consent must be kept on file.
- It is not necessary to forward copy documents to your insurance provider.
- Life saving medication & invasive treatments - adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).
- The setting must have:
  - a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
  - written consent from the parent or guardian allowing staff to administer medication; and
  - proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.
- Copies of all three letters relating to these children must first be sent to the Insurance Department for appraisal.
  - Confirmation will then be issued in writing confirming that the insurance has been extended.

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

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.

#### Procedures for children who are sick or infectious

- If children appear unwell during the day - have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach - the manager calls the parents and asks them to collect the child, or send a known carer to collect on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- Temperature is taken using a 'fever scan' kept near to the first aid box.

- In extreme cases of emergency the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning them to nursery; the nursery can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from
- [www.patient.co.uk](http://www.patient.co.uk) and includes common childhood illnesses such as measles.

### *Reporting of 'notifiable diseases'*

- If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Health Protection Agency.
- When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.

### *HIV/AIDS/Hepatitis procedure*

- HIV virus, like other viruses such as Hepatitis, (A, B and C) are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.
- Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is rinsed and either bagged for parents to collect or laundered in the nursery.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with the clinical waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

### *Nits and head lice*

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

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

## Promoting health and hygiene

### 1.17 Nappy changing

#### 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 make necessary adjustments to our bathroom provision and hygiene practice 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

- If children are uncomfortable using our changing unit, then we have a changing mat that we can place on the floor.
- Key persons undertake changing young children in their key groups; back up key persons change them if the key person is absent.
- Changing areas are warm and there are safe areas to lay young children if they need to have their bottoms cleaned.
- Each young child has their own bag to hand with their nappies or 'pull ups' and changing wipes.
- Gloves and aprons are put on before changing starts and the areas are prepared. Paper towel is put down on the changing mat freshly for each child.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- In addition, key persons ensure that nappy changing is relaxed and a time to promote independence in young children.
- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- They should be encouraged 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.
- Anti-bacterial hand wash liquid or soap should not be used for young children.

- Key persons are gentle when changing; they avoid pulling faces and making negative comment about 'nappy contents'.
- Key persons do not make inappropriate comments about young children's genitals when changing their nappies
- Older children access the toilet when they have the need to and are encouraged to be independent.
- Nappies and 'pull ups' are disposed of hygienically. Any soil (faeces) in nappies or pull ups is flushed down the toilet and the nappy or pull up is bagged and put in the bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parent to take home.
- NB If young children are left in wet or soiled nappies/'pull ups' in the setting this may constitute neglect and will be a disciplinary matter. Settings have 'a duty of care' towards children's personal needs.

## 1.18 No-smoking

### Policy statement

We comply with health and safety regulations and the Welfare Requirements of the EYFS in making our setting a no-smoking environment - both indoor and outdoor.

### Procedures

- All staff, parents and volunteers are made aware of our no-smoking policy.
- We display no-smoking signs.
- 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 break and off the premises.
- Staff who smoke during their break make every effort to reduce the effect of the odour and lingering effects of passive smoking for children and colleagues.

## 1.19 Food and drink

### Policy statement

This setting regards snack and meal times as an important part of the setting's day. Eating represents a social time for children and adults and helps children to learn about healthy eating. At snack, we ask the children to bring in a fruit/vegetable of their choice . this goes along side our "tasting" fruit/veg per week.

## Procedures

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

- Before a child starts to attend the setting, we find out from parents their children's dietary needs and preferences, including any allergies. (See the Managing Children with Allergies policy.)
- We record information about each child's dietary needs in her/his registration record and parents sign the record 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.
- We display current information about individual children's dietary needs so that all staff and volunteers are fully informed about them.
- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences as well as their parents' wishes.
- We plan menus in advance, involving children and parents in the planning.
- We display snacks for the information of parents.
- We provide nutritious food for all snacks.
- We include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- We take care not to provide food containing nuts or nut products and are especially vigilant where we have a child who has a known allergy to nuts.
- Through discussion with parents and research reading by staff, we obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans.
- We take into account allergies in the provision of food and drinks.
- We require staff to show sensitivity in providing for children's diets and allergies. Staff do not use a child's diet or allergy as a label for the child or make a child feel singled out because of her/his diet or allergy.
- We organise snack times so that they are social occasions in which children and staff participate.
- We use 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 the setting.
- We give parents who provide food for their children information about suitable containers for food.
- In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.
- For children who drink milk, we provide semi skimmed pasteurised milk.

### *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;
- all foods, hot and cold to be prepared by parents and all hot food can be provided in a hot thermos flask.
- 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 diluted fresh fruit juice;
- discourage packed lunch contents that consist largely of crisps, processed foods, sweet drinks and sweet products such as cakes or biscuits. We reserve the right to return this food to the parent as a last resort;
- provide children, bringing packed lunches, with plates, cups and cutlery; and
- ensure staff sit with children to eat their lunch so that the mealtime is a social occasion.

## **1.20 First aid**

### **Policy statement**

In our setting staff are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least one member of staff with current first aid training is on the premises or on an outing at any one time. The first aid qualification includes first aid training for infants and young children.

### **Procedures**

#### *The First Aid Kit*

Our first aid kit complies with the Health and Safety (First Aid) Regulations 1981 and contains the following items only:

- Triangular bandages (ideally at least one should be sterile) - x 4.
- Sterile dressings:
  - a) Small (formerly Medium No 8) - x 3.
  - b) Medium (formerly Large No 9) - HSE 1 - x 3.
  - c) Large (formerly Extra Large No 3) - HSE 2 - x 3.
- Composite pack containing 20 assorted (individually-wrapped) plasters 1.
- Sterile eye pads (with bandage or attachment) eg No 16 dressing 2.
- Container or 6 safety pins 1.
- Guidance card as recommended by HSE 1.

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

- 2 pairs of disposable plastic (PVC or vinyl) gloves.
- 1 plastic disposable apron.
- a children's digital thermometer.
- The first aid box is easily accessible to adults and is kept out of the reach of children.
- No un-prescribed medication is given to children, parents or staff unless permission has been given in writing.
- At the time of admission to the setting, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.
- Parents sign a consent form at registration allowing staff to call 999 to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.

**Devised by Maria Joakim**

**Revised on 3.11.2011 by Maria Joakim and Elena Christou**

## Employment

### 2.1 Employment and staffing

(Including vetting, contingency plans, training and development)

## Policy Statement

We provide a staffing ratio in line with the 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 staffs are appropriately qualified and we carry out checks for criminal and other records through the Criminal Records Bureau in accordance with statutory requirements.

## Procedures

### *Ratios*

- To meet this aim we use the following ratios of adult to children:
  - children aged two years of age: 1 adult : 4 children; and
  - children aged three to five years of age: 1 adult : 8 children.
- A minimum of two staff/adults are on duty at any one time.
- We use a key person approach to ensure that each child has a named member of staff with whom to form a relationship and who 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.
- 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.

### *Vetting and staff selection*

- We work towards offering equality of opportunity by using non-discriminatory procedures for staff recruitment and selection.
- All staff have job descriptions which set out their staff 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 marital status, age, gender, culture, religious belief, ethnic origin or sexual orientation. Applicants will not be placed at a disadvantage by our imposing conditions or requirements that are not justifiable.
- We use Ofsted guidance on obtaining references and enhanced criminal record checks through the Criminal Records Bureau for staff and volunteers who will have unsupervised access to children. This is in accordance with requirements under the Safeguarding Vulnerable Groups Act 2006 for the vetting and barring scheme.
- We keep all records relating to employment of staff and volunteers, in particular those demonstrating that checks have been done, including the date and number of the enhanced CRB check.

### *Changes to staff*

- We inform Ofsted of any changes in the person responsible for our setting.

### *Training and staff development*

- Our setting leader and deputy hold the CACHE Level 3 Diploma in Pre-school Practice or an equivalent qualification and a minimum of half of our staff hold the CACHE Level 2 Certificate in Pre-school Practice or an equivalent or higher qualification.
- We provide regular in-service training to all staff - whether paid staff or volunteers - through external agencies.
- Our setting budget allocates resources to training.
- We provide staff induction training in the first week of employment. This induction includes our Health and Safety Policy and Safeguarding Children and Child Protection Policy. Other policies and procedures will be 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.

### *Managing staff absences and contingency plans for emergencies*

- In term time only settings, our staff take their holiday breaks when the setting is closed. Where staff may need to take time off for any reason other than sick leave or training, this is agreed with the manager with sufficient notice.
- Where 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 contract of employment.
- We have contingency plans to cover staff absences, as follows:

We always have an extra member of staff on a daily basis, just in case of staff absences.

We are also a member of an early years recruitment agency.

## **2.2 Induction of staff, volunteers, and managers**

### **Policy Statement**

We provide an induction for all staff, volunteers and managers 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 staff and volunteers, including management committee members.
  - Familiarising with the building, health and safety and fire procedures.
  - Ensuring our policies and procedures have been read and are carried out.
  - Introduction to parents, especially parents of allocated key children where appropriate.
  - Familiarising them with confidential information where applicable in relation to any key children.
  - Details of the tasks and daily routines to be completed.
- The induction period lasts two weeks. The manager inducts new staff and volunteers. The deputy manager 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.

## 2.3 Student placements

### Policy Statement

This setting recognises that qualifications and training make an important contribution to the quality of the care and education provided by early years settings. 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 Ofsted and have CRB checks carried out.
- We require schools placing students under the age of 17 years with the setting 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.
- Trainee staff employed by the setting may be included in the ratios if they are deemed competent.
- We take out employers' liability insurance and public liability insurance, which covers both trainees and voluntary helpers.
- We require students to keep to our confidentiality 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.

Devised by Maria Joakim

Revised on 3.11.2011 by Maria Joakim and Elena Christou

## Health and safety

### 3.1 Risk assessment

#### Policy statement

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

The basis of this policy is risk assessment and its process is as follows:

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

### Procedures

- Our risk assessment process covers adults and children and includes:
  - checking for and noting hazards and risks indoors and outside, and in our premises and for activities;
  - assessing the level of risk and who might be affected;
  - deciding which areas need attention; and
  - developing an action plan that specifies the action required, the time-scales for action, the person responsible for the action and any funding required.
- Where more than five staff and volunteers are employed the risk assessment is written and is reviewed regularly.
- We maintain lists of health and safety issues, which are checked daily before the session begins as well as those that are checked on a weekly and termly basis when a full risk assessment is carried out.

## Health and safety

### 3.2 Health and safety general standards

#### Policy statement

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

- We aim to make children, parents and staff 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 staffs responsible for health and safety is:

**Maria Joakim /Alexia O'Reilly**

- He/she is competent to carry out these responsibilities.
- He/she has undertaken health and safety training and regularly updates his/her knowledge and understanding.
- We display the necessary health and safety poster on our display boards

### *Insurance cover*

We have public liability insurance and employers' liability insurance. The certificate for public liability insurance is displayed on the wall of the school entrance.

### **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.
- Records are kept of these induction training sessions and new staff and volunteers are asked to sign the records to confirm that they have taken part.
- Health and safety issues are explained 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 staff meetings.
- We operate a no smoking policy.
- Children are made aware of health and safety issues through discussions, planned activities and routines.

#### *Safety of adults*

- Adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment.
- All warning signs are clear and in appropriate languages.
- Adults do not remain in the building on their own or leave on their own after dark.
- The sickness of staff and their involvement in accidents is recorded. The records are reviewed termly to identify any issues that need to be addressed.
- We keep all cleaning chemicals in their original containers.

#### *Windows*

- Windows above the ground floor are secured so that children cannot climb through them.

### *Doors*

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

### *Floors*

- All floor surfaces are checked daily to ensure they are clean and not uneven, wet or damaged.

### *Electrical/gas equipment*

- 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, electric sockets, wires and leads are properly guarded and the children are taught not to touch them.
- There are sufficient sockets to prevent overloading.
- The temperature of hot water is controlled to prevent scalds.
- Lighting and ventilation is adequate in all areas including storage areas.

### *Storage*

- All resources and materials from which children select are stored safely.
- All equipment and resources are stored or stacked safely to prevent them accidentally falling or collapsing.

### *Outdoor area*

- Our outdoor area is securely fenced.
- Our outdoor area is checked for safety and cleared of rubbish before it is used.
- Adults and children are alerted to the dangers of poisonous plants, herbicides and pesticides.
- Where water can form a pool on equipment, it is emptied before children start playing outside.
- Our outdoor sand pit is covered when not in use and is cleaned regularly.
- All outdoor activities are supervised at all times.

### *Hygiene*

- We regularly seek information from the Environmental Health Department and the Health Authority 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 hall, kitchen, , toilets and nappy changing areas.
- 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 the disposal of nappies.

- We implement good hygiene practices by:
  - cleaning tables between activities;
  - cleaning toilets regularly;
  - wearing protective clothing - such as aprons and disposable gloves - as appropriate;
  - providing sets of clean clothes;
  - providing tissues and wipes; and
  - ensuring individual use of and towels.

#### *Activities and resources*

- Before purchase or loan, equipment and resources are checked to ensure that they are safe for the ages and stages of the children currently attending the setting.
- The layout of play equipment allows adults and children to move safely and freely between activities.
- All equipment is regularly checked for cleanliness and safety and any dangerous items are repaired or discarded.
- All materials, including paint and glue, are non-toxic.
- Sand is clean and suitable for children's play.
- Physical play is constantly supervised.
- Children are taught to handle and store tools safely.
- Children who are sleeping are checked regularly.
- 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.

### **3.4 Fire safety and emergency evacuation**

#### **Policy Statement**

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

#### **Procedures**

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

- The manager has received training in fire safety sufficient to be competent to carry out risk assessment; this will be written where there are more than five staff. This will follow the guidance as set out in the *Fire Safety Risk Assessment - Educational Premises* document.
- Settings in rented premises will ensure that they have a copy of the fire safety risk assessment that applies to the building and that they contribute to regular reviews.
- Fire doors are clearly marked, never obstructed and easily opened from the inside.
- Smoke detectors/alarms and fire fighting appliances conform to BSEN standards, are fitted in appropriate high risk areas of the building and are checked as specified by the manufacturer.
- Our emergency evacuation procedures are approved by the Fire Safety Officer and are:
  - clearly displayed in the premises;
  - explained to new members of staff, volunteers and parents; and
  - practised regularly at least once every six weeks.
- Records are kept of fire drills and the servicing of fire safety equipment.

### *Emergency evacuation procedure*

Every setting is different and the evacuation procedure will be suitable for each setting. It must cover procedures for practice drills including:

- How children are familiar with the sound of the fire alarm.
- How the children staff and parents know where the fire exits are.
- How children are led from the building to the assembly point.
- How they will be accounted for and who by.
- How long it takes to get the children out safely.
- Who calls the emergency services and when in the event of a real fire.
- How parents are contacted.

### *The fire drill record book must contain:*

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

## **3.6 Recording and reporting of accidents and incidents**

(Including procedure for reporting to HSE, RIDDOR)

### Policy Statement

We follow the guidelines of the Reporting Injuries, Diseases and Dangerous Occurrences (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 safely and accessibly;
- is accessible to all staff and volunteers, who know how to complete it; and
- is reviewed at least half termly to identify any potential or actual hazards.

Ofsted is notified of any injury requiring treatment by a general practitioner or hospital doctor, or the death of a child or adult.

When there is any injury requiring general practitioner or hospital treatment to a child, parent, volunteer or visitor or where there is a death of a child or adult on the premises, we make a report to the Health and Safety Executive using the format for the Reporting of Injuries, Diseases and Dangerous Occurrences.

### *Dealing with incidents*

We meet our legal requirements for the safety of our employees by complying with RIDDOR (the Reporting of Injury, Disease and Dangerous Occurrences Regulations). We report to the Health and Safety Executive:

- any accident to a member of staff requiring treatment by a general practitioner or hospital; and
- any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident but could have done, such as a gas leak.
- Any dangerous occurrence is recorded in our incident book. See below.

### *Our incident book*

- Where we are responsible for the premises we have contact numbers for gas and electricity emergency services, carpenter and plumber. Where we rent premises we ensure we have access to the person responsible and that there is a shared procedure for dealing with emergencies.
- We keep an incident book for recording incidents including those that are reportable to the Health and Safety Executive as above.
- **These incidents include:**
  - break in, burglary, theft of personal or the setting's property;
  - an intruder gaining unauthorised access to the premises;
  - fire, flood, gas leak or electrical failure;

- attack on member of staff or parent on the premises or nearby;
  - any racist incident involving staff or family on the preschool premises;
  - death of a child
  - 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, should also be recorded.
  - In the unlikely event of a terrorist attack we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. Our standard Fire Safety Policy will be followed and staff will take charge of their key children. The incident is recorded when the threat is averted.
  - In the unlikely event of a child dying on the premises, 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.

### 3.7 Food hygiene

(Including procedure for reporting food poisoning)

#### Policy statement

In our setting we provide food for children on the following basis:

- Snacks.

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

#### Procedures

- All staff follow the guidelines of *Safer Food Better Business*.
- At least one person has an in-date Food Hygiene Certificate.
- 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.
- Food preparation areas are cleaned before use as well as after use.
- There are separate facilities for hand-washing and for washing up.
- All surfaces are clean and non-porous.

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

### *Reporting of food poisoning*

- Food poisoning can occur for a number of reasons; not all cases of sickness or diarrhoea are as a result of food poisoning and not all cases of sickness or diarrhoea are reportable.
- Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within the setting, the manager will contact the Environmental Health Department and the Health Protection Agency, to report the outbreak and will comply with any investigation.
- If the food poisoning is identified as a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988 the setting will report the matter to Ofsted.

**Devised by Maria Joakim**

**Revised on 3.11.2011 by Maria Joakim and Elena Christou**

## **Administration**

### **4.1 Admissions**

#### **Policy Statement**

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

#### **Procedures**

- We ensure that the existence of our setting is widely advertised in places accessible to all sections of the community.

- We ensure that information about our setting is accessible, in written and spoken form and, where appropriate, in more than one language. Where necessary, we will try to provide information in Braille, or through British Sign Language. We will provide translated written materials where language needs of families suggest this is required as well as access to an interpreter.
- We arrange our waiting list in order of who is first to put their child down on the list. In addition our policy may take into account the following:
  - siblings already attending the setting.
  - a child with special educational needs (senco)
- We keep a place vacant, if this is financially viable, to accommodate an emergency admission.
- We describe our setting and its practices in terms that make it clear that it welcomes both fathers and mothers, other relations and other carers, including childminders.
- We describe our setting and its practices in terms of how it treats each child and their family, having regard to their needs arising from their gender, special educational needs, disabilities, social background, religion, ethnicity or from English being a newly acquired additional language.
- We describe our setting and its practices in terms of how it enables children and/or parents with disabilities to take part in the life of the setting.
- We monitor the ethnic background of children joining the group to ensure that our intake is representative of social diversity.
- We make our Equal Opportunities Policy widely known.
- We are flexible about attendance patterns to accommodate the needs of individual children and families, providing these do not disrupt the pattern of continuity in the setting that provides stability for all the children.

#### 4.4 The role of the key person and settling-in

##### 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. Research shows that a key person approach benefits the child, the parents, the staff and the setting by providing secure relationships in which children thrive, parents have confidence, staffs are committed and the setting is a happy and dedicated place to attend or work in.

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

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

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

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

### Procedures

- Every child has a key person.
- In some settings where a home visit is carried out before the child starts, this is done by the manager and the key person.
- The key person is responsible for the induction of the family and for settling the child into our setting.
- The key person offers unconditional regard for the child and is non-judgemental.
- The key person works with the parent to plan and deliver a personalised plan for the child's well-being, care and learning.
- The key person acts as the key contact for the parents and has links with other carers involved with the child, such as a childminder, and co-ordinates the sharing of appropriate information about the child's development with those carers.
- A key person is responsible for developmental records and for sharing information on a regular basis with the child's parents to keep those records up-to-date, reflecting the full picture of the child in our setting and at home.
- The key person encourages positive relationships between children.
- We provide a back-up key person so the child and the parents have a key contact in the absence of the child's key person.
- We promote the role of the key person as the child's primary carer in our setting, and as the basis for establishing relationships with other staff and children.

### Settling-in

- Before a child starts to attend the setting, we use a variety of ways to provide his/her parents

- with information. These include written information (including our prospectus and policies).
- During the weeks before a child is enrolled, we provide opportunities for the child and his/her parents to visit the setting.
- We may offer a home visit by the person who will be the child's key person and a manager, to ensure all relevant information about the child can be made known.
- 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 stay for most of the session during the first week, gradually taking time away from their child, increasing this as and when the child is able to cope.
- Younger children may 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.
- Within the first four to six weeks of starting we discuss and work with the child's parents to start to create their child's record of achievements.

**Devised by Maria Joakim**

**Revised on 3.11.2011 by Maria Joakim and Elena Christou**

## Partnership

### 4.6 Parental involvement

#### Policy Statement

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

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

Some parents are less well represented in early years settings; these include fathers, parents who live apart from their children but who still play a part in their lives as well as working parents. In carrying out the following procedures, we will ensure all parents are included.

When we refer to 'parents' we mean both mothers and fathers; these include both natural or birth parents as well as step-parents and parents who do not live with their children, but have contact with them and play a part in their lives. 'Parents' also includes same sex parents as well as foster parents.

'Parental responsibility' is *all the rights, duties, powers and responsibilities and authority which by law a parent of a child has in relation to the child and his property.*

#### Procedures

- We have a means to ensure all parents are included - that may mean we have different strategies for involving fathers or parents who work or live apart from their children.
- We consult with all parents to find out what works best for them.
- We ensure ongoing dialogue with parents to improve our knowledge of the needs of their children and to support their families.
- We inform all parents about how the setting is run and its policies through access to written information and through regular informal communication. We check to ensure parents understand the information that is given to them.
- We inform all parents on a regular basis about their children's progress.
- We involve parents in the shared record keeping about their children - either formally or informally - and ensure parents have access to their children's written developmental records.

- We provide opportunities for parents to contribute their own skills, knowledge and interests to the activities of the setting.
- We consult with parents about the times of meetings to avoid excluding anyone.
- We provide information about opportunities to be involved in the setting in ways that are accessible to parents with basic skills needs, or those for whom English is an additional language.
- We hold meetings in venues that are accessible and appropriate for all.
- We welcome the contributions of parents, in whatever form these may take.
- We inform all parents of the systems for registering queries, complaints or suggestions and check to ensure these are understood. All parents have access to our written complaints procedure.
- We provide opportunities for parents to learn about the curriculum offered in the setting and about young children's learning, in the setting and at home.

In compliance with the Welfare Requirements, the following documentation is in place:

- Admissions policy.
- Complaints procedure.
- Record of complaints.
- Developmental records of children.

## 4.7 Working in partnership with other agencies

### Policy Statement

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

### Procedures

- We work in partnership or in tandem with, local and national agencies to promote the well-being of children.
- Procedures are in place for sharing of information about children and families with other agencies. These are set out in the Information Sharing Protocol, Safeguarding Children procedures and the Special Educational Needs Procedures.
- Information shared by other agencies with us is regarded as third party information. This is also kept in confidence and not shared without consent from that agency.
- When working in partnership with staff from other agencies, we make those individuals welcome in the setting and their professional roles are respected.

- We follow the protocols for working with agencies, for example on child protection.
- Staff from other agencies do not have unsupervised access to the child they are visiting in the setting and do not have access to any other child(ren) during their visit.
- Our staff do not casually share information or seek informal advice about any named child/family.
- When necessary we consult with local and national agencies who offer a wealth of advice and information that help us develop understanding of issues facing us and who can provide support and information for parents. For example, ethnic/cultural organisations, drug/alcohol agencies, welfare rights advisors or organisations promoting childcare and education, or adult education.

Devised by Maria Joakim

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## Record keeping

### 5.1 Children's records

#### Policy Statement

*There are record keeping systems in place that meet legal requirements; means of storing and sharing that information take place within the framework of the Data Protection Act and the Human Rights Act.*

*This policy and procedure is taken in conjunction with the Confidentiality Policy and our procedures for information sharing.*

#### Procedures

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

##### *Developmental records*

- *These include observations of children in the setting, photographs, video clips and samples of their work and summary developmental reports.*
- *These are usually kept in the main hall and can be freely accessed, and contributed to, by staff, the child and the child's parents.*

##### Personal records

- These include registration and admission forms, signed consent forms, and correspondence concerning the child or family, reports or minutes from meetings concerning the child from

- other agencies, an ongoing record of relevant contact with parents, and observations by staff on any confidential matter involving the child, such as developmental concerns or child protection matters.
- These confidential records are stored in a lockable file or cabinet and are kept secure by the person in charge in an office or other suitably safe place.
- Parents have access, in accordance with our Client Access to Records policy, to the files and records of their own children but do not have access to information about any other child.
- Staff will not discuss personal information given by parents with other members of staff, except where it affects planning for the child's needs. Staff induction includes an awareness of the importance of confidentiality in the role of the key person.
- We retain children's records for eight years after they have left the setting. These are kept in a secure place.

#### Other records

- Issues to do with the employment of staff, whether paid or unpaid, remain confidential to the people directly involved with making personnel decisions.

## 5.2 Provider records

### Policy Statement

*We keep records for the purpose of maintaining our business. These include:*

- *Records pertaining to our registration.*
- *Landlord/lease documents and other contractual documentation pertaining to amenities, services and goods.*
- *Financial records pertaining to income and expenditure.*
- *Risk assessments.*
- *Employment records of staff.*

*Our records are regarded as confidential on the basis of sensitivity of information, such as with regard to employment records and these are maintained with regard to the framework of the Data Protection Act and the Human Rights Act.*

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

### Procedures

- All records are the responsibility of the manager who ensures they are kept securely.
- All records are kept in an orderly way in files and filing is kept up-to-date.
- Financial records are kept up-to-date for audit purposes.

- Health and safety records are maintained; these include risk assessments, details of checks or inspections and guidance etc.
- Our Ofsted registration certificate is displayed.
- Our Public Liability insurance certificate is displayed.

All our employment and staff records are kept securely and confidentially.

**Devised by Maria Joakim**

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